

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2021
October 2019 Meeting**

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October 22, 2019

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 October 2-5, 2019 RUC meeting.

CPT 2021 New and Revised Codes – October 2019 RUC Submission

The enclosed binder contains RUC recommendations, including those for new and revised CPT codes. The RUC submits work value and/or practice expense inputs for 23 new/revised/related family CPT codes from the October meeting.

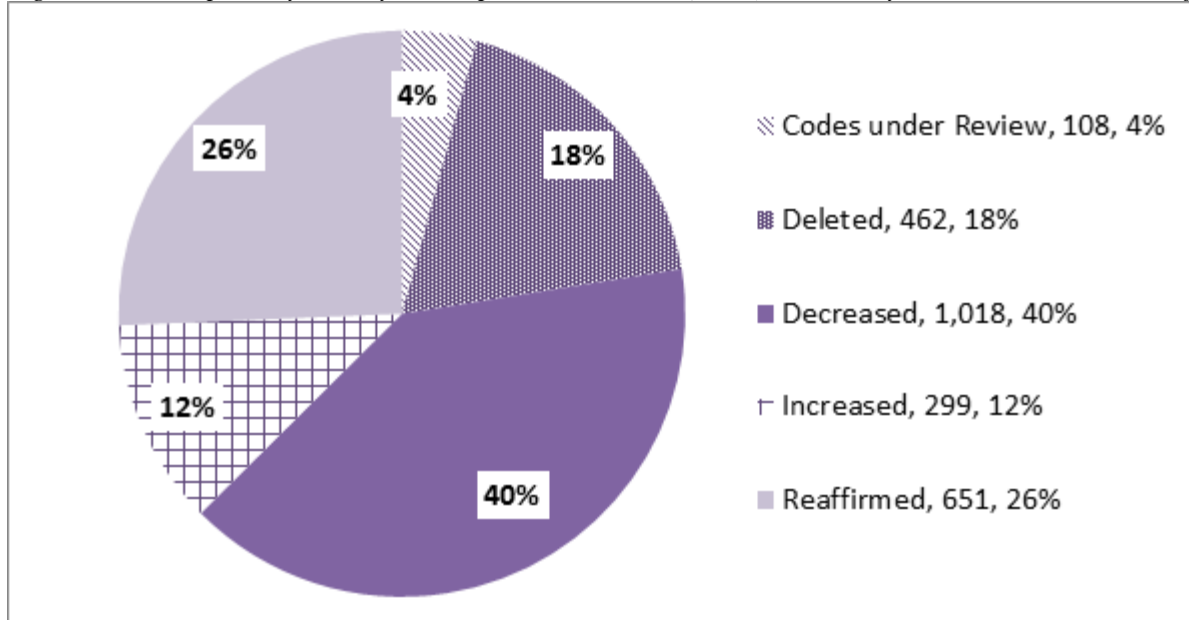
Existing Services Identified by RUC and CMS for Review

In addition to the new/revised CPT code submission, the RUC submits recommendations for 6 services identified by the RUC or CMS as potentially misvalued and reviewed at the October 2019 RUC meeting. The RUC recommends work relative values for 5 codes and direct practice expense inputs only for one code.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 2,538 potentially misvalued services through objective screening criteria and has completed review of 2,430 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.*

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



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.

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 for CPT 2021.
- RUC Recommendation Summary of Existing Codes Identified by CMS or the RAW.
- RUC Recommendation Status Report for 2,538 services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued.
- RUC Referrals to the CPT Editorial Panel – for CPT nomenclature revisions.
- Physician Time File: A list of the physician time data for each of the CPT codes reviewed at the October 2019 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 664 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 – October 2019.**

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

Sincerely,



Peter K. Smith, MD

Enclosures

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

**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						<input type="checkbox"/>		<input type="checkbox"/>
0085T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0111T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0126T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0228T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0229T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0230T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0231T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0295T	XXX	D	Sept 2019	54	External ECG Monitoring		January 2020						<input type="checkbox"/>		<input type="checkbox"/>
0296T	XXX	D	Sept 2019	54	External ECG Monitoring		January 2020						<input type="checkbox"/>		<input type="checkbox"/>
0297T	XXX	D	Sept 2019	54	External ECG Monitoring		January 2020						<input type="checkbox"/>		<input type="checkbox"/>
0298T	XXX	D	Sept 2019	54	External ECG Monitoring		January 2020						<input type="checkbox"/>		<input type="checkbox"/>
0381T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0382T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0383T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0384T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0385T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0386T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0396T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0400T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0401T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0405T	XXX	D	Feb 2019	26	Cat III Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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						<input type="checkbox"/>		<input type="checkbox"/>
0X01T	XXX	N	Sept 2019	69	Cat III Magnetic Resonance Spectroscopy (MRS) Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X02T	XXX	N	Sept 2019	69	Cat III Magnetic Resonance Spectroscopy (MRS) Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X03T	XXX	N	Sept 2019	69	Cat III Magnetic Resonance Spectroscopy (MRS) Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X04T	XXX	N	Sept 2019	71	Cat III Substernal Pulse Generator Removal- Replacement		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X05T	XXX	N	Sept 2019	74	Cat III Cystourethroscopic Prostatic Therapeutic Drug Delivery		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X06T	XXX	N	Sept 2019	70	Cat III Implantation of Interarterial Shunt		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X08T	XXX	N	Sept 2019	67	Cat III Remote Retinal Optical Coherence Tomography		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X09T	XXX	N	Sept 2019	67	Cat III Remote Retinal Optical Coherence Tomography		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X10T	XXX	N	Sept 2019	67	Cat III Remote Retinal Optical Coherence Tomography		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X11T	XXX	N	Sept 2019	68	Cat III Mobile Monitoring of Pulmonary Fluid Levels		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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						<input type="checkbox"/>		<input type="checkbox"/>
0X13T	XXX	N	Sept 2019	63	Cat III Irreversible Electroporation (IRE) Ablation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X14T	XXX	N	Sept 2019	63	Cat III Irreversible Electroporation (IRE) Ablation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X15T	XXX	N	Sept 2019	66	Cat III Transdermal Glomerular Filtration Rate		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X16T	XXX	N	Sept 2019	66	Cat III Transdermal Glomerular Filtration Rate		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X17T	XXX	N	Sept 2019	72	Cat III Eye Moment Analysis Test		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X18T	XXX	N	Sept 2019	73	Cat III Iris Prosthesis Procedures		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X19T	XXX	N	Sept 2019	73	Cat III Iris Prosthesis Procedures		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X20T	XXX	N	Sept 2019	73	Cat III Iris Prosthesis Procedures		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X30T	XXX	N	Sept 2019	51	Wound Bacteria Localization and Treatment		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X31T	XXX	N	Sept 2019	51	Wound Bacteria Localization and Treatment		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X50T	XXX	N	Sept 2019	22	Female Urinary Prosthesis Insertion and Replacement		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X51T	XXX	N	Sept 2019	22	Female Urinary Prosthesis Insertion and Replacement		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X70T	XXX	N	Sept 2019	12	Humerus Lengthening Device Procedures		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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						<input type="checkbox"/>		<input type="checkbox"/>
11960	090	R	Feb 2019	09	Tissue Expander, Other Than Breast	A1	January 2020		ASPS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
11970	090	R	Feb 2019	09	Breast Implant/Expander Placement	A2	January 2020		ASPS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
11971	090	R	Feb 2019	09	Breast Implant/Expander Removal	A7	January 2020		ASPS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
19316	090	F	Feb 2019	09	Breast Lift/Reduction	A13	January 2020		ASPS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
19318	090	R	Feb 2019	09	Breast Lift/Reduction	A14	January 2020		ASPS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
19324	090	D	Feb 2019	09	Breast Implant/Expander Placement		January 2020						<input checked="" type="checkbox"/>		<input type="checkbox"/>
19325	090	R	Feb 2019	09	Breast Implant/Expander Placement	A3	January 2020		ASPS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
19328	090	R	Feb 2019	09	Breast Implant/Expander Removal	A8	January 2020		ASPS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
19330	090	R	Feb 2019	09	Breast Implant/Expander Removal	A9	January 2020		ASPS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
19340	090	R	Feb 2019	09	Breast Implant/Expander Placement	A4	January 2020		ASPS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
19342	090	R	Feb 2019	09	Breast Implant/Expander Placement	A5	January 2020		ASPS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
19357	090	R	Feb 2019	09	Breast Implant/Expander Placement	A6	January 2020		ASPS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
19361	090	R	Feb 2019	09	Autologous Reconstruction	A15	Editorial	04	ASPS	23.36	23.36	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
19364	090	R	Feb 2019	09	Autologous Reconstruction	A16	Editorial	04	ASPS	42.58	42.58	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
19366	090	D	Feb 2019	09	Autologous Reconstruction		October 2019						<input checked="" type="checkbox"/>		<input type="checkbox"/>

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	Editorial	04	ASPS	26.80	26.80	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
19368	090	R	Feb 2019	09	Autologous Reconstruction	A18	Editorial	04	ASPS	33.90	33.90	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
19369	090	R	Feb 2019	09	Autologous Reconstruction	A19	Editorial	04	ASPS	31.31	31.31	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
19370	090	R	Feb 2019	09	Secondary Breast Mound Procedure	A10	January 2020		ASPS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
19371	090	R	Feb 2019	09	Secondary Breast Mound Procedure	A11	January 2020		ASPS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
19380	090	R	Feb 2019	09	Secondary Breast Mound Procedure	A12	January 2020		ASPS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
27465	090	F	Sept 2019	10	Femur Lengthening Device Procedures	L1	January 2020		AAOS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
27466	090	F	Sept 2019	10	Femur Lengthening Device Procedures	L2	January 2020		AAOS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
27468	090	F	Sept 2019	10	Femur Lengthening Device Procedures	L3	January 2020		AAOS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
27715	090	F	Sept 2019	11	Tibia Lengthening Device Procedures	M1	January 2020		AAOS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
27X00	090	N	Sept 2019	10	Femur Lengthening Device Procedures	L4	January 2020		AAOS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
27X16	090	N	Sept 2019	11	Tibia Lengthening Device Procedures	M2	January 2020		AAOS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
29822	090	R	Sept 2019	14	Shoulder Debridement	N1	January 2020		AAOS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
29823	090	R	Sept 2019	14	Shoulder Debridement	N2	January 2020		AAOS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
30468	000	N	Sept 2019	15	Absorbable Nasal Implant Repair	O1	January 2020		AAOHNS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
3170F	XXX	R	Sept 2019	53	Cat II Baseline Flow Cytometry		Cat II						<input type="checkbox"/>		<input type="checkbox"/>
32405	000	D	Feb 2019	11	Lung Biopsy-CT Guidance Bundle		April 2019	05					<input checked="" type="checkbox"/>		<input type="checkbox"/>
32408	000	N	Feb 2019	11	Lung Biopsy-CT Guidance Bundle	B1	April 2019	05	ACR, SIR	4.00	4.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
33990	000	R	May 2019	09	Percutaneous Ventricular Assist Device Insertion	G2	October 2019	05	ACC, SCAI	7.90	6.75		<input checked="" type="checkbox"/>		<input type="checkbox"/>

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		<input checked="" type="checkbox"/>		<input type="checkbox"/>
33992	000	R	May 2019	09	Percutaneous Ventricular Assist Device Insertion	G4	October 2019	05	ACC, SCAI	3.75	3.55		<input checked="" type="checkbox"/>		<input type="checkbox"/>
33993	000	R	May 2019	09	Percutaneous Ventricular Assist Device Insertion	G6	October 2019	05	ACC, SCAI	3.26	3.10		<input checked="" type="checkbox"/>		<input type="checkbox"/>
33995	000	N	May 2019	09	Percutaneous Ventricular Assist Device Insertion	G1	October 2019	05	ACC, SCAI	7.90	6.75		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
33997	000	N	May 2019	09	Percutaneous Ventricular Assist Device Insertion	G5	October 2019	05	ACC, SCAI	3.51	3.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
33741	000	N	Sept 2019	16	Atrial Septostomy	P1	January 2020		ACC, SCAI				<input checked="" type="checkbox"/>		<input type="checkbox"/>
33745	000	N	Sept 2019	16	Atrial Septostomy	P2	January 2020		ACC, SCAI				<input checked="" type="checkbox"/>		<input type="checkbox"/>
33746	ZZZ	N	Sept 2019	16	Atrial Septostomy	P3	January 2020		ACC, SCAI				<input checked="" type="checkbox"/>		<input type="checkbox"/>
34709	ZZZ	R	Sept 2019	EC-D	Endovascular Aortic Repair (EVAR) Procedures		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
55880	090	N	May 2019	11	Transrectal High Intensity Focused US Prostate Ablation	H1	October 2019	06	AUA	20.00	20.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
57465	ZZZ	N	Sept 2019	23	Computer-Aided Mapping of Cervix Uteri	Q1	January 2020		ACOG				<input checked="" type="checkbox"/>		<input type="checkbox"/>
64455	000	R	Sept 2019	EC-G	Somatic Nerves		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
64479	000	R	Sept 2019	EC-G	Somatic Nerves		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
64480	ZZZ	R	Sept 2019	EC-G	Somatic Nerves		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
64483	000	R	Sept 2019	EC-G	Somatic Nerves		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
64484	ZZZ	R	Sept 2019	EC-G	Somatic Nerves		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
69706	000	N	Sept 2019	26	Dilation of Eustachian Tube	R2	January 2020		AAOHNS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
69705	000	N	Sept 2019	26	Dilation of Eustachian Tube	R1	January 2020		AAOHNS				<input checked="" type="checkbox"/>		<input type="checkbox"/>

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	<input checked="" type="checkbox"/>		<input type="checkbox"/>
71260	XXX	R	May 2019	12	Screening CT of Thorax	I2	October 2019	07	ACR	1.24	1.24	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
71270	XXX	R	May 2019	12	Screening CT of Thorax	I3	October 2019	07	ACR	1.38	1.38	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
71271	XXX	N	May 2019	12	Screening CT of Thorax	I4	October 2019	07	ACR	1.19	1.16		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
74425	XXX	R	Sept 2019	27	Urography		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
76145	XXX	N	May 2019	15	Medical Physics Dose Evaluation	J1	January 2020		ACR, SIR				<input checked="" type="checkbox"/>		<input type="checkbox"/>
76510	XXX	F	Sept 2019	28	Ophthalmic Ultrasound Anterior Segment	S1	January 2020		AAO, ASCRS, ASRS, AOA				<input checked="" type="checkbox"/>		<input type="checkbox"/>
76511	XXX	F	Sept 2019	28	Ophthalmic Ultrasound Anterior Segment	S2	January 2020		AAO, ASCRS, ASRS, AOA				<input checked="" type="checkbox"/>		<input type="checkbox"/>
76512	XXX	F	Sept 2019	28	Ophthalmic Ultrasound Anterior Segment	S3	January 2020		AAO, ASCRS, ASRS, AOA				<input checked="" type="checkbox"/>		<input type="checkbox"/>
76513	XXX	R	Sept 2019	28	Ophthalmic Ultrasound Anterior Segment	S4	January 2020		AAO, ASCRS, ASRS, AOA				<input checked="" type="checkbox"/>		<input type="checkbox"/>
76514	XXX	F	Sept 2019	28	Ophthalmic Ultrasound Anterior Segment	S5	January 2020		AAO, ASCRS, ASRS, AOA				<input checked="" type="checkbox"/>		<input type="checkbox"/>
81162	XXX	R	Sept 2019	EC-E	Lab BRCA		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81401	XXX	R	Sept 2019	30	Tier 1-NTRK		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81401	XXX	R	Sept 2019	36	Tier 2 to Tier 1-CCND1-IGH		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81402	XXX	R	Sept 2019	33	Tier 2 to Tier 1-MPL		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81402	XXX	R	Sept 2019	35	Tier 2 to Tier 1-IGH@-BCL2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81403	XXX	R	Sept 2019	33	Tier 2 to Tier 1-MPL		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81403	XXX	R	Sept 2019	34	Tier 2 to Tier 1-JAK2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81404	XXX	R	Sept 2019	32	Tier 2 to Tier 1-TP53		CLFS						<input type="checkbox"/>		<input type="checkbox"/>

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
81405	XXX	R	Sept 2019	32	Tier 2 to Tier 1-TP53		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81443	XXX	R	Sept 2019	EC-F	Lab GSP		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
815X0	XXX	N	Sept 2019	39	MAAA Cutaneous Melanoma		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X000	XXX	N	Sept 2019	30	Tier 1-NTRK		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X001	XXX	N	Sept 2019	30	Tier 1-NTRK		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X002	XXX	N	Sept 2019	30	Tier 1-NTRK		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X003	XXX	N	Sept 2019	32	Tier 2 to Tier 1-TP53		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X004	XXX	N	Sept 2019	32	Tier 2 to Tier 1-TP53		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X005	XXX	N	Sept 2019	32	Tier 2 to Tier 1-TP53		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X006	XXX	N	Sept 2019	33	Tier 2 to Tier 1-MPL		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X007	XXX	N	Sept 2019	33	Tier 2 to Tier 1-MPL		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X008	XXX	N	Sept 2019	34	Tier 2 to Tier 1-JAK2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X009	XXX	N	Sept 2019	35	Tier 2 to Tier 1-IGH@-BCL2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X010	XXX	N	Sept 2019	36	Tier 2 to Tier 1-CCND1-IGH		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X020	XXX	N	Sept 2019	30	Tier 1-NTRK		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8XX00	XXX	N	Sept 2019	29/31	Tier 1-SF3B1, SRSF2, U2Af1, ZRSR2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8XX01	XXX	N	Sept 2019	29/31	Tier 1-SF3B1, SRSF2, U2Af1, ZRSR2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8XX02	XXX	N	Sept 2019	29/31	Tier 1-SF3B1, SRSF2, U2Af1, ZRSR2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8XX03	XXX	N	Sept 2019	29/31	Tier 1-SF3B1, SRSF2, U2Af1, ZRSR2		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
903XX	XXX	N	Sept 2019	45	Rabies Immune Globulin		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
92227	XXX	R	May 2019	32	Remote Retinal Imaging	K1	October 2019	09	AAO, ASRS	0.00	0.00	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>

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
92228	XXX	R	May 2019	32	Remote Retinal Imaging	K2	October 2019	09	AAO, ASRS	0.37	0.32		<input checked="" type="checkbox"/>		<input type="checkbox"/>
92229	XXX	N	May 2019	32	Remote Retinal Imaging	K3	October 2019	09	AAO, ASRS		0.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
92584	XXX	F	Feb 2019	19	Auditory Evoked Potentials	C1	April 2019	06	AAA, AAOHNS, ACNS, ASHA	1.00	1.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
92585	XXX	D	Feb 2019	19	Auditory Evoked Potentials		April 2019	06					<input checked="" type="checkbox"/>		<input type="checkbox"/>
92586	XXX	D	Feb 2019	19	Auditory Evoked Potentials		April 2019	06					<input checked="" type="checkbox"/>		<input type="checkbox"/>
92517	XXX	N	Feb 2019	18	Vestibular Evoked Myogenic Potential Testing	D1	April 2019	07	AAA, AAN, AAOHNS, ASHA	0.80	0.80		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
92518	XXX	N	Feb 2019	18	Vestibular Evoked Myogenic Potential Testing	D2	April 2019	07	AAA, AAN, AAOHNS, ASHA	0.80	0.80		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
92519	XXX	N	Feb 2019	18	Vestibular Evoked Myogenic Potential Testing	D3	April 2019	07	AAA, AAN, AAOHNS, ASHA	1.20	1.20		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
92992	090	D	Sept 2019	16	Atrial Septostomy		January 2020						<input checked="" type="checkbox"/>		<input type="checkbox"/>
92993	090	D	Sept 2019	16	Atrial Septostomy		January 2020						<input checked="" type="checkbox"/>		<input type="checkbox"/>
92650	XXX	N	Feb 2019	19	Auditory Evoked Potentials	C2	April 2019	06	AAA, AAOHNS, ACNS, ASHA	0.25	0.25		<input checked="" type="checkbox"/>		<input type="checkbox"/>
92651	XXX	N	Feb 2019	19	Auditory Evoked Potentials	C3	April 2019	06	AAA, AAOHNS, ACNS, ASHA	1.00	1.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
92652	XXX	N	Feb 2019	19	Auditory Evoked Potentials	C4	April 2019	06	AAA, AAOHNS, ACNS, ASHA	1.50	1.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
92653	XXX	N	Feb 2019	19	Auditory Evoked Potentials	C5	April 2019	06	AAA, AAN, AAOHNS, ACNS, ASHA	1.05	1.05		<input checked="" type="checkbox"/>		<input type="checkbox"/>
93224	XXX	F	Sept 2019	54	External ECG Monitoring	T1	January 2020		ACC, HRS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
93225	XXX	F	Sept 2019	54	External ECG Monitoring	T2	January 2020		ACC, HRS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
93226	XXX	F	Sept 2019	54	External ECG Monitoring	T3	January 2020		ACC, HRS				<input checked="" type="checkbox"/>		<input type="checkbox"/>

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
93227	XXX	F	Sept 2019	54	External ECG Monitoring	T4	January 2020		ACC, HRS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
93241	XXX	N	Sept 2019	54	External ECG Monitoring	T5	January 2020		ACC, HRS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
93242	XXX	N	Sept 2019	54	External ECG Monitoring	T6	January 2020		ACC, HRS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
93243	XXX	N	Sept 2019	54	External ECG Monitoring	T7	January 2020		ACC, HRS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
93244	XXX	N	Sept 2019	54	External ECG Monitoring	T8	January 2020		ACC, HRS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
93245	XXX	N	Sept 2019	54	External ECG Monitoring	T9	January 2020		ACC, HRS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
93246	XXX	N	Sept 2019	54	External ECG Monitoring	T10	January 2020		ACC, HRS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
93247	XXX	N	Sept 2019	54	External ECG Monitoring	T11	January 2020		ACC, HRS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
93248	XXX	N	Sept 2019	54	External ECG Monitoring	T12	January 2020		ACC, HRS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
94250	XXX	D	Sept 2019	49	Pulmonary Diagnostic Testing		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
94400	XXX	D	Sept 2019	49	Pulmonary Diagnostic Testing		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
94617	XXX	R	Feb 2019	21	Exercise Test for Bronchospasm	E1	October 2019	10	ATS, CHEST	0.70	0.70	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
94618	XXX	F	Feb 2019	21	Exercise Test of Bronchospasm	E3	October 2019	10	ATS, CHEST	0.48	0.48	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
94621	XXX	F	Feb 2019	21	Exercise Test of Bronchospasm	E4	October 2019	10	ATS, CHEST	1.42	1.42	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
94619	XXX	N	Feb 2019	21	Exercise Test for Bronchospasm	E2	October 2019	10	ATS, CHEST	0.49	0.49		<input checked="" type="checkbox"/>		<input type="checkbox"/>
94750	XXX	D	Sept 2019	49	Pulmonary Diagnostic Testing		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
94770	XXX	D	Sept 2019	49	Pulmonary Diagnostic Testing		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
99201	XXX	D	Feb 2019	06/07	Office Visits		April 2019	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>

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
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	<input checked="" type="checkbox"/>		<input type="checkbox"/>
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		<input checked="" type="checkbox"/>		<input type="checkbox"/>
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		<input checked="" type="checkbox"/>		<input type="checkbox"/>
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		<input checked="" type="checkbox"/>		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>		<input type="checkbox"/>
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		<input checked="" type="checkbox"/>		<input type="checkbox"/>

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
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		<input checked="" type="checkbox"/>		<input type="checkbox"/>
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		<input checked="" type="checkbox"/>		<input type="checkbox"/>
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		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99358	XXX	R	Sept 2019	EC-I	Prolonged Services	U1	January 2020		AGS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
99359	ZZZ	R	Sept 2019	EC-I	Prolonged Services	U2	January 2020		AGS				<input checked="" type="checkbox"/>		<input type="checkbox"/>
99487	XXX	R	Sept 2019	05	Chronic Care Management Revisions	V4	January 2020		AAFP, ACP, AGS, ANA, AOA				<input checked="" type="checkbox"/>		<input type="checkbox"/>
99489	ZZZ	R	Sept 2019	05	Chronic Care Management Revisions	V5	January 2020		AAFP, ACP, AGS, ANA, AOA				<input checked="" type="checkbox"/>		<input type="checkbox"/>
99490	XXX	R	Sept 2019	05	Chronic Care Management Revisions	V1	January 2020		AAFP, ACP, AGS, ANA, AOA				<input checked="" type="checkbox"/>		<input type="checkbox"/>
99491	XXX	F	Sept 2019	05	Chronic Care Management Revisions	V3	January 2020		AAFP, ACP, AGS, ANA, AOA				<input checked="" type="checkbox"/>		<input type="checkbox"/>
99439	ZZZ	N	Sept 2019	05	Chronic Care Management Revisions	V2	January 2020		AAFP, ACP, AGS, ANA, AOA				<input checked="" type="checkbox"/>		<input type="checkbox"/>

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
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		<input checked="" type="checkbox"/>		<input type="checkbox"/>
G0297	XXX	D	May 2019	12	Screening CT of Thorax		October 2019	07					<input checked="" type="checkbox"/>		<input type="checkbox"/>

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

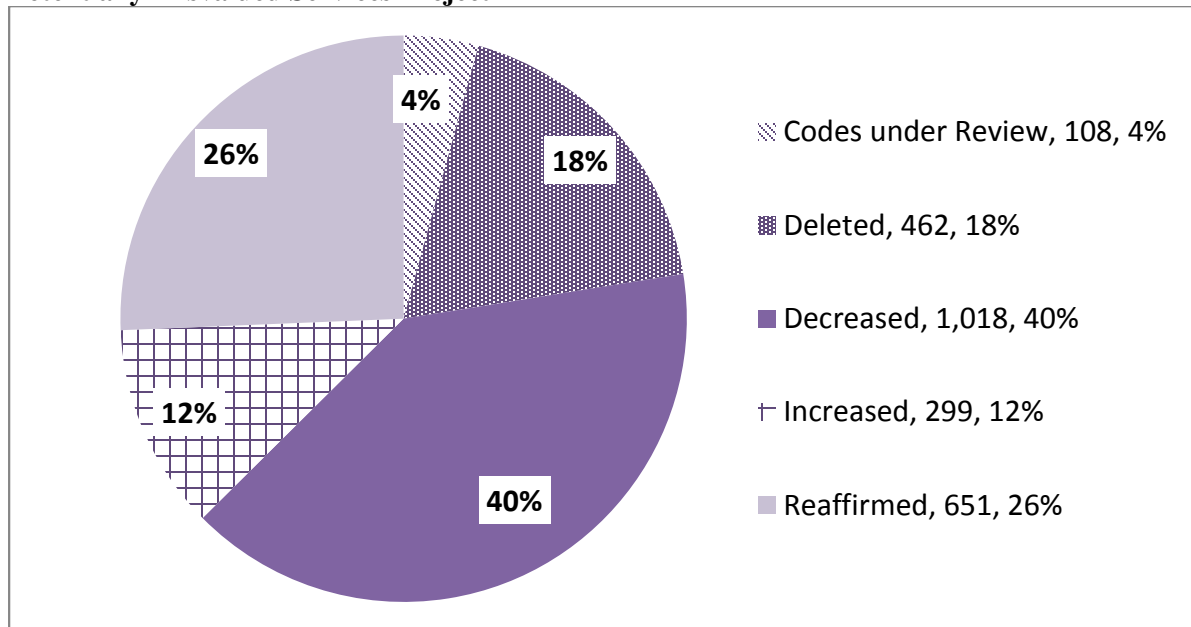
CPT Code	Long Descriptor	Issue	RUC Recommendation	CMS Final Rule Request	CPT Assistant Analysis 2018	CMS/Other Source Utilization Over 30,000
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Hip/Knee Arthroplasty	19.60	X		
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Hip/Knee Arthroplasty	19.60	X		
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	Spirometry	0.17		X	
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	Spirometry	0.22		X	
G0166	External counterpulsation, per treatment session	External Counterpulsation	PE Inputs Only	X		
G0452	Molecular pathology procedure; physician interpretation and report	Molecular Pathology Interpretation	0.93			X

The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified 2,500 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 2,538 potentially misvalued services accounting for \$45 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,480 services, redistributing \$5 billion annually. Here are the outcomes for the committee’s review of 2,538 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 664 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 203 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 that it will review 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 two years of utilization data is collected. The CPT® Editorial Panel deleted ten codes and the RUC submitted recommendations for 47 services for the 2015-2019 Medicare Physician Payment Schedule.

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 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 two years of 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 2021 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 submitted recommendations for four services for the 2020 Medicare Physician Payment Schedule. The RUC will review the remaining four services for the 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 that it will examine how to address at the January 2020 RUC meeting.

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 IWPOT

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 (IWPOT) 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 IWPOT 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 will examine how to address at the January 2020 RUC meeting.

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

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 will examine how to address these services at the January 2020 RUC meeting.

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 it is revised by the CPT Editorial Panel.

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 13 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 four services for the 2020 Medicare Physician Payment Schedule and seven services for the 2021 Medicare Physician Payment Schedule.

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 five codes to the CPT Editorial Panel for deletion or revision. The RUC removed one service from this screen, will review three services for the 2021 Medicare Physician Payment Schedule and one service after additional utilization data is available.

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 207 recommendations to CMS for the 2017-2019 Medicare Physician Payment Schedules and will review the remaining service after additional utilization data is available.

Services with Stand-Alone PE Procedure Time

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

Pre-Time Analysis

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

Post-Operative Visits

010-Day Global Codes

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

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 will review action plans for these services in January 2020.

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 will review action plans for these services in January 2020.

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 and 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.

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*	2,538
<i>Codes Completed</i>	2,430
Work and PE Maintained	651
Work Increased	299
Work Decreased	838
Direct Practice Expense Revised (beyond work changes)	180
Deleted from CPT®	462
<i>Codes Under Review</i>	108
Referred to CPT® Editorial Panel	30
RUC to Review for <i>CPT 2021</i>	25
RUC to review future review after additional data obtained	53

**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 est Medicare Utilization: 31,648	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 Result: Remove from Screen	2019 Work RVU: 7.00 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 81,540	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 Result:	2019 Work RVU: 7.00 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Survey for April 2020		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 51,094	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 Result: Remove from Screen	2019 Work RVU: 15.00 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 1,224,300	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2019 Work RVU: 5.00 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 5 base units		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	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
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Most Recent RUC Meeting: January 2017

Tab 04 **Specialty Developing Recommendation:** ASA

First Identified: September 2016

2018 est Medicare Utilization: 101,154

2007 Work RVU:

2019 Work RVU: 6.00

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 6 base units

Referred to CPT September 2016

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

00740	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum	Global: XXX	Issue: Anesthesia for Intestinal Endoscopic Procedures	Screen: CMS Request - Final Rule for 2016	Complete? Yes
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Most Recent RUC Meeting: January 2017

Tab 04 **Specialty Developing Recommendation:** ASA

First Identified: July 2015

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

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

00810	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum	Global: XXX	Issue: Anesthesia for Intestinal Endoscopic Procedures	Screen: CMS Request - Final Rule for 2016	Complete? Yes
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Most Recent RUC Meeting: January 2017

Tab 04 **Specialty Developing Recommendation:** ASA

First Identified: July 2015

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

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 est Medicare Utilization: 1,110,887

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

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

RUC Recommendation: 4 base units

Referred to CPT September 2016
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 est Medicare Utilization: 517,753

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

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

RUC Recommendation: 3 base units

Referred to CPT September 2016
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 est Medicare Utilization: 462,682

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Maintain

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

RUC Recommendation: 5 base units

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

01916 Anesthesia for diagnostic arteriography/venography **Global:** **Issue:** **Screen:** High Volume Growth6 **Complete?** No

Most Recent RUC Meeting:

Tab **Specialty Developing Recommendation:**

First Identified: October 2019

2018 est Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result:

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Review action plan

Referred to CPT
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:	Issue:	Screen: High Volume Category III Codes	Complete?	No	
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:		First Identified:	October 2019	2018 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:	
RUC Recommendation: Review action plan				Referred to CPT Referred to CPT Asst <input type="checkbox"/>		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:	Tab	S	Specialty Developing Recommendation: ASA	First Identified:	February 2008	2018 est Medicare Utilization: 18,401	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU 0	2019 Work RVU: 5.00 2019 NF PE RVU: 2019 Fac PE RVU:	
RUC Recommendation: Remove from screen				Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	Result: Remove from Screen		
01936	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic			Global:	XXX	Issue: RAW	Screen: High Volume Growth4	Complete?	No
Most Recent RUC Meeting:	Tab	17	Specialty Developing Recommendation: ASA	First Identified:	October 2016	2018 est Medicare Utilization: 293,374	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2019 Work RVU: 5.00 2019 NF PE RVU: 2019 Fac PE RVU:	
RUC Recommendation: Refer to CPT				Referred to CPT May 2020 Referred to CPT Asst <input type="checkbox"/>		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: **Issue:** **Screen:** High Volume Category III Codes **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU Result:** **2019 Fac PE RVU:**

RUC Recommendation: Review action plan **Referred to CPT** **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: **Issue:** **Screen:** High Volume Category III Codes **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU Result:** **2019 Fac PE RVU:**

RUC Recommendation: Review action plan **Referred to CPT** **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: **Issue:** **Screen:** High Volume Category III Codes **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU Result:** **2019 Fac PE RVU:**

RUC Recommendation: Review action plan **Referred to CPT** **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:** **Issue:** **Screen:** High Volume Category III Codes **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU Result:** **2019 Fac PE RVU:**

RUC Recommendation: Review action plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

0449T Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device **Global:** **Issue:** **Screen:** High Volume Category III Codes **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU Result:** **2019 Fac PE RVU:**

RUC Recommendation: Review action plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

0474T Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space **Global:** **Issue:** **Screen:** High Volume Category III Codes **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU Result:** **2019 Fac PE RVU:**

RUC Recommendation: Review action plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU: 0.80

2007 NF PE RVU:

2019 NF PE RVU: 0.58

2007 Fac PE RVU

2019 Fac PE RVU:0.34

RUC Recommendation: 0.80

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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 - NPRM for 2020

Complete? No

Most Recent RUC Meeting: October 2017

Tab 04

Specialty Developing Recommendation:

First Identified: June 2017

2018 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU: 1.46

2007 NF PE RVU:

2019 NF PE RVU: 1.98

2007 Fac PE RVU

2019 Fac PE RVU:0.49

RUC Recommendation: 1.63

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU: 1.00

2007 NF PE RVU:

2019 NF PE RVU: 0.61

2007 Fac PE RVU

2019 Fac PE RVU:0.33

RUC Recommendation: 1.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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
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**Most Recent
RUC Meeting:** October 2017

Tab 04

**Specialty Developing
Recommendation:**

**First
Identified:** June 2017

**2018 est
Medicare
Utilization:**

2007 Work RVU:

2019 Work RVU: 1.81

2007 NF PE RVU:

2019 NF PE RVU: 6.09

2007 Fac PE RVU

2019 Fac PE RVU:0.70

RUC Recommendation: 1.81

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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
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**Most Recent
RUC Meeting:** October 2017

Tab 04

**Specialty Developing
Recommendation:**

**First
Identified:** June 2017

**2018 est
Medicare
Utilization:**

2007 Work RVU:

2019 Work RVU: 1.18

2007 NF PE RVU:

2019 NF PE RVU: 3.26

2007 Fac PE RVU

2019 Fac PE RVU:0.46

RUC Recommendation: 1.18

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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
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**Most Recent
RUC Meeting:** October 2017

Tab 04

**Specialty Developing
Recommendation:**

**First
Identified:** June 2017

**2018 est
Medicare
Utilization:**

2007 Work RVU:

2019 Work RVU: 2.26

2007 NF PE RVU:

2019 NF PE RVU: 10.76

2007 Fac PE RVU

2019 Fac PE RVU:0.79

RUC Recommendation: 2.43

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 1.65 2019 NF PE RVU: 6.17 2019 Fac PE RVU: 0.58
RUC Recommendation: 1.65		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Contractor Price	2019 Work RVU: 0.00 2019 NF PE RVU: 0.00 2019 Fac PE RVU: 0.00
RUC Recommendation: Contractor Price		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Contractor Price	2019 Work RVU: 0.00 2019 NF PE RVU: 0.00 2019 Fac PE RVU: 0.00
RUC Recommendation: Contractor Price		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 - NPRM for 2020	Complete? No
Most Recent RUC Meeting: October 2017	Tab 04	Specialty Developing Recommendation: AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS	First Identified: July 2015	2018 est Medicare Utilization: 20,130	2007 Work RVU: 1.27 2007 NF PE RVU: 2.14 2007 Fac PE RVU: 0.5 2019 Work RVU: 1.03 2019 NF PE RVU: 1.61 2019 Fac PE RVU: 0.44
RUC Recommendation: 1.20			Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
10022	Fine needle aspiration; with imaging guidance	Global: XXX	Issue: Fine Needle Aspiration	Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016	Complete? Yes
Most Recent RUC Meeting: October 2017	Tab 04	Specialty Developing Recommendation: AACE, ASBS, ASC, CAP, ES, ACR, SIR	First Identified: October 2008	2018 est Medicare Utilization: 184,853	2007 Work RVU: 1.27 2007 NF PE RVU: 2.41 2007 Fac PE RVU: 0.4 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Deleted from CPT
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 est Medicare Utilization: 8,252	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2019 Work RVU: 2.75 2019 NF PE RVU: 13.27 2019 Fac PE RVU: 0.97
RUC Recommendation: 3.00			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

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 est Medicare Utilization: 39,437

2007 Work RVU: 1.19
2007 NF PE RVU: 1.09
2007 Fac PE RVU 0.84
Result: Decrease

2019 Work RVU: 0.91
2019 NF PE RVU: 2.05
2019 Fac PE RVU:0.62

RUC Recommendation: 0.91

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

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

Global: 010

Issue: Incision and Drainage of Abscess

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: October 2010

Tab 07 **Specialty Developing Recommendation:** APMA

First Identified: February 2010

2018 est Medicare Utilization: 380,739

2007 Work RVU: 1.19
2007 NF PE RVU: 1.29
2007 Fac PE RVU 0.97
Result: Increase

2019 Work RVU: 1.22
2019 NF PE RVU: 2.02
2019 Fac PE RVU:1.46

RUC Recommendation: 1.50

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

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

Global: 010

Issue: Incision and Drainage of Abscess

Screen: Harvard Valued - Utilization over 100,000 / 010-Day Global Post-Operative Visits Screen

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab 52 **Specialty Developing Recommendation:** APMA

First Identified: October 2009

2018 est Medicare Utilization: 139,830

2007 Work RVU: 2.42
2007 NF PE RVU: 1.89
2007 Fac PE RVU 1.51
Result: Maintain

2019 Work RVU: 2.45
2019 NF PE RVU: 3.12
2019 Fac PE RVU:2.41

RUC Recommendation: 2.45. Review action plan.

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: September 2011 **Tab** 12 **Specialty Developing Recommendation:** APMA, AAFP **First Identified:** April 2011 **2018 est Medicare Utilization:** 42,177 **2007 Work RVU:** 1.23 **2019 Work RVU:** 1.22 **2007 NF PE RVU:** 2.12 **2019 NF PE RVU:** 2.96 **2007 Fac PE RVU:** 0.97 **2019 Fac PE RVU:** 1.60 **Result:** Maintain

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

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

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** January 2013 **2018 est Medicare Utilization:** 10,045 **2007 Work RVU:** 2.27 **2019 Work RVU:** 2.30 **2007 NF PE RVU:** 3.06 **2019 NF PE RVU:** 4.33 **2007 Fac PE RVU:** 1.94 **2019 Fac PE RVU:** 2.31 **Result:** Maintain

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.50 **2019 Work RVU:** **2007 NF PE RVU:** 0.56 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.2 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.60 **2019 Work RVU:** **2007 NF PE RVU:** 0.68 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.3 **2019 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **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 est Medicare Utilization:** 1,850,733 **2007 Work RVU:** 0.80 **2019 Work RVU:** 1.01 **2007 NF PE RVU:** 0.97 **2019 NF PE RVU:** 2.33 **2007 Fac PE RVU:** 0.39 **2019 Fac PE RVU:** 0.63 **RUC Recommendation:** 1.12 **Result:** Increase

Referred to CPT October 2009 **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 est Medicare Utilization:** 394,779 **2007 Work RVU:** 3.04 **2019 Work RVU:** 2.70 **2007 NF PE RVU:** 3.45 **2019 NF PE RVU:** 3.48 **2007 Fac PE RVU:** 2.62 **2019 Fac PE RVU:** 1.36 **RUC Recommendation:** 3.00 **Result:** Decrease

Referred to CPT October 2009 **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 est Medicare Utilization:** 81,097 **2007 Work RVU:** 4.11 **2019 Work RVU:** 4.10 **2007 NF PE RVU:** 4.58 **2019 NF PE RVU:** 4.20 **2007 Fac PE RVU:** 3.73 **2019 Fac PE RVU:** 1.85 **RUC Recommendation:** 4.56 **Result:** Increase

Referred to CPT October 2009 **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 est Medicare Utilization:** 443,433 **2007 Work RVU:** **2019 Work RVU:** 0.50 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.60 **2007 Fac PE RVU:** **2019 Fac PE RVU:** 0.18 **RUC Recommendation:** 0.69 **Result:** Increase

Referred to CPT **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 est Medicare Utilization: 210,422	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 1.03 2019 NF PE RVU: 0.88 2019 Fac PE RVU: 0.40
RUC Recommendation: 1.29		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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: February 2010	Tab 04 Specialty Developing Recommendation: ACS, APMA, APTA	First Identified: February 2010	2018 est Medicare Utilization: 56,624	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 1.80 2019 NF PE RVU: 1.39 2019 Fac PE RVU: 0.71
RUC Recommendation: Review action plan. 2.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 881,285	2007 Work RVU: 0.43 2007 NF PE RVU: 0.63 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 0.35 2019 NF PE RVU: 1.22 2019 Fac PE RVU: 0.09
RUC Recommendation: Maintain		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 1,996,568	2007 Work RVU: 0.61 2007 NF PE RVU: 0.7 2007 Fac PE RVU: 0.22 Result: Decrease	2019 Work RVU: 0.50 2019 NF PE RVU: 1.37 2019 Fac PE RVU: 0.12
RUC Recommendation: 0.50		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 344,631	2007 Work RVU: 0.79 2007 NF PE RVU: 0.81 2007 Fac PE RVU: 0.28 Result: Maintain	2019 Work RVU: 0.65 2019 NF PE RVU: 1.42 2019 Fac PE RVU: 0.16
RUC Recommendation: Maintain		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	Global: 000	Issue: Biopsy of Skin Lesion	Screen: MPC List / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2017	Tab 05 Specialty Developing Recommendation: AAD	First Identified: October 2010	2018 est Medicare Utilization: 3,642,227	2007 Work RVU: 0.81 2007 NF PE RVU: 1.41 2007 Fac PE RVU: 0.38 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT February 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Biopsy of Skin Lesion	Screen: Low Value Billed in Multiple Units / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2017	Tab 05 Specialty Developing Recommendation: AAD	First Identified: October 2010	2018 est Medicare Utilization: 1,512,958	2007 Work RVU: 0.41 2007 NF PE RVU: 0.35 2007 Fac PE RVU: 0.2 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT February 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 0.66 2019 NF PE RVU: 2.05 2019 Fac PE RVU: 0.39
RUC Recommendation: 0.66		Referred to CPT February 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 0.38 2019 NF PE RVU: 1.08 2019 Fac PE RVU: 0.23
RUC Recommendation: 0.38		Referred to CPT February 2017 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 0.83 2019 NF PE RVU: 2.58 2019 Fac PE RVU:0.49
RUC Recommendation: 0.83			Referred to CPT February 2017 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 0.45 2019 NF PE RVU: 1.22 2019 Fac PE RVU:0.27
RUC Recommendation: 0.45			Referred to CPT February 2017 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 1.01 2019 NF PE RVU: 3.11 2019 Fac PE RVU:0.59
RUC Recommendation: 1.01			Referred to CPT February 2017 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:

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

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

RUC Recommendation: 0.54

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

11300 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab 38 **Specialty Developing Recommendation:** AAD

First Identified: January 2012

2018 est Medicare Utilization: 96,209

2007 Work RVU: 0.51
2007 NF PE RVU: 1.04
2007 Fac PE RVU Result: Increase

2019 Work RVU: 0.60
2019 NF PE RVU: 2.09
2019 Fac PE RVU:0.33

RUC Recommendation: 0.60

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

11301 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab 38 **Specialty Developing Recommendation:** AAD

First Identified: January 2012

2018 est Medicare Utilization: 190,334

2007 Work RVU: 0.85
2007 NF PE RVU: 1.21
2007 Fac PE RVU Result: Increase

2019 Work RVU: 0.90
2019 NF PE RVU: 2.38
2019 Fac PE RVU:0.51

RUC Recommendation: 0.90

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

Status Report: CMS Requests and Relativity Assessment Issues

11302 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

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

First
Identified: January 2012

2018 est
Medicare
Utilization: 109,654

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

RUC Recommendation: 1.16

Referred to CPT
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 **Tab** 38 **Specialty Developing** AAD
RUC Meeting: April 2012 **Recommendation:**

First
Identified: January 2012

2018 est
Medicare
Utilization: 16,126

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

RUC Recommendation: 1.25

Referred to CPT
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 **Tab** 38 **Specialty Developing** AAD
RUC Meeting: April 2012 **Recommendation:**

First
Identified: January 2012

2018 est
Medicare
Utilization: 97,971

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

RUC Recommendation: 0.80

Referred to CPT
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 **Tab** 38 **Specialty Developing** AAD
RUC Meeting: April 2012 **Recommendation:**

First
Identified: January 2012

2018 est
Medicare
Utilization: 98,691

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

RUC Recommendation: 1.18

Referred to CPT
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 est Medicare Utilization: 49,367

2007 Work RVU: 1.14
2007 NF PE RVU: 1.4
2007 Fac PE RVU: 0.49
Result: Increase

2019 Work RVU: 1.20
2019 NF PE RVU: 2.74
2019 Fac PE RVU: 0.57

RUC Recommendation: 1.20

Referred to CPT
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 est Medicare Utilization: 12,921

2007 Work RVU: 1.41
2007 NF PE RVU: 1.53
2007 Fac PE RVU: 0.58
Result: Increase

2019 Work RVU: 1.46
2019 NF PE RVU: 2.73
2019 Fac PE RVU: 0.53

RUC Recommendation: 1.46

Referred to CPT
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 est Medicare Utilization: 72,622

2007 Work RVU: 0.73
2007 NF PE RVU: 1.18
2007 Fac PE RVU: 0.32
Result: Increase

2019 Work RVU: 0.80
2019 NF PE RVU: 2.32
2019 Fac PE RVU: 0.45

RUC Recommendation: 1.19

Referred to CPT
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 est Medicare Utilization: 97,451

2007 Work RVU: 1.05
2007 NF PE RVU: 1.34
2007 Fac PE RVU: 0.49
Result: Increase

2019 Work RVU: 1.10
2019 NF PE RVU: 2.61
2019 Fac PE RVU: 0.63

RUC Recommendation: 1.43

Referred to CPT
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 est Medicare Utilization: 45,547	2007 Work RVU: 1.20 2007 NF PE RVU: 1.55 2007 Fac PE RVU: 0.56 Result: Increase	2019 Work RVU: 1.30 2019 NF PE RVU: 3.03 2019 Fac PE RVU: 0.74
RUC Recommendation: 1.80		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 8,172	2007 Work RVU: 1.62 2007 NF PE RVU: 1.9 2007 Fac PE RVU: 0.73 Result: Increase	2019 Work RVU: 1.68 2019 NF PE RVU: 3.37 2019 Fac PE RVU: 0.96
RUC Recommendation: 2.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 872,928	2007 Work RVU: 0.17 2007 NF PE RVU: 0.28 2007 Fac PE RVU: 0.07 Result: Maintain	2019 Work RVU: 0.17 2019 NF PE RVU: 0.23 2019 Fac PE RVU: 0.04
RUC Recommendation: 0.17		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 2,033,310	2007 Work RVU: 0.32 2007 NF PE RVU: 0.37 2007 Fac PE RVU: 0.11 Result: Maintain	2019 Work RVU: 0.32 2019 NF PE RVU: 0.60 2019 Fac PE RVU: 0.08
RUC Recommendation: 0.32 (Interim)		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

11721	Debridement of nail(s) by any method(s); 6 or more	Global: 000	Issue: Debridement of Nail	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 53 Specialty Developing Recommendation: APMA	First Identified: October 2010	2018 est Medicare Utilization: 6,903,913	2007 Work RVU: 0.54 2007 NF PE RVU: 0.47 2007 Fac PE RVU 0.2 Result: Maintain	2019 Work RVU: 0.54 2019 NF PE RVU: 0.71 2019 Fac PE RVU: 0.13
RUC Recommendation: 0.54 (Interim)		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 393,733	2007 Work RVU: 1.10 2007 NF PE RVU: 1.11 2007 Fac PE RVU 0.4 Result: Maintain	2019 Work RVU: 1.05 2019 NF PE RVU: 1.96 2019 Fac PE RVU: 0.45
RUC Recommendation: 1.10		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 199,112	2007 Work RVU: 2.40 2007 NF PE RVU: 2.37 2007 Fac PE RVU 1.79 Result: Decrease	2019 Work RVU: 1.58 2019 NF PE RVU: 2.71 2019 Fac PE RVU: 1.22
RUC Recommendation: 1.99		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
11752	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx	Global: 010	Issue: Excision of Nail Bed - HCPAC	Screen: 010-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 28 Specialty Developing Recommendation:	First Identified: January 2014	2018 est Medicare Utilization:	2007 Work RVU: 3.48 2007 NF PE RVU: 3.28 2007 Fac PE RVU 2.95 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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

First Identified: July 2016 **2018 est Medicare Utilization:** 64,726

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

RUC Recommendation: 1.25

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

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

First Identified: October 2009 **2018 est Medicare Utilization:** 249,326

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

RUC Recommendation: 0.52

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

11901 Injection, intralesional; more than 7 lesions

Global: 000 **Issue:** Skin Injection Services

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

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

First Identified: February 2010 **2018 est Medicare Utilization:** 71,013

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

RUC Recommendation: 0.80

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

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 est Medicare Utilization: 31,743

2007 Work RVU: 1.48

2019 Work RVU: 1.10

2007 NF PE RVU: 1.1

2019 NF PE RVU: 1.47

2007 Fac PE RVU 0.55

2019 Fac PE RVU:0.39

Result: Decrease

RUC Recommendation: 1.10

Referred to CPT May 2018

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

11981 Insertion, non-biodegradable drug delivery implant

Global: XXX

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 est Medicare Utilization: 12,765

2007 Work RVU: 1.48

2019 Work RVU: 1.48

2007 NF PE RVU: 1.76

2019 NF PE RVU: 2.31

2007 Fac PE RVU 0.66

2019 Fac PE RVU:0.66

Result: Decrease

RUC Recommendation: 1.30

Referred to CPT May 2018

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

11982 Removal, non-biodegradable drug delivery implant

Global: XXX

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 est Medicare Utilization: 4,235

2007 Work RVU: 1.78

2019 Work RVU: 1.78

2007 NF PE RVU: 1.97

2019 NF PE RVU: 2.41

2007 Fac PE RVU 0.81

2019 Fac PE RVU:0.79

Result: Decrease

RUC Recommendation: 1.70

Referred to CPT May 2018

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: XXX	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 est Medicare Utilization: 2,296	2007 Work RVU: 3.30 2007 NF PE RVU: 2.38 2007 Fac PE RVU: 1.44 Result: Decrease	2019 Work RVU: 3.30 2019 NF PE RVU: 2.79 2019 Fac PE RVU: 1.35
RUC Recommendation: 2.10		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 183,948	2007 Work RVU: 1.72 2007 NF PE RVU: 1.92 2007 Fac PE RVU: 0.76 Result: Decrease	2019 Work RVU: 0.84 2019 NF PE RVU: 1.58 2019 Fac PE RVU: 0.32
RUC Recommendation: 0.84		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 142,065	2007 Work RVU: 1.88 2007 NF PE RVU: 1.98 2007 Fac PE RVU: 0.89 Result: Decrease	2019 Work RVU: 1.14 2019 NF PE RVU: 1.79 2019 Fac PE RVU: 0.38
RUC Recommendation: 1.14		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 22,143	2007 Work RVU: 2.26 2007 NF PE RVU: 2.26 2007 Fac PE RVU: 0.99 Result: Decrease	2019 Work RVU: 1.44 2019 NF PE RVU: 1.98 2019 Fac PE RVU: 0.46
RUC Recommendation: 1.44		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 5,956	2007 Work RVU: 2.88 2007 NF PE RVU: 2.75 2007 Fac PE RVU: 1.17 Result: Decrease
RUC Recommendation: 1.97			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.97 2019 NF PE RVU: 2.45 2019 Fac PE RVU: 0.47
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 est Medicare Utilization: 1,133	2007 Work RVU: 3.68 2007 NF PE RVU: 3.3 2007 Fac PE RVU: 1.46 Result: Decrease
RUC Recommendation: 2.39			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2.39 2019 NF PE RVU: 2.81 2019 Fac PE RVU: 0.60
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 est Medicare Utilization: 370	2007 Work RVU: 4.13 2007 NF PE RVU: 3.71 2007 Fac PE RVU: 1.73 Result: Decrease
RUC Recommendation: 2.90			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2.90 2019 NF PE RVU: 3.03 2019 Fac PE RVU: 0.81
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 est Medicare Utilization: 88,993	2007 Work RVU: 1.78 2007 NF PE RVU: 2.07 2007 Fac PE RVU: 0.78 Result: Decrease
RUC Recommendation: 1.07			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.07 2019 NF PE RVU: 1.88 2019 Fac PE RVU: 0.36

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 est Medicare Utilization: 49,944	2007 Work RVU: 2.01 2007 NF PE RVU: 2.22 2007 Fac PE RVU: 0.92 Result: Decrease
RUC Recommendation: 1.22			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.22 2019 NF PE RVU: 1.84 2019 Fac PE RVU: 0.27
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 est Medicare Utilization: 6,573	2007 Work RVU: 2.48 2007 NF PE RVU: 2.5 2007 Fac PE RVU: 1.04 Result: Decrease
RUC Recommendation: 1.57			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.57 2019 NF PE RVU: 2.09 2019 Fac PE RVU: 0.35
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 est Medicare Utilization: 3,315	2007 Work RVU: 3.21 2007 NF PE RVU: 3.04 2007 Fac PE RVU: 1.22 Result: Decrease
RUC Recommendation: 1.98			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.98 2019 NF PE RVU: 2.44 2019 Fac PE RVU: 0.44
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 est Medicare Utilization: 451	2007 Work RVU: 3.94 2007 NF PE RVU: 3.45 2007 Fac PE RVU: 1.47 Result: Decrease
RUC Recommendation: 2.68			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2.68 2019 NF PE RVU: 2.86 2019 Fac PE RVU: 0.61

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 est Medicare Utilization: 65

2007 Work RVU: 4.72

2019 Work RVU: 3.18

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 1.79

2019 Fac PE RVU: 0.70

Result: Decrease

RUC Recommendation: 3.18

Referred to CPT

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 est Medicare Utilization: 23

2007 Work RVU: 5.54

2019 Work RVU: 3.61

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 2.19

2019 Fac PE RVU: 0.78

Result: Decrease

RUC Recommendation: 3.61

Referred to CPT

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 est Medicare Utilization: 61,454

2007 Work RVU: 2.17

2019 Work RVU: 2.00

2007 NF PE RVU: 2.69

2019 NF PE RVU: 4.67

2007 Fac PE RVU: 1.17

2019 Fac PE RVU: 2.09

Result: Decrease

RUC Recommendation: 2.00

Referred to CPT

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 est Medicare Utilization: 269,481	2007 Work RVU: 2.49 2007 NF PE RVU: 4.19 2007 Fac PE RVU: 1.92 2019 Work RVU: 2.52 2019 NF PE RVU: 5.75 2019 Fac PE RVU: 2.68
RUC Recommendation: 2.52			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 25,171	2007 Work RVU: 2.94 2007 NF PE RVU: 3.54 2007 Fac PE RVU: 1.59 2019 Work RVU: 2.97 2019 NF PE RVU: 5.64 2019 Fac PE RVU: 2.53
RUC Recommendation: 2.97			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 4,767	2007 Work RVU: 3.44 2007 NF PE RVU: 5.21 2007 Fac PE RVU: 2.14 2019 Work RVU: 3.50 2019 NF PE RVU: 6.84 2019 Fac PE RVU: 2.82
RUC Recommendation: 3.60			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 968

2007 Work RVU: 4.06

2019 Work RVU: 4.23

2007 NF PE RVU: 5.51

2019 NF PE RVU: 7.10

2007 Fac PE RVU 2.47

2019 Fac PE RVU:3.05

RUC Recommendation: 4.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

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 est Medicare Utilization: 471

2007 Work RVU: 4.68

2019 Work RVU: 5.00

2007 NF PE RVU: 6.05

2019 NF PE RVU: 7.73

2007 Fac PE RVU 2.88

2019 Fac PE RVU:3.44

RUC Recommendation: 5.25

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

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 est Medicare Utilization: 20,031

2007 Work RVU: 2.39

2019 Work RVU: 2.10

2007 NF PE RVU: 2.87

2019 NF PE RVU: 4.57

2007 Fac PE RVU 1.29

2019 Fac PE RVU:1.89

RUC Recommendation: 2.10

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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 est Medicare Utilization: 50,831

2007 Work RVU: 2.76

2019 Work RVU: 2.79

2007 NF PE RVU: 3.57

2019 NF PE RVU: 5.21

2007 Fac PE RVU 1.63

2019 Fac PE RVU:2.55

RUC Recommendation: 2.79

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

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 est Medicare Utilization: 2,229

2007 Work RVU: 3.16

2019 Work RVU: 3.19

2007 NF PE RVU: 3.74

2019 NF PE RVU: 6.75

2007 Fac PE RVU 1.69

2019 Fac PE RVU:2.51

RUC Recommendation: 3.19

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

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 est Medicare Utilization: 362

2007 Work RVU: 3.65

2019 Work RVU: 3.75

2007 NF PE RVU: 5.21

2019 NF PE RVU: 7.14

2007 Fac PE RVU 2.23

2019 Fac PE RVU:3.39

RUC Recommendation: 3.90

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

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 est Medicare Utilization: 85	2007 Work RVU: 4.26 2007 NF PE RVU: 6.28 2007 Fac PE RVU: 2.64 2019 Work RVU: 4.30 2019 NF PE RVU: 8.50 2019 Fac PE RVU: 3.67
RUC Recommendation: 4.60			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase
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 est Medicare Utilization: 40	2007 Work RVU: 4.66 2007 NF PE RVU: 6.3 2007 Fac PE RVU: 2.95 2019 Work RVU: 4.95 2019 NF PE RVU: 9.06 2019 Fac PE RVU: 3.90
RUC Recommendation: 5.50			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase
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 est Medicare Utilization: 54,741	2007 Work RVU: 2.49 2007 NF PE RVU: 3.48 2007 Fac PE RVU: 1.57 2019 Work RVU: 2.33 2019 NF PE RVU: 4.87 2019 Fac PE RVU: 2.24
RUC Recommendation: 2.33			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

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 est Medicare Utilization: 75,232

2007 Work RVU: 2.81

2019 Work RVU: 2.87

2007 NF PE RVU: 3.64

2019 NF PE RVU: 5.26

2007 Fac PE RVU 1.72

2019 Fac PE RVU:2.56

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Remove from Screen

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 est Medicare Utilization: 8,973

2007 Work RVU: 3.14

2019 Work RVU: 3.17

2007 NF PE RVU: 3.77

2019 NF PE RVU: 6.36

2007 Fac PE RVU 1.68

2019 Fac PE RVU:2.62

RUC Recommendation: 3.17

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

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 est Medicare Utilization: 2,554

2007 Work RVU: 3.47

2019 Work RVU: 3.50

2007 NF PE RVU: 4.02

2019 NF PE RVU: 6.44

2007 Fac PE RVU 1.74

2019 Fac PE RVU:2.35

RUC Recommendation: 3.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

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 est Medicare Utilization: 267

2007 Work RVU: 4.44

2019 Work RVU: 4.50

2007 NF PE RVU: 4.87

2019 NF PE RVU: 8.37

2007 Fac PE RVU 2.13

2019 Fac PE RVU:3.47

RUC Recommendation: 4.65

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

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 est Medicare Utilization: 46

2007 Work RVU: 5.25

2019 Work RVU: 5.30

2007 NF PE RVU: 6.62

2019 NF PE RVU: 9.83

2007 Fac PE RVU 2.89

2019 Fac PE RVU:4.85

RUC Recommendation: 5.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

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 est Medicare Utilization: 29

2007 Work RVU: 5.97

2019 Work RVU: 6.00

2007 NF PE RVU: 6.47

2019 NF PE RVU: 10.00

2007 Fac PE RVU 3.53

2019 Fac PE RVU:5.28

RUC Recommendation: 6.28

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

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 est Medicare Utilization: 6,065	2007 Work RVU: 3.14 2007 NF PE RVU: 4.15 2007 Fac PE RVU: 2.35 Result: Decrease	2019 Work RVU: 3.00 2019 NF PE RVU: 6.22 2019 Fac PE RVU: 2.46
RUC Recommendation: 3.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 95,109	2007 Work RVU: 3.93 2007 NF PE RVU: 4.99 2007 Fac PE RVU: 2.77 Result: Decrease	2019 Work RVU: 3.50 2019 NF PE RVU: 7.37 2019 Fac PE RVU: 3.25
RUC Recommendation: 3.50				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 23,540	2007 Work RVU: 1.24 2007 NF PE RVU: 1.22 2007 Fac PE RVU: 0.57 Result: Maintain	2019 Work RVU: 1.24 2019 NF PE RVU: 2.01 2019 Fac PE RVU: 0.69
RUC Recommendation: 1.24				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 11,909	2007 Work RVU: 3.32 2007 NF PE RVU: 4.26 2007 Fac PE RVU: 2.41 Result: Decrease	2019 Work RVU: 3.23 2019 NF PE RVU: 6.38 2019 Fac PE RVU: 3.07
RUC Recommendation: 3.23				Referred to CPT September 2018 Referred to CPT Asst <input checked="" type="checkbox"/>	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.		

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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 est Medicare Utilization: 191,968	2007 Work RVU: 4.36 2007 NF PE RVU: 5.32 2007 Fac PE RVU: 3.02 2019 Work RVU: 4.00 2019 NF PE RVU: 7.67 2019 Fac PE RVU: 3.08
RUC Recommendation: 4.00			Referred to CPT September 2018	Referred to CPT Asst <input checked="" type="checkbox"/>	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.
					Result: Decrease
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 est Medicare Utilization: 28,531	2007 Work RVU: 1.44 2007 NF PE RVU: 1.48 2007 Fac PE RVU: 0.63 2019 Work RVU: 1.44 2019 NF PE RVU: 2.10 2019 Fac PE RVU: 0.79
RUC Recommendation: 1.44			Referred to CPT September 2018	Referred to CPT Asst <input checked="" type="checkbox"/>	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.
					Result: Maintain
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 est Medicare Utilization: 40,683	2007 Work RVU: 3.80 2007 NF PE RVU: 4.53 2007 Fac PE RVU: 2.74 2019 Work RVU: 3.73 2019 NF PE RVU: 6.81 2019 Fac PE RVU: 2.89
RUC Recommendation: 3.73			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
					Result: Decrease

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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 est Medicare Utilization: 291,818

2007 Work RVU: 6.48
2007 NF PE RVU: 6.42
2007 Fac PE RVU: 4.38
Result: Decrease

2019 Work RVU: 4.78
2019 NF PE RVU: 8.17
2019 Fac PE RVU: 3.54

RUC Recommendation: 4.78

Referred to CPT
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 est Medicare Utilization: 16,170

2007 Work RVU: 2.19
2007 NF PE RVU: 1.72
2007 Fac PE RVU: 1.02
Result: Maintain

2019 Work RVU: 2.19
2019 NF PE RVU: 2.53
2019 Fac PE RVU: 1.24

RUC Recommendation: 2.19

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

13150 Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab 37 Specialty Developing Recommendation: AAD, AAO-HNS, ASPS

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 3.82
2007 NF PE RVU: 4.83
2007 Fac PE RVU: 2.76
Result: Deleted from CPT

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
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 est Medicare Utilization: 33,870

2007 Work RVU: 4.46
2007 NF PE RVU: 4.99
2007 Fac PE RVU: 3.17
Result: Decrease

2019 Work RVU: 4.34
2019 NF PE RVU: 7.14
2019 Fac PE RVU: 3.26

RUC Recommendation: 4.34

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

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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 est Medicare Utilization: 53,470

2007 Work RVU: 6.34

2019 Work RVU: 5.34

2007 NF PE RVU: 6.42

2019 NF PE RVU: 8.34

2007 Fac PE RVU: 4.03

2019 Fac PE RVU: 3.85

Result: Decrease

RUC Recommendation: 5.34

Referred to CPT

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 est Medicare Utilization: 893

2007 Work RVU: 2.38

2019 Work RVU: 2.38

2007 NF PE RVU: 1.96

2019 NF PE RVU: 2.74

2007 Fac PE RVU: 1.11

2019 Fac PE RVU: 1.31

Result: Maintain

RUC Recommendation: 2.38

Referred to CPT

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 est Medicare Utilization: 8,041

2007 Work RVU: 6.83

2019 Work RVU: 6.37

2007 NF PE RVU: 8.14

2019 NF PE RVU: 10.30

2007 Fac PE RVU: 5.63

2019 Fac PE RVU: 6.88

Result: Decrease

RUC Recommendation: 6.19

Referred to CPT

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 est Medicare Utilization: 9,391	2007 Work RVU: 9.60 2007 NF PE RVU: 9.86 2007 Fac PE RVU: 7.22 Result: Decrease
RUC Recommendation: 8.58			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	Global: 090	Issue: Skin Tissue Rearrangement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 9	Specialty Developing Recommendation: AAD, ASPS	First Identified: April 2008	2018 est Medicare Utilization: 18,591	2007 Work RVU: 7.66 2007 NF PE RVU: 8.98 2007 Fac PE RVU: 6.64 Result: Decrease
RUC Recommendation: 7.02			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	Global: 090	Issue: Skin Tissue Rearrangement	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 9	Specialty Developing Recommendation: AAD, ASPS	First Identified: September 2007	2018 est Medicare Utilization: 18,781	2007 Work RVU: 11.18 2007 NF PE RVU: 10.63 2007 Fac PE RVU: 8.41 Result: Decrease
RUC Recommendation: 9.52			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	Global: 090	Issue: Skin Tissue Rearrangement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab 9	Specialty Developing Recommendation: AAD, ASPS, AAO-HNS	First Identified: April 2008	2018 est Medicare Utilization: 68,051	2007 Work RVU: 8.44 2007 NF PE RVU: 9.17 2007 Fac PE RVU: 7.17 Result: Maintain
RUC Recommendation: 8.44			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:

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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 est Medicare Utilization: 43,731	2007 Work RVU: 12.67 2007 NF PE RVU: 11.37 2007 Fac PE RVU 8.88 Result: Decrease	2019 Work RVU: 10.83 2019 NF PE RVU: 14.28 2019 Fac PE RVU:9.84
RUC Recommendation:	10.63				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less			Global: 090	Issue: Skin Tissue Rearrangement	Screen: Site of Service Anomaly	Complete? Yes	
Most Recent RUC Meeting:	October 2008	Tab 9	Specialty Developing Recommendation:	AAD, ASPS, AAO-HNS	First Identified: April 2008	2018 est Medicare Utilization: 90,610	2007 Work RVU: 9.07 2007 NF PE RVU: 9.02 2007 Fac PE RVU 7.39 Result: Maintain	2019 Work RVU: 9.23 2019 NF PE RVU: 11.54 2019 Fac PE RVU:8.73
RUC Recommendation:	Maintain				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm			Global: 090	Issue: Skin Tissue Rearrangement	Screen: Site of Service Anomaly	Complete? Yes	
Most Recent RUC Meeting:	October 2008	Tab 9	Specialty Developing Recommendation:	AAD, ASPS, AAO-HNS	First Identified: September 2007	2018 est Medicare Utilization: 29,778	2007 Work RVU: 13.67 2007 NF PE RVU: 12.45 2007 Fac PE RVU 9.72 Result: Decrease	2019 Work RVU: 11.48 2019 NF PE RVU: 15.56 2019 Fac PE RVU:10.66
RUC Recommendation:	11.25				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
14300	Deleted from CPT			Global: 090	Issue: Adjacent Tissue Transfer	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes	
Most Recent RUC Meeting:	April 2009	Tab 04	Specialty Developing Recommendation:	ACS, AAD, ASPS, AAO-HNS	First Identified: September 2007	2018 est Medicare Utilization:	2007 Work RVU: 13.26 2007 NF PE RVU: 11.77 2007 Fac PE RVU 9.28 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation:	Deleted from CPT				Referred to CPT February 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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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** ACS, AAO-
Recommendation: HNS, ASPS

First **2018 est**
Identified: September 2007 **Medicare**
Utilization: 35,534

2007 Work RVU: **2019 Work RVU:** 12.65
2007 NF PE RVU: **2019 NF PE RVU:** 16.04
2007 Fac PE RVU **2019 Fac PE RVU:** 10.50
Result: Decrease

RUC Recommendation: 12.47

Referred to CPT February 2009
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** ACS, AAO-
Recommendation: HNS, ASPS

First **2018 est**
Identified: September 2007 **Medicare**
Utilization: 35,763

2007 Work RVU: **2019 Work RVU:** 3.73
2007 NF PE RVU: **2019 NF PE RVU:** 1.96
2007 Fac PE RVU **2019 Fac PE RVU:** 1.96
Result: Decrease

RUC Recommendation: 3.73

Referred to CPT February 2009
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** ASPS
Recommendation:

First **2018 est**
Identified: January 2014 **Medicare**
Utilization: 22,366

2007 Work RVU: 3.65 **2019 Work RVU:** 3.65
2007 NF PE RVU: 4.12 **2019 NF PE RVU:** 5.66
2007 Fac PE RVU 1.65 **2019 Fac PE RVU:** 2.19
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:**

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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 est Medicare Utilization: 30,342	2007 Work RVU: 4.58 2019 Work RVU: 4.58 2007 NF PE RVU: 4.77 2019 NF PE RVU: 6.18 2007 Fac PE RVU: 1.97 2019 Fac PE RVU: 2.48 Result: Maintain
RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.		Referred to CPT			
		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
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 est Medicare Utilization: 14,203	2007 Work RVU: 9.74 2019 Work RVU: 9.90 2007 NF PE RVU: 11.91 2019 NF PE RVU: 12.80 2007 Fac PE RVU: 7.57 2019 Fac PE RVU: 8.75 Result: Maintain
RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.		Referred to CPT			
		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
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 est Medicare Utilization: 9,907	2007 Work RVU: 10.96 2019 Work RVU: 10.15 2007 NF PE RVU: 10.87 2019 NF PE RVU: 12.44 2007 Fac PE RVU: 7.71 2019 Fac PE RVU: 8.16 Result: Remove from Screen
RUC Recommendation: Remove from screen		Referred to CPT			
		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

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15170 Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children **Global:** 090 **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 31 Specialty Developing Recommendation: APMA, ASPS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 5.99

2019 Work RVU:

2007 NF PE RVU: 3.79

2019 NF PE RVU:

2007 Fac PE RVU: 2.37

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

15171 Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 31 Specialty Developing Recommendation: APMA, ASPS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.55

2019 Work RVU:

2007 NF PE RVU: 0.68

2019 NF PE RVU:

2007 Fac PE RVU: 0.6

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

15175 Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children **Global:** 090 **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 31 Specialty Developing Recommendation: APMA, ASPS

First Identified: October 2009

2018 est Medicare Utilization:

2007 Work RVU: 7.99

2019 Work RVU:

2007 NF PE RVU: 5.4

2019 NF PE RVU:

2007 Fac PE RVU: 3.96

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

Referred to CPT Asst ☐

Published in CPT Asst:

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15176	Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Acellular Dermal Replacement	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 31 Specialty Developing Recommendation: APMA, ASPS	First Identified: February 2010	2018 est Medicare Utilization:	2007 Work RVU: 2.45 2007 NF PE RVU: 1.1 2007 Fac PE RVU: 0.95 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 9,469	2007 Work RVU: 7.95 2007 NF PE RVU: 9.5 2007 Fac PE RVU: 6.69 Result: PE Only	2019 Work RVU: 8.09 2019 NF PE RVU: 12.66 2019 Fac PE RVU: 8.27
RUC Recommendation: Reduce 99238 to 0.5		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 13,239	2007 Work RVU: 10.15 2007 NF PE RVU: 10.66 2007 Fac PE RVU: 8.2 Result: Maintain	2019 Work RVU: 10.41 2019 NF PE RVU: 14.63 2019 Fac PE RVU: 10.96
RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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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 est Medicare Utilization: 111,828

2007 Work RVU:

2019 Work RVU: 1.50

2007 NF PE RVU:

2019 NF PE RVU: 2.43

2007 Fac PE RVU

2019 Fac PE RVU:0.71

Result: Decrease

RUC Recommendation: 1.50

Referred to CPT February 2011

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 est Medicare Utilization: 12,527

2007 Work RVU:

2019 Work RVU: 0.33

2007 NF PE RVU:

2019 NF PE RVU: 0.38

2007 Fac PE RVU

2019 Fac PE RVU:0.12

Result: Decrease

RUC Recommendation: 0.59

Referred to CPT February 2011

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 est Medicare Utilization: 5,202

2007 Work RVU:

2019 Work RVU: 3.50

2007 NF PE RVU:

2019 NF PE RVU: 4.60

2007 Fac PE RVU

2019 Fac PE RVU:1.71

Result: Decrease

RUC Recommendation: 3.50

Referred to CPT February 2011

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

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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 est Medicare Utilization: 28,009	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 0.80 2019 NF PE RVU: 1.18 2019 Fac PE RVU: 0.36
RUC Recommendation: 0.80	Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization: 125,771	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 1.83 2019 NF PE RVU: 2.36 2019 Fac PE RVU: 0.73
RUC Recommendation: 1.83	Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization: 5,523	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 0.50 2019 NF PE RVU: 0.42 2019 Fac PE RVU: 0.17
RUC Recommendation: 0.59	Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization:** 1,654 **2007 Work RVU:** **2019 Work RVU:** 4.00 **2007 NF PE RVU:** **2019 NF PE RVU:** 4.86 **2007 Fac PE RVU** **2019 Fac PE RVU:** 1.91 **Result:** Decrease

RUC Recommendation: 4.00 **Referred to CPT** February 2011 **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 est Medicare Utilization:** 3,112 **2007 Work RVU:** **2019 Work RVU:** 1.00 **2007 NF PE RVU:** **2019 NF PE RVU:** 1.34 **2007 Fac PE RVU** **2019 Fac PE RVU:** 0.46 **Result:** Decrease

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

15320 Deleted from CPT **Global:** 090 **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2018 est Medicare Utilization:** **2007 Work RVU:** 5.36 **2019 Work RVU:** **2007 NF PE RVU:** 3.66 **2019 NF PE RVU:** **2007 Fac PE RVU** 2.49 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

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15321 Deleted from CPT **Global:** ZZZ **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2018 est Medicare Utilization:** **2007 Work RVU:** 1.50 **2019 Work RVU:** **2007 NF PE RVU:** 0.69 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.57 **2019 Fac PE RVU:**

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

15330 Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children **Global:** 090 **Issue:** Allograft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2018 est Medicare Utilization:** **2007 Work RVU:** 3.99 **2019 Work RVU:** **2007 NF PE RVU:** 3.18 **2019 NF PE RVU:** **2007 Fac PE RVU:** 2.15 **2019 Fac PE RVU:**

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

15331 Deleted from CPT **Global:** ZZZ **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2018 est Medicare Utilization:** **2007 Work RVU:** 1.00 **2019 Work RVU:** **2007 NF PE RVU:** 0.46 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.39 **2019 Fac PE RVU:**

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

15335 Deleted from CPT **Global:** 090 **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2018 est Medicare Utilization:** **2007 Work RVU:** 4.50 **2019 Work RVU:** **2007 NF PE RVU:** 3.46 **2019 NF PE RVU:** **2007 Fac PE RVU:** 2.35 **2019 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

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15336 Deleted from CPT

Global: ZZZ

Issue: Acellular Dermal Allograft

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: AAO-HNS, APMA, ASPS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.43

2019 Work RVU:

2007 NF PE RVU: 0.7

2019 NF PE RVU:

2007 Fac PE RVU: 0.55

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

15360 Deleted from CPT

Global: 090

Issue: Tissue Cultured Allogeneic Dermal Substitute

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: APMA, ASPS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 3.93

2019 Work RVU:

2007 NF PE RVU: 4.47

2019 NF PE RVU:

2007 Fac PE RVU: 3.13

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

15361 Deleted from CPT

Global: ZZZ

Issue: Tissue Cultured Allogeneic Dermal Substitute

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: APMA, ASPS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.15

2019 Work RVU:

2007 NF PE RVU: 0.58

2019 NF PE RVU:

2007 Fac PE RVU: 0.44

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

15365 Deleted from CPT

Global: 090

Issue: Tissue Cultured Allogeneic Dermal Substitute

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: APMA, ASPS

First Identified: October 2009

2018 est Medicare Utilization:

2007 Work RVU: 4.21

2019 Work RVU:

2007 NF PE RVU: 4.5

2019 NF PE RVU:

2007 Fac PE RVU: 3.2

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

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15366 Deleted from CPT **Global:** ZZZ **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2018 est Medicare Utilization:** **2007 Work RVU:** 1.45 **2019 Work RVU:** **2007 NF PE RVU:** 0.7 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.56 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

15400 Deleted from CPT **Global:** 090 **Issue:** Xenograft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAO-HNS, ASPS **First Identified:** September 2007 **2018 est Medicare Utilization:** **2007 Work RVU:** 4.38 **2019 Work RVU:** **2007 NF PE RVU:** 4.25 **2019 NF PE RVU:** **2007 Fac PE RVU:** 3.95 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

15401 Deleted from CPT **Global:** ZZZ **Issue:** Xenograft **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACS, ASPS **First Identified:** February 2008 **2018 est Medicare Utilization:** **2007 Work RVU:** 1.00 **2019 Work RVU:** **2007 NF PE RVU:** 1.67 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.42 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

15420 Deleted from CPT **Global:** 090 **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** October 2009 **2018 est Medicare Utilization:** **2007 Work RVU:** 4.89 **2019 Work RVU:** **2007 NF PE RVU:** 4.86 **2019 NF PE RVU:** **2007 Fac PE RVU:** 3.83 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

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15421 Deleted from CPT

Global: ZZZ **Issue:** Xenograft Skin

Screen: Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: APMA, ASPS, AAD

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.50

2019 Work RVU:

2007 NF PE RVU: 1.29

2019 NF PE RVU:

2007 Fac PE RVU 0.6

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

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 est Medicare Utilization: 317

2007 Work RVU: 10.00

2019 Work RVU: 10.21

2007 NF PE RVU: 11.09

2019 NF PE RVU: 13.99

2007 Fac PE RVU 6.71

2019 Fac PE RVU:9.02

Result: Maintain

RUC Recommendation: 10.00

Referred to CPT

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

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 est Medicare Utilization: 739

2007 Work RVU: 9.94

2019 Work RVU: 10.12

2007 NF PE RVU: 9.59

2019 NF PE RVU: 13.48

2007 Fac PE RVU 6.53

2019 Fac PE RVU:9.51

Result: Maintain

RUC Recommendation: 9.94

Referred to CPT

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

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 est Medicare Utilization: 1,598

2007 Work RVU: 10.52

2019 Work RVU: 10.70

2007 NF PE RVU: 10.64

2019 NF PE RVU: 13.42

2007 Fac PE RVU 7.6

2019 Fac PE RVU:9.36

Result: Maintain

RUC Recommendation: 10.52

Referred to CPT

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

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 est Medicare Utilization: 4,217

2007 Work RVU: 9.24

2019 Work RVU: 9.37

2007 NF PE RVU: 9.74

2019 NF PE RVU: 12.22

2007 Fac PE RVU 6.81

2019 Fac PE RVU:8.46

Result: Maintain

RUC Recommendation: 9.24

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

15730 Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)

Global: 090

Issue: Muscle Flaps

Screen: High Level E/M in Global Period

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 05

Specialty Developing Recommendation:

AAO

First Identified: January 2017

2018 est Medicare Utilization: 1,522

2007 Work RVU:

2019 Work RVU: 13.50

2007 NF PE RVU:

2019 NF PE RVU: 28.33

2007 Fac PE RVU

2019 Fac PE RVU:11.13

Result: Decrease

RUC Recommendation: 13.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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

Global: 090

Issue: Muscle Flaps

Screen: High Level E/M in Global Period

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 05

Specialty Developing Recommendation:

First Identified: April 2016

2018 est Medicare Utilization: 2,316

2007 Work RVU: 14.12

2019 Work RVU: 14.38

2007 NF PE RVU: 12.13

2019 NF PE RVU: 15.45

2007 Fac PE RVU 9.56

2019 Fac PE RVU:12.17

Result: Not Part of RAW

RUC Recommendation: Not part of family

Referred to CPT September 2016

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Muscle Flaps

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

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

First Identified: September 2007 **2018 est Medicare Utilization:**

2007 Work RVU: 19.70 **2019 Work RVU:**
2007 NF PE RVU: 17.27 **2019 NF PE RVU:**
2007 Fac PE RVU 12.01 **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

15733 Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)

Global: 090 **Issue:** Muscle Flaps

Screen: High Level E/M in Global Period **Complete?** Yes

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

First Identified: January 2017 **2018 est Medicare Utilization:** 6,352

2007 Work RVU: **2019 Work RVU:** 15.68
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 12.31
Result: Decrease

RUC Recommendation: 15.68

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

15734 Muscle, myocutaneous, or fasciocutaneous flap; trunk

Global: 090 **Issue:** Muscle Flaps

Screen: High Level E/M in Global Period **Complete?** Yes

Most Recent **Tab** 14 **Specialty Developing**
RUC Meeting: April 2016 **Recommendation:**

First Identified: October 2015 **2018 est Medicare Utilization:** 23,615

2007 Work RVU: 19.62 **2019 Work RVU:** 23.00
2007 NF PE RVU: 17.58 **2019 NF PE RVU:** NA
2007 Fac PE RVU 12.32 **2019 Fac PE RVU:** 15.85
Result: Increase

RUC Recommendation: 23.00

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

Status Report: CMS Requests and Relativity Assessment Issues

15736 Muscle, myocutaneous, or fasciocutaneous flap; upper extremity **Global:** 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:** ASSH, ASPS **First Identified:** January 2016 **2018 est Medicare Utilization:** 1,649 **2007 Work RVU:** 16.92 **2019 Work RVU:** 17.04 **2007 NF PE RVU:** 17.17 **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 10.96 **2019 Fac PE RVU:** 15.12 **Result:** Maintain

RUC Recommendation: 17.04 **Referred to CPT** September 2016 **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 est Medicare Utilization:** 6,463 **2007 Work RVU:** 18.92 **2019 Work RVU:** 19.04 **2007 NF PE RVU:** 17.04 **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 11.45 **2019 Fac PE RVU:** 15.15 **Result:** Maintain

RUC Recommendation: 19.04 **Referred to CPT** September 2016 **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 est Medicare Utilization:** 2,151 **2007 Work RVU:** 11.57 **2019 Work RVU:** 11.80 **2007 NF PE RVU:** 11.01 **2019 NF PE RVU:** 15.22 **2007 Fac PE RVU:** 8.58 **2019 Fac PE RVU:** 10.66 **Result:** Maintain

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

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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 est Medicare Utilization: 8,527	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 3.65 2019 NF PE RVU: 1.96 2019 Fac PE RVU: 1.96
RUC Recommendation: 3.65				Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid			Global: 090	Issue: Upper Eyelid Blepharoplasty	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 33	Specialty Developing Recommendation:	AAO	First Identified: October 2009	2018 est Medicare Utilization: 95,344	2007 Work RVU: 8.12 2007 NF PE RVU: 7.8 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 6.81 2019 NF PE RVU: 10.00 2019 Fac PE RVU: 8.14
RUC Recommendation: 6.81				Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
15X00				Global:	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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 6.68. Flagged for RAW review April 2022.				Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

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15X01

Global:

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 6.73

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

15X02

Global:

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 2.50

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

15X03

Global:

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 6.83

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

15X04

Global:

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 2.41

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 16,332

2007 Work RVU: 0.80

2019 Work RVU: 0.71

2007 NF PE RVU: 1.25

2019 NF PE RVU: 1.51

2007 Fac PE RVU: 0.58

2019 Fac PE RVU: 0.74

Result: Maintain

RUC Recommendation: 0.80

Referred to CPT

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 est Medicare Utilization: 2,168

2007 Work RVU: 1.85

2019 Work RVU: 1.74

2007 NF PE RVU: 1.72

2019 NF PE RVU: 2.26

2007 Fac PE RVU: 0.94

2019 Fac PE RVU: 1.16

Result: Maintain

RUC Recommendation: 1.85

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

16030 Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area) **Global:** 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 45 Specialty Developing Recommendation: ACEP, ASPS, AAFP, AAPMR,

First Identified: February 2010

2018 est Medicare Utilization: 1,080

2007 Work RVU: 2.08

2019 Work RVU: 2.08

2007 NF PE RVU: 2.12

2019 NF PE RVU: 2.98

2007 Fac PE RVU: 1.08

2019 Fac PE RVU: 1.40

Result: Maintain

RUC Recommendation: CPT Assistant article published.

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Oct 2012

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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 est Medicare Utilization: 5,917,451	2007 Work RVU: 0.62 2007 NF PE RVU: 1.08 2007 Fac PE RVU: 0.59 Result: Decrease	2019 Work RVU: 0.61 2019 NF PE RVU: 1.16 2019 Fac PE RVU: 0.84
RUC Recommendation: 0.61		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 18,856,426	2007 Work RVU: 0.07 2007 NF PE RVU: 0.11 2007 Fac PE RVU: 0.06 Result: Decrease	2019 Work RVU: 0.04 2019 NF PE RVU: 0.11 2019 Fac PE RVU: 0.02
RUC Recommendation: 0.04		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	Global: 010	Issue: Destruction of Premalignant Lesions	Screen: CMS High Expenditure Procedural Codes1 / Modifier -51 Exempt	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 17 Specialty Developing Recommendation: AAD	First Identified: September 2011	2018 est Medicare Utilization: 861,045	2007 Work RVU: 1.82 2007 NF PE RVU: 2.33 2007 Fac PE RVU: 1.54 Result: Decrease	2019 Work RVU: 1.37 2019 NF PE RVU: 2.75 2019 Fac PE RVU: 1.29
RUC Recommendation: Remove from Modifier -51 Exempt List. 1.37		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 3,421 **2007 Work RVU:** 4.62 **2019 Work RVU:** 3.69 **2007 NF PE RVU:** 4.63 **2019 NF PE RVU:** 5.58 **2007 Fac PE RVU:** 3.33 **2019 Fac PE RVU:** 3.73 **Result:** Decrease

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

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 est Medicare Utilization:** 1,379 **2007 Work RVU:** 9.19 **2019 Work RVU:** 4.79 **2007 NF PE RVU:** 7.24 **2019 NF PE RVU:** 7.16 **2007 Fac PE RVU:** 5.41 **2019 Fac PE RVU:** 4.66 **Result:** Decrease

RUC Recommendation: 4.68 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

17108 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm **Global:** 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2018 est Medicare Utilization:** 4,907 **2007 Work RVU:** 13.22 **2019 Work RVU:** 7.49 **2007 NF PE RVU:** 9.34 **2019 NF PE RVU:** 9.74 **2007 Fac PE RVU:** 7.49 **2019 Fac PE RVU:** 6.60 **Result:** Decrease

RUC Recommendation: 6.37 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

17110 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions **Global:** 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2018 est Medicare Utilization:** 2,368,534 **2007 Work RVU:** 0.67 **2019 Work RVU:** 0.70 **2007 NF PE RVU:** 1.66 **2019 NF PE RVU:** 2.34 **2007 Fac PE RVU:** 0.74 **2019 Fac PE RVU:** 1.17 **Result:** Remove from Screen

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

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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 est Medicare Utilization:** 114,874 **2007 Work RVU:** 0.94 **2019 Work RVU:** 0.97 **2007 NF PE RVU:** 1.83 **2019 NF PE RVU:** 2.61 **2007 Fac PE RVU:** 0.89 **2019 Fac PE RVU:** 1.31 **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 est Medicare Utilization:** 200,556 **2007 Work RVU:** 0.50 **2019 Work RVU:** 0.50 **2007 NF PE RVU:** 1.25 **2019 NF PE RVU:** 1.74 **2007 Fac PE RVU:** 0.35 **2019 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:**

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 est Medicare Utilization:** 135,701 **2007 Work RVU:** 1.19 **2019 Work RVU:** 1.22 **2007 NF PE RVU:** 1.84 **2019 NF PE RVU:** 2.72 **2007 Fac PE RVU:** 0.9 **2019 Fac PE RVU:** 1.19 **RUC Recommendation:** 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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17262 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 26 Specialty Developing Recommendation: AAD, AAFP

First Identified: February 2010

2018 est Medicare Utilization: 276,472

2007 Work RVU: 1.60

2019 Work RVU: 1.63

2007 NF PE RVU: 2.13

2019 NF PE RVU: 3.15

2007 Fac PE RVU: 1.09

2019 Fac PE RVU: 1.44

Result: Maintain

RUC Recommendation: 1.63

Referred to CPT

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 est Medicare Utilization: 52,166

2007 Work RVU: 1.51

2019 Work RVU: 1.54

2007 NF PE RVU: 2

2019 NF PE RVU: 2.91

2007 Fac PE RVU: 1.05

2019 Fac PE RVU: 1.38

Result: Maintain

RUC Recommendation: 1.54

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

17272 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 26 Specialty Developing Recommendation: AAD, AAFP

First Identified: February 2010

2018 est Medicare Utilization: 80,822

2007 Work RVU: 1.79

2019 Work RVU: 1.82

2007 NF PE RVU: 2.24

2019 NF PE RVU: 3.25

2007 Fac PE RVU: 1.18

2019 Fac PE RVU: 1.55

Result: Maintain

RUC Recommendation: 1.82

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

17281 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 26 **Specialty Developing Recommendation:** AAD, AAFP

First Identified: February 2010

2018 est Medicare Utilization: 90,244

2007 Work RVU: 1.74

2019 Work RVU: 1.77

2007 NF PE RVU: 2.12

2019 NF PE RVU: 3.06

2007 Fac PE RVU 1.16

2019 Fac PE RVU:1.51

Result: Maintain

RUC Recommendation: 1.77

Referred to CPT

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 est Medicare Utilization: 84,855

2007 Work RVU: 2.06

2019 Work RVU: 2.09

2007 NF PE RVU: 2.41

2019 NF PE RVU: 3.45

2007 Fac PE RVU 1.31

2019 Fac PE RVU:1.71

Result: Maintain

RUC Recommendation: 2.09

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

17311 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks **Global:** 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab 18 **Specialty Developing Recommendation:** AAD

First Identified: September 2011

2018 est Medicare Utilization: 785,668

2007 Work RVU: 6.20

2019 Work RVU: 6.20

2007 NF PE RVU: 10.79

2019 NF PE RVU: 11.85

2007 Fac PE RVU 3.16

2019 Fac PE RVU:3.69

Result: Maintain

RUC Recommendation: 6.20

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

17312 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)

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

Most Recent RUC Meeting: April 2013 **Tab 18 Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2018 est Medicare Utilization:** 493,334

2007 Work RVU: 3.30 **2019 Work RVU:** 3.30
2007 NF PE RVU: 6.92 **2019 NF PE RVU:** 7.47
2007 Fac PE RVU: 1.68 **2019 Fac PE RVU:** 1.97
Result: Maintain

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

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

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

Most Recent RUC Meeting: April 2013 **Tab 18 Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2018 est Medicare Utilization:** 128,810

2007 Work RVU: 5.56 **2019 Work RVU:** 5.56
2007 NF PE RVU: 9.95 **2019 NF PE RVU:** 11.37
2007 Fac PE RVU: 2.83 **2019 Fac PE RVU:** 3.32
Result: Maintain

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

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

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

Most Recent RUC Meeting: April 2013 **Tab 18 Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2018 est Medicare Utilization:** 54,321

2007 Work RVU: 3.06 **2019 Work RVU:** 3.06
2007 NF PE RVU: 6.41 **2019 NF PE RVU:** 7.24
2007 Fac PE RVU: 1.55 **2019 Fac PE RVU:** 1.83
Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2013

Tab 18 **Specialty Developing Recommendation:** AAD

First Identified: January 2012

2018 est Medicare Utilization: 18,901

2007 Work RVU: 0.87

2019 Work RVU: 0.87

2007 NF PE RVU: 1.15

2019 NF PE RVU: 1.26

2007 Fac PE RVU 0.44

2019 Fac PE RVU:0.52

Result: Maintain

RUC Recommendation: 0.87

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 1,682

2007 Work RVU: 3.74

2019 Work RVU: 3.83

2007 NF PE RVU: 6.39

2019 NF PE RVU: 8.83

2007 Fac PE RVU 2.76

2019 Fac PE RVU:4.17

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 59,262

2007 Work RVU:

2019 Work RVU: 3.29

2007 NF PE RVU:

2019 NF PE RVU: 14.77

2007 Fac PE RVU

2019 Fac PE RVU:1.20

Result: Decrease

RUC Recommendation: 3.29

Referred to CPT October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 4,190	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 1.65 2019 NF PE RVU: 13.20 2019 Fac PE RVU: 0.61
RUC Recommendation: 1.65			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	Global: 000	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2018 est Medicare Utilization: 115,982	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 3.10 2019 NF PE RVU: 14.60 2019 Fac PE RVU: 1.13
RUC Recommendation: 3.10			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2018 est Medicare Utilization: 14,486	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 1.55 2019 NF PE RVU: 12.78 2019 Fac PE RVU: 0.57
RUC Recommendation: 1.55			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		

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19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	Global: 000	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04 Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2018 est Medicare Utilization: 4,937	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 3.64 2019 NF PE RVU: 23.43 2019 Fac PE RVU: 1.34
RUC Recommendation: 3.64		Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 996	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 1.82 2019 NF PE RVU: 19.99 2019 Fac PE RVU: 0.67
RUC Recommendation: 1.82		Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
19102	Biopsy of breast; percutaneous, needle core, using imaging guidance	Global: 000	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04 Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2018 est Medicare Utilization:	2007 Work RVU: 2.00 2007 NF PE RVU: 3.68 2007 Fac PE RVU 0.64 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

19103 Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab 04

Specialty Developing Recommendation: ACR, ACS, ASBS

First Identified: January 2012

2018 est Medicare Utilization:

2007 Work RVU: 3.69

2019 Work RVU:

2007 NF PE RVU: 11.01

2019 NF PE RVU:

2007 Fac PE RVU 1.18

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

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 est Medicare Utilization: 31,395

2007 Work RVU:

2019 Work RVU: 2.00

2007 NF PE RVU:

2019 NF PE RVU: 4.72

2007 Fac PE RVU

2019 Fac PE RVU: 0.73

Result: Decrease

RUC Recommendation: 2.00

Referred to CPT October 2012

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

19282 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2013

Tab 04

Specialty Developing Recommendation: ACR, ACS, ASBS

First Identified: January 2012

2018 est Medicare Utilization: 3,272

2007 Work RVU:

2019 Work RVU: 1.00

2007 NF PE RVU:

2019 NF PE RVU: 3.73

2007 Fac PE RVU

2019 Fac PE RVU: 0.37

Result: Decrease

RUC Recommendation: 1.00

Referred to CPT October 2012

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

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19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	Global: 000	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2018 est Medicare Utilization: 3,763	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 2.00 2019 NF PE RVU: 5.52 2019 Fac PE RVU: 0.72
RUC Recommendation: 2.00			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		
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19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2018 est Medicare Utilization: 346	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 1.00 2019 NF PE RVU: 4.74 2019 Fac PE RVU: 0.37
RUC Recommendation: 1.00			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 24,442	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 1.70 2019 NF PE RVU: 11.92 2019 Fac PE RVU: 0.63
RUC Recommendation: 1.70			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		

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19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	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 est Medicare Utilization: 1,836	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 0.85 2019 NF PE RVU: 10.97 2019 Fac PE RVU:0.31
RUC Recommendation: 0.85			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 262	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 2.55 2019 NF PE RVU: 20.52 2019 Fac PE RVU:0.94
RUC Recommendation: 3.02			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 63	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 1.28 2019 NF PE RVU: 17.27 2019 Fac PE RVU:0.48
RUC Recommendation: 1.51			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

19290	Preoperative placement of needle localization wire, breast;	Global: 000	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2018 est Medicare Utilization:	2007 Work RVU: 1.27 2007 NF PE RVU: 2.81 2007 Fac PE RVU: 0.41 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2012	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
19291	Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: January 2012	2018 est Medicare Utilization:	2007 Work RVU: 0.63 2007 NF PE RVU: 1.17 2007 Fac PE RVU: 0.2 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2012	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Breast Biopsy	Screen: CMS Fastest Growing / Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation: ACR, ACS, ASBS	First Identified: October 2008	2018 est Medicare Utilization:	2007 Work RVU: 0.00 2007 NF PE RVU: 2.57 2007 Fac PE RVU: 2.02 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2012	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

19303	Mastectomy, simple, complete		Global: 090	Issue: Mastectomy	Screen: Site of Service Anomaly - 2015 / High Level E/M in Global Period	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab 15	Specialty Developing Recommendation: ACS, ASBS	First Identified: October 2015	2018 est Medicare Utilization: 24,562	2007 Work RVU: 15.67 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.52 Result: Decrease	2019 Work RVU: 15.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 9.13
RUC Recommendation: 15.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle		Global:	Issue: RAW	Screen: Site of Service Anomaly - 2019	Complete? No
Most Recent RUC Meeting: October 2019	Tab 17	Specialty Developing Recommendation:	First Identified: October 2019	2018 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result:	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Survey			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

19318	Reduction mammoplasty		Global: 090	Issue: Mammoplasty	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 est Medicare Utilization: 7,666	2007 Work RVU: 15.91 2007 NF PE RVU: NA 2007 Fac PE RVU: 10.94 Result: PE Only	2019 Work RVU: 16.03 2019 NF PE RVU: NA 2019 Fac PE RVU: 12.81
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

19340 Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction **Global:** 090 **Issue:** Insertion of Breast Prosthesis **Screen:** CMS Request / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 10 **Specialty Developing Recommendation:** ASPS

First Identified: October 2009 **2018 est Medicare Utilization:** 6,350

2007 Work RVU: 6.32 **2019 Work RVU:** 13.99
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.07 **2019 Fac PE RVU:**12.17
Result: Decrease

RUC Recommendation: 13.99

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

19357 Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion **Global:** 090 **Issue:** Breast Reconstruction **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ASPS

First Identified: September 2007 **2018 est Medicare Utilization:** 6,700

2007 Work RVU: 20.57 **2019 Work RVU:** 18.50
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 15.69 **2019 Fac PE RVU:**21.51
Result: Decrease

RUC Recommendation: 18.50

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

20000 Deleted from CPT **Global:** 010 **Issue:** Incision of Abcess **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS

First Identified: September 2007 **2018 est Medicare Utilization:**

2007 Work RVU: 2.14 **2019 Work RVU:**
2007 NF PE RVU: 2.71 **2019 NF PE RVU:**
2007 Fac PE RVU 1.68 **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

20005 Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia) **Global:** 010 **Issue:** Incision of Deep Abscess **Screen:** Site of Service Anomaly / Negative IWPUP **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab 19

Specialty Developing Recommendation: ACS, AAO-HNS

First Identified: September 2007

2018 est Medicare Utilization: 3,706

2007 Work RVU: 3.55

2019 Work RVU:

2007 NF PE RVU: 3.54

2019 NF PE RVU:

2007 Fac PE RVU: 2.2

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2018

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

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 est Medicare Utilization: 11,774

2007 Work RVU: 1.27

2019 Work RVU: 1.27

2007 NF PE RVU: 4.07

2019 NF PE RVU: 3.41

2007 Fac PE RVU: 0.75

2019 Fac PE RVU: 0.68

Result: Increase

RUC Recommendation: 1.93

Referred to CPT

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

20225 Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur) **Global:** 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab 22

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2017

2018 est Medicare Utilization: 14,303

2007 Work RVU: 1.87

2019 Work RVU: 1.87

2007 NF PE RVU: 21.49

2019 NF PE RVU: 12.66

2007 Fac PE RVU: 1.1

2019 Fac PE RVU: 1.02

Result: Increase

RUC Recommendation: 3.00

Referred to CPT

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

20240 Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx) **Global:** 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab 04

Specialty Developing Recommendation: AAOS, APMA

First Identified: April 2014

2018 est Medicare Utilization: 6,039

2007 Work RVU: 3.25

2019 Work RVU: 2.61

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 2.44

2019 Fac PE RVU: 1.35

Result: Increase

RUC Recommendation: 3.73

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 4,125 **2007 Work RVU:** 8.77 **2019 Work RVU:** 6.00 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 6.38 **2019 Fac PE RVU:** 3.13 **Result:** Decrease

RUC Recommendation: 6.50 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 est Medicare Utilization:** 1,764 **2007 Work RVU:** 3.51 **2019 Work RVU:** 3.54 **2007 NF PE RVU:** 8.62 **2019 NF PE RVU:** 9.47 **2007 Fac PE RVU:** 2.52 **2019 Fac PE RVU:** 2.95 **Result:** PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **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 est Medicare Utilization:** 97,411 **2007 Work RVU:** 0.94 **2019 Work RVU:** 0.94 **2007 NF PE RVU:** 0.93 **2019 NF PE RVU:** 1.10 **2007 Fac PE RVU:** 0.5 **2019 Fac PE RVU:** 0.56 **Result:** Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 839,287	2007 Work RVU: 0.75 2007 NF PE RVU: 0.69 2007 Fac PE RVU: 0.25 2019 Work RVU: 0.75 2019 NF PE RVU: 0.67 2019 Fac PE RVU: 0.29
RUC Recommendation: 0.75			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain
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 est Medicare Utilization: 199,740	2007 Work RVU: 0.75 2007 NF PE RVU: 0.67 2007 Fac PE RVU: 0.32 2019 Work RVU: 0.75 2019 NF PE RVU: 0.70 2019 Fac PE RVU: 0.32
RUC Recommendation: 0.75			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain
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 est Medicare Utilization: 354,381	2007 Work RVU: 0.66 2007 NF PE RVU: 0.69 2007 Fac PE RVU: 0.21 2019 Work RVU: 0.66 2019 NF PE RVU: 0.84 2019 Fac PE RVU: 0.36
RUC Recommendation: 0.66			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 356,036	2007 Work RVU: 0.75 2019 Work RVU: 0.75 2007 NF PE RVU: 0.78 2019 NF PE RVU: 0.98 2007 Fac PE RVU: 0.23 2019 Fac PE RVU: 0.41 Result: Maintain
RUC Recommendation: 0.75			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	Global: 000	Issue: Arthrocentesis	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 04	Specialty Developing Recommendation: AAFP, AAOS, ACR, ACRh, APMA, ASSH	First Identified: February 2010	2018 est Medicare Utilization: 432,749	2007 Work RVU: 0.66 2019 Work RVU: 0.66 2007 NF PE RVU: 0.66 2019 NF PE RVU: 0.64 2007 Fac PE RVU: 0.34 2019 Fac PE RVU: 0.29
RUC Recommendation: 0.66 and new PE inputs			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain

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 est Medicare Utilization: 40,174	2007 Work RVU: 2019 Work RVU: 0.89 2007 NF PE RVU: 2019 NF PE RVU: 1.11 2007 Fac PE RVU: 2019 Fac PE RVU: 0.35
RUC Recommendation: 0.89			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 468,841

2007 Work RVU: 0.68

2019 Work RVU: 0.68

2007 NF PE RVU: 0.76

2019 NF PE RVU: 0.68

2007 Fac PE RVU 0.35

2019 Fac PE RVU:0.31

RUC Recommendation: 0.68 and new PE inputs

Referred to CPT October 2013

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

Result: Maintain

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 est Medicare Utilization: 52,517

2007 Work RVU:

2019 Work RVU: 1.00

2007 NF PE RVU:

2019 NF PE RVU: 1.20

2007 Fac PE RVU

2019 Fac PE RVU:0.41

RUC Recommendation: 1.00

Referred to CPT October 2013

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

Result: Decrease

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 est Medicare Utilization: 6,650,265

2007 Work RVU: 0.79

2019 Work RVU: 0.79

2007 NF PE RVU: 0.98

2019 NF PE RVU: 0.80

2007 Fac PE RVU 0.42

2019 Fac PE RVU:0.41

RUC Recommendation: 0.79 and new PE inputs

Referred to CPT October 2013

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 1,015,024	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 1.10 2019 NF PE RVU: 1.36 2019 Fac PE RVU:0.50
RUC Recommendation: 1.10		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2013 Published in CPT Asst:	Result: Decrease	
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 est Medicare Utilization: 27,357	2007 Work RVU: 0.70 2007 NF PE RVU: 0.71 2007 Fac PE RVU 0.35	2019 Work RVU: 0.70 2019 NF PE RVU: 0.92 2019 Fac PE RVU:0.41
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Remove from Screen	
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 est Medicare Utilization: 55,891	2007 Work RVU: 5.90 2007 NF PE RVU: 8.63 2007 Fac PE RVU 3.82	2019 Work RVU: 5.96 2019 NF PE RVU: 10.66 2019 Fac PE RVU:5.18
RUC Recommendation: 5.96 and adjustments to pre-service time package 3.		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 3,154

2007 Work RVU: 6.40

2019 Work RVU: 16.27

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 3.65

2019 Fac PE RVU: 13.17

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 6,228

2007 Work RVU: 4.20

2019 Work RVU: 4.28

2007 NF PE RVU: 6.69

2019 NF PE RVU: 7.15

2007 Fac PE RVU: 3.92

2019 Fac PE RVU: 4.67

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

206X0

Global:

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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 1.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

206X1

Global:

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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 2.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

206X2

Global:

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 est
Medicare
Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 2.60

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

206X3

Global:

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 est
Medicare
Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 1.13

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

206X4

Global:

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 est
Medicare
Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 1.80

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

206X5

Global:

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 est
Medicare
Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 2.15

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 4,258 **2007 Work RVU:** 5.77 **2019 Work RVU:** 3.00 **2007 NF PE RVU:** 8.65 **2019 NF PE RVU:** 8.21 **2007 Fac PE RVU:** 5.5 **2019 Fac PE RVU:** 1.86 **Result:** Decrease

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

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 est Medicare Utilization:** 4,724 **2007 Work RVU:** 7.98 **2019 Work RVU:** 4.58 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 6.63 **2019 Fac PE RVU:** 2.75 **Result:** Decrease

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

20926 Tissue grafts, other (eg, paratenon, fat, dermis) **Global:** 090 **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 est Medicare Utilization:** 15,331 **2007 Work RVU:** 5.70 **2019 Work RVU:** 5.79 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 4.67 **2019 Fac PE RVU:** 5.32 **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **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 est Medicare Utilization:** 622 **2007 Work RVU:** 5.59 **2019 Work RVU:** 9.89 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 4.85 **2019 Fac PE RVU:** 8.69 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 3,611

2007 Work RVU: 11.07

2019 Work RVU: 10.03

2007 NF PE RVU: 12.32

2019 NF PE RVU: 13.17

2007 Fac PE RVU 9.21

2019 Fac PE RVU:9.37

Result: Decrease

RUC Recommendation: 10.03

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

21495 Open treatment of hyoid fracture

Global: 090

Issue: Laryngoplasty

Screen: 090-Day Global Post-Operative Visits

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 09

Specialty Developing Recommendation:

First Identified: October 2015

2018 est Medicare Utilization:

2007 Work RVU: 6.55

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 8.73

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

21557 Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm

Global: 090

Issue: Radical Resection of Soft Tissue Tumor

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: February 2009

Tab 6

Specialty Developing Recommendation: ACS, AAOS

First Identified: September 2007

2018 est Medicare Utilization: 551

2007 Work RVU: 8.91

2019 Work RVU: 14.75

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 5.13

2019 Fac PE RVU:9.82

Result: Decrease

RUC Recommendation: 14.57

Referred to CPT June 2008

Referred to CPT Asst ☐

Published in CPT Asst:

21800 Closed treatment of rib fracture, uncomplicated, each

Global: 090

Issue: Internal Fixation of Rib Fracture

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab 05

Specialty Developing Recommendation: STS, ACS

First Identified: July 2013

2018 est Medicare Utilization:

2007 Work RVU: 0.98

2019 Work RVU:

2007 NF PE RVU: 1.34

2019 NF PE RVU:

2007 Fac PE RVU 1.34

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

21805 Open treatment of rib fracture without fixation, each

Global: 090

Issue: Internal Fixation of Rib Fracture

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab 05 Specialty Developing Recommendation: STS, ACS

First Identified: January 2014

2018 est Medicare Utilization:

2007 Work RVU: 2.80

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU: 3.28

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Referred to CPT for deletion

Referred to CPT October 2014

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

21810 Treatment of rib fracture requiring external fixation (flail chest)

Global: 090

Issue: Internal Fixation of Rib Fracture

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab 05 Specialty Developing Recommendation: STS, ACS

First Identified: January 2014

2018 est Medicare Utilization:

2007 Work RVU: 6.92

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU: 5.03

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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 est Medicare Utilization: 322

2007 Work RVU:

2019 Work RVU: 10.79

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU: 4.00

Result: Decrease

RUC Recommendation: 19.55

Referred to CPT October 2013

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 est Medicare Utilization: 431

2007 Work RVU:

2019 Work RVU: 13.00

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU: 5.17

Result: Decrease

RUC Recommendation: 25.00

Referred to CPT October 2013

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 86

2007 Work RVU:

2019 Work RVU: 17.61

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:6.79

RUC Recommendation: 35.00

Referred to CPT October 2013

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

Result: Decrease

21820 Closed treatment of sternum fracture

Global: 090 **Issue:** Internal Fixation of Rib Fracture

Screen: CMS Request - Final Rule for 2014 / Emergent Procedures

Complete? Yes

Most Recent RUC Meeting: April 2016

Tab 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

First Identified: January 2014

2018 est Medicare Utilization: 183

2007 Work RVU: 1.31

2019 Work RVU: 1.36

2007 NF PE RVU: 1.82

2019 NF PE RVU: 2.48

2007 Fac PE RVU 1.77

2019 Fac PE RVU:2.50

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT October 2013

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018

Result: PE Only

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 est Medicare Utilization: 972

2007 Work RVU: 7.65

2019 Work RVU: 7.76

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 6.16

2019 Fac PE RVU:6.07

RUC Recommendation: Unrelated to the family

Referred to CPT October 2013

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

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 292 **2007 Work RVU:** 18.38 **2019 Work RVU:** 15.72 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 9.37 **2019 Fac PE RVU:** 10.44 **Result:** Decrease

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

22214 Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar **Global:** 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2018 est Medicare Utilization:** 6,387 **2007 Work RVU:** 20.77 **2019 Work RVU:** 21.02 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 13.53 **2019 Fac PE RVU:** 16.58 **Result:** Maintain

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

22305 Closed treatment of vertebral process fracture(s) **Global:** 090 **Issue:** Closed treatment of vertebral process fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 23 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** July 2013 **2018 est Medicare Utilization:** **2007 Work RVU:** 2.08 **2019 Work RVU:** **2007 NF PE RVU:** 2.27 **2019 NF PE RVU:** **2007 Fac PE RVU:** 1.89 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	Global: 090	Issue: Closed Treatment Vertebral Fracture	Screen: Negative IWPUT / Site of Service Anomaly - 2019	Complete? No
Most Recent RUC Meeting: April 2018	Tab 06	Specialty Developing Recommendation: AANS, AAOS, CNS, ISASS, NASS	First Identified: April 2017	2018 est Medicare Utilization: 7,150	2007 Work RVU: 3.69 2007 NF PE RVU: 2.85 2007 Fac PE RVU: 2.4 Result: Decrease
RUC Recommendation: 3.75. Survey			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 3.89 2019 NF PE RVU: 4.12 2019 Fac PE RVU: 3.47
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 Augmentation	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 est Medicare Utilization: 4,213	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:
RUC Recommendation: 8.15			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 7.90 2019 NF PE RVU: 40.98 2019 Fac PE RVU: 3.69 Result: Decrease
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 Augmentation	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 est Medicare Utilization: 4,352	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:
RUC Recommendation: 8.05			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 7.33 2019 NF PE RVU: 41.11 2019 Fac PE RVU: 3.54 Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Percutaneous Vertebroplasty and Augmentation	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 est Medicare Utilization: 2,682	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 4.00 2019 NF PE RVU: 21.04 2019 Fac PE RVU:1.43
RUC Recommendation: 4.00			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

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 Augmentation	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 est Medicare Utilization: 24,113	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 8.65 2019 NF PE RVU: 185.31 2019 Fac PE RVU:4.72
RUC Recommendation: 8.90			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

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 Augmentation	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 est Medicare Utilization: 26,434	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 7.99 2019 NF PE RVU: 185.46 2019 Fac PE RVU:4.48
RUC Recommendation: 8.24			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

Status Report: CMS Requests and Relativity Assessment Issues

22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Percutaneous Vertebroplasty and Augmentation	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 est Medicare Utilization: 15,143	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 4.00 2019 NF PE RVU: 108.36 2019 Fac PE RVU:1.67
RUC Recommendation: 4.00				Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		Result: Decrease		
22520	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic			Global: 010	Issue: Percutaneous Vertebroplasty and Augmentation	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 est Medicare Utilization:	2007 Work RVU: 9.17 2007 NF PE RVU: 56.83 2007 Fac PE RVU 4.84	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT				Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		Result: Deleted from CPT		
22521	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar			Global: 010	Issue: Percutaneous Vertebroplasty and Augmentation	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 est Medicare Utilization:	2007 Work RVU: 8.60 2007 NF PE RVU: 52.87 2007 Fac PE RVU 4.69	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT				Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		Result: Deleted from CPT		

Status Report: CMS Requests and Relativity Assessment Issues

22522	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Percutaneous Vertebroplasty and Augmentation	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 est Medicare Utilization:	2007 Work RVU: 4.30 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.59 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	Result: Deleted from CPT	
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	Global: 010	Issue: Percutaneous Vertebroplasty and Augmentation	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 est Medicare Utilization:	2007 Work RVU: 9.21 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.6 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	Result: Deleted from CPT	
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	Global: 010	Issue: Percutaneous Vertebroplasty and Augmentation	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 est Medicare Utilization:	2007 Work RVU: 8.81 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.4 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	Result: Deleted from CPT	

Status Report: CMS Requests and Relativity Assessment Issues

22525 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augmentation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2018 est Medicare Utilization:** **2007 Work RVU:** 4.47 **2019 Work RVU:** **2007 NF PE RVU:** NA **2019 NF PE RVU:** **2007 Fac PE RVU:** 2.12 **2019 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:**

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 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2018 est Medicare Utilization:** 1,077 **2007 Work RVU:** 24.61 **2019 Work RVU:** 24.79 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 13.57 **2019 Fac PE RVU:** 17.25

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 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **2018 est Medicare Utilization:** 39,426 **2007 Work RVU:** **2019 Work RVU:** 25.00 **2007 NF PE RVU:** **2019 NF PE RVU:** NA **2007 Fac PE RVU:** **2019 Fac PE RVU:** 16.63

RUC Recommendation: 24.50 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy 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 est Medicare Utilization: 34,880	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain 2019 Work RVU: 6.50 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.07
RUC Recommendation: 6.50			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Global: 090	Issue: Arthrodesis	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 5	Specialty Developing Recommendation: NASS, AANS/CNS	First Identified: February 2008	2018 est Medicare Utilization: 4,756	2007 Work RVU: 17.54 2007 NF PE RVU: NA 2007 Fac PE RVU 11.97 Result: Maintain 2019 Work RVU: 17.69 2019 NF PE RVU: NA 2019 Fac PE RVU: 13.30
RUC Recommendation: 17.69			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization: 18,615	2007 Work RVU: 23.33 2007 NF PE RVU: NA 2007 Fac PE RVU 12.86 Result: 2019 Work RVU: 23.53 2019 NF PE RVU: NA 2019 Fac PE RVU: 14.86
RUC Recommendation: Review action plan and additional data			Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Arthrodesis	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 05 Specialty Developing Recommendation: NASS, AANS/CNS	First Identified: February 2010	2018 est Medicare Utilization: 16,337	2007 Work RVU: 5.52 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.62 Result: Maintain	2019 Work RVU: 5.52 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.51
RUC Recommendation: Remove from screen		Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	Global: 090	Issue: Lumbar Arthrodesis	Screen: Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab 21 Specialty Developing Recommendation: AANS/CNS, AAOS, NASS	First Identified: February 2010	2018 est Medicare Utilization: 45,533	2007 Work RVU: 23.38 2007 NF PE RVU: NA 2007 Fac PE RVU: 13.83 Result: Maintain	2019 Work RVU: 23.53 2019 NF PE RVU: NA 2019 Fac PE RVU: 16.11
RUC Recommendation: Review utilization data October 2015. 23.53. Maintain work RVU and adjust the times from pre-time package 4.		Referred to CPT October 2010 Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization: 139,179	2007 Work RVU: 6.43 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.15 Result: Decrease	2019 Work RVU: 6.43 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.07
RUC Recommendation: 6.43		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Global: 090	Issue: Lumbar Arthrodesis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 04	Specialty Developing Recommendation: AANS/CNS, AAOS, NASS	First Identified: February 2010	2018 est Medicare Utilization: 6,004	2007 Work RVU: 21.89 2007 NF PE RVU: NA 2007 Fac PE RVU 13.39 Result: Maintain
RUC Recommendation: 22.09			Referred to CPT October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 22.09 2019 NF PE RVU: NA 2019 Fac PE RVU: 16.22
<hr/>					
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 est Medicare Utilization: 2,033	2007 Work RVU: 5.22 2007 NF PE RVU: NA 2007 Fac PE RVU 2.51 Result: Decrease
RUC Recommendation: 5.22			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 5.22 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.45
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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 est Medicare Utilization: 37,759	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 27.75			Referred to CPT October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 27.75 2019 NF PE RVU: NA 2019 Fac PE RVU: 17.93

Status Report: CMS Requests and Relativity Assessment Issues

22634 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011

Tab 04

Specialty Developing Recommendation: AANS/CNS, AAOS, NASS

First Identified: February 2010

2018 est Medicare Utilization: 14,280

2007 Work RVU:

2019 Work RVU: 8.16

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:3.88

Result: Decrease

RUC Recommendation: 8.16

Referred to CPT October 2010

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

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 est Medicare Utilization: 8,445

2007 Work RVU: 13.44

2019 Work RVU: 13.44

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 6.28

2019 Fac PE RVU:6.44

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

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 est Medicare Utilization: 4,571

2007 Work RVU: 19.08

2019 Work RVU: 19.17

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 11.39

2019 Fac PE RVU:13.20

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT June 2010

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

Status Report: CMS Requests and Relativity Assessment Issues

22851	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Biomechanical 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 est Medicare Utilization:	2007 Work RVU: 6.70 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.18 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Biomechanical 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 est Medicare Utilization: 2,142	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 5.50 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.62
RUC Recommendation: 6.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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: Biomechanical 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 est Medicare Utilization: 2,197	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 13.50 2019 NF PE RVU: NA 2019 Fac PE RVU: 10.74
RUC Recommendation: 4.88		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

22868 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Biomechanical 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 est Medicare Utilization:** 516 **2007 Work RVU:** **2019 Work RVU:** 4.00 **2007 NF PE RVU:** **2019 NF PE RVU:** NA **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:**1.87
RUC Recommendation: 5.50 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

22900 Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm **Global:** 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2018 est Medicare Utilization:** 708 **2007 Work RVU:** 6.14 **2019 Work RVU:** 8.32 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU Result:** Increase **2019 Fac PE RVU:**6.07
RUC Recommendation: 8.21 **Referred to CPT** June 2008
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 est Medicare Utilization:** 619 **2007 Work RVU:** 7.77 **2019 Work RVU:** 7.41 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:**6.59
RUC Recommendation: 7.28 **Referred to CPT** June 2008
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 est Medicare Utilization:** 7,174 **2007 Work RVU:** 7.23 **2019 Work RVU:** 7.39 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU Result:** Maintain **2019 Fac PE RVU:**7.97
RUC Recommendation: 7.23 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Global: 090	Issue: Removal of Bone	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16 Specialty Developing Recommendation: AAOS	First Identified: September 2007	2018 est Medicare Utilization: 2,202	2007 Work RVU: 7.63 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.88 Result: PE Only	2019 Work RVU: 7.77 2019 NF PE RVU: NA 2019 Fac PE RVU: 8.27
RUC Recommendation: Reduce 99238 to 0.5		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 35,562	2007 Work RVU: 1.00 2007 NF PE RVU: 3.23 2007 Fac PE RVU: 0.32 Result: Maintain	2019 Work RVU: 1.00 2019 NF PE RVU: 2.88 2019 Fac PE RVU: 0.38
RUC Recommendation: 1.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 2,458	2007 Work RVU: 8.43 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.69 Result: PE Only	2019 Work RVU: 8.54 2019 NF PE RVU: NA 2019 Fac PE RVU: 7.66
RUC Recommendation: Reduce 99238 to 0.5		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 3,439	2007 Work RVU: 12.63 2007 NF PE RVU: NA 2007 Fac PE RVU: 9.02 Result: Decrease	2019 Work RVU: 11.39 2019 NF PE RVU: NA 2019 Fac PE RVU: 10.02
RUC Recommendation: 11.23		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

23412 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic

Global: 090

Issue: Rotator Cuff

Screen: Site of Service Anomaly / Pre-Time Analysis

Complete? Yes

Most Recent
RUC Meeting: September 2014

Tab 21

Specialty Developing AAOS
Recommendation:

First
Identified: September 2007

2018 est
Medicare
Utilization: 13,394

2007 Work RVU: 13.55

2019 Work RVU: 11.93

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 9.49

2019 Fac PE RVU:10.28

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:**

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 AAOS
Recommendation:

First
Identified: September 2007

2018 est
Medicare
Utilization: 541

2007 Work RVU: 10.09

2019 Work RVU: 9.23

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 7.65

2019 Fac PE RVU:9.00

Result: Decrease

RUC Recommendation: 9.23

Referred to CPT

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

23420 Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)

Global: 090

Issue: Rotator Cuff

Screen: Site of Service Anomaly

Complete? Yes

Most Recent
RUC Meeting: February 2008

Tab 12

Specialty Developing AAOS
Recommendation:

First
Identified: September 2007

2018 est
Medicare
Utilization: 2,869

2007 Work RVU: 14.75

2019 Work RVU: 13.54

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 10.59

2019 Fac PE RVU:11.74

Result: Decrease

RUC Recommendation: 13.35

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

23430 Tenodesis of long tendon of biceps

Global: 090 Issue: Tenodesis

Screen: CMS Fastest Growing,
Site of Service Anomaly
(99238-Only)

Complete? Yes

Most Recent
RUC Meeting: October 2009

Tab 12 Specialty Developing
Recommendation: AAOS

First
Identified: September 2007
2018 est
Medicare
Utilization: 19,590

2007 Work RVU: 10.05
2007 NF PE RVU: NA
2007 Fac PE RVU 7.78
2019 Work RVU: 10.17
2019 NF PE RVU: NA
2019 Fac PE RVU:9.30
Result: Maintain

RUC Recommendation: 10.17

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

23440 Resection or transplantation of long tendon of biceps

Global: 090 Issue: Tendon Transfer

Screen: Site of Service Anomaly
(99238-Only)

Complete? Yes

Most Recent
RUC Meeting: September 2007

Tab 16 Specialty Developing
Recommendation: AAOS

First
Identified: September 2007
2018 est
Medicare
Utilization: 1,707

2007 Work RVU: 10.53
2007 NF PE RVU: NA
2007 Fac PE RVU 7.91
2019 Work RVU: 10.64
2019 NF PE RVU: NA
2019 Fac PE RVU:9.01
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

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 est
Medicare
Utilization: 60,881

2007 Work RVU: 22.47
2007 NF PE RVU: NA
2007 Fac PE RVU 13.89
2019 Work RVU: 22.13
2019 NF PE RVU: NA
2019 Fac PE RVU:15.57
Result: Remove from Screen

RUC Recommendation: Remove from screen

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 351	2007 Work RVU: 2.28 2007 NF PE RVU: 2.8 2007 Fac PE RVU: 2.43 2019 Work RVU: 2.36 2019 NF PE RVU: 3.78 2019 Fac PE RVU: 3.80
RUC Recommendation: PE Clinical staff pre-time revised			Referred to CPT	Result: PE Only	
			Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization: 32,955	2007 Work RVU: 3.00 2019 Work RVU: 3.00 2007 NF PE RVU: 4.43 2019 NF PE RVU: 5.83 2007 Fac PE RVU: 3.58 2019 Fac PE RVU: 5.28
RUC Recommendation: 3.00			Referred to CPT	Result: Decrease	
			Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 188	2007 Work RVU: 3.99 2019 Work RVU: 4.10 2007 NF PE RVU: 4.82 2019 NF PE RVU: 6.06 2007 Fac PE RVU: 4.19 2019 Fac PE RVU: 5.23
RUC Recommendation: PE Clinical staff pre-time revised			Referred to CPT	Result: PE Only	
			Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization:** 14,326 **2007 Work RVU:** 3.44 **2019 Work RVU:** 3.53 **2007 NF PE RVU:** 3.65 **2019 NF PE RVU:** 5.04 **2007 Fac PE RVU:** 2.77 **2019 Fac PE RVU:** 4.23

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Jan 2018

Result: PE Only

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 est Medicare Utilization:** 2,440 **2007 Work RVU:** 4.64 **2019 Work RVU:** 4.76 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 4.17 **2019 Fac PE RVU:** 5.90

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Jan 2018

Result: PE Only

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 est Medicare Utilization:** 641 **2007 Work RVU:** 4.54 **2019 Work RVU:** 4.66 **2007 NF PE RVU:** 5.21 **2019 NF PE RVU:** 6.72 **2007 Fac PE RVU:** 4.61 **2019 Fac PE RVU:** 5.83

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

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 est Medicare Utilization:** 907

2007 Work RVU: 5.25 **2019 Work RVU:** 5.39
2007 NF PE RVU: 6.42 **2019 NF PE RVU:** 7.87
2007 Fac PE RVU: 5.27 **2019 Fac PE RVU:** 6.46

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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 est Medicare Utilization:** 1,372

2007 Work RVU: 4.28 **2019 Work RVU:** 4.37
2007 NF PE RVU: 4.61 **2019 NF PE RVU:** 5.51
2007 Fac PE RVU: 3.45 **2019 Fac PE RVU:** 4.55

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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 est Medicare Utilization:** 420

2007 Work RVU: 5.50 **2019 Work RVU:** 5.64
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 5.26 **2019 Fac PE RVU:** 6.84

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

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 est Medicare Utilization: 1,012

2007 Work RVU: 7.38

2019 Work RVU: 7.56

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 12.13

2019 Fac PE RVU:8.37

Result: Maintain

RUC Recommendation: 7.56

Referred to CPT

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

25210 Carpectomy; 1 bone

Global: 090 **Issue:** Carpectomy

Screen: Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007

Tab 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007

2018 est Medicare Utilization: 2,726

2007 Work RVU: 6.01

2019 Work RVU: 6.12

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 6.49

2019 Fac PE RVU:6.85

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

25260 Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle

Global: 090 **Issue:** Tendon Repair

Screen: Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007

Tab 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007

2018 est Medicare Utilization: 1,012

2007 Work RVU: 7.89

2019 Work RVU: 8.04

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 12.3

2019 Fac PE RVU:8.60

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	Global: 090	Issue: Tendon Repair	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16	Specialty Developing Recommendation: AAOS	First Identified: September 2007	2018 est Medicare Utilization: 1,432	2007 Work RVU: 7.28 2007 NF PE RVU: NA 2007 Fac PE RVU 11.6 Result: PE Only
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 7.39 2019 NF PE RVU: NA 2019 Fac PE RVU: 7.52
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 est Medicare Utilization: 8,100	2007 Work RVU: 8.26 2007 NF PE RVU: NA 2007 Fac PE RVU 11.99 Result: Decrease
RUC Recommendation: 7.94			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 8.08 2019 NF PE RVU: NA 2019 Fac PE RVU: 8.29
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 est Medicare Utilization: 662	2007 Work RVU: 5.71 2007 NF PE RVU: 6.52 2007 Fac PE RVU 5.32
RUC Recommendation: PE Clinical staff pre-time revised			Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Jan 2018	2019 Work RVU: 5.85 2019 NF PE RVU: 7.87 2019 Fac PE RVU: 6.41 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 est Medicare Utilization:** 19,601 **2007 Work RVU:** 7.02 **2019 Work RVU:** 6.25 **2007 NF PE RVU:** 7.15 **2019 NF PE RVU:** 8.12 **2007 Fac PE RVU:** 6.21 **2019 Fac PE RVU:** 7.24

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Jan 2018 **Result:** PE Only

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 est Medicare Utilization:** 2,249 **2007 Work RVU:** 8.10 **2019 Work RVU:** 8.31 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 8.41 **2019 Fac PE RVU:** 9.10

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:

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 est Medicare Utilization:** 9,344 **2007 Work RVU:** 9.35 **2019 Work RVU:** 9.56 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 7.26 **2019 Fac PE RVU:** 9.76

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 **Tab** 21 **Specialty Developing** AAOS, ASSH **First** **2018 est**
RUC Meeting: September 2014 **Recommendation:** **Identified:** September 2014 **Medicare**
Utilization: 7,147 **2007 Work RVU:** 10.86 **2019 Work RVU:** 11.07
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.88 **2019 Fac PE RVU:**10.54
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

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

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 **Tab** 21 **Specialty Developing** AAOS, ASSH **First** **2018 est**
RUC Meeting: September 2014 **Recommendation:** **Identified:** January 2014 **Medicare**
Utilization: 17,194 **2007 Work RVU:** 14.12 **2019 Work RVU:** 14.38
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 9.77 **2019 Fac PE RVU:**13.10
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

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

25675 Closed treatment of distal radioulnar dislocation with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent **Tab** 46 **Specialty Developing** AAOS, ACEP, and orthopaedic subspecialties **First** **2018 est**
RUC Meeting: April 2016 **Recommendation:** **Identified:** October 2015 **Medicare**
Utilization: 368 **2007 Work RVU:** 4.75 **2019 Work RVU:** 4.89
2007 NF PE RVU: 5.46 **2019 NF PE RVU:** 6.89
2007 Fac PE RVU 4.53 **2019 Fac PE RVU:**5.72

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

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 est Medicare Utilization: 2,344	2007 Work RVU: 4.97 2007 NF PE RVU: NA 2007 Fac PE RVU 5.21 Result: Increase	2019 Work RVU: 5.08 2019 NF PE RVU: NA 2019 Fac PE RVU: 6.45
RUC Recommendation: 7.79		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 100,598	2007 Work RVU: 3.00 2007 NF PE RVU: 13.02 2007 Fac PE RVU 3.92 Result: Increase	2019 Work RVU: 3.11 2019 NF PE RVU: 12.49 2019 Fac PE RVU: 5.22
RUC Recommendation: 3.75		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 1,904	2007 Work RVU: 4.36 2007 NF PE RVU: NA 2007 Fac PE RVU 4.73 Result: Maintain	2019 Work RVU: 4.47 2019 NF PE RVU: NA 2019 Fac PE RVU: 5.97
RUC Recommendation: Action plan for RAW Oct 2015. Maintain		Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Sep 2012		
<hr/>					
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 est Medicare Utilization: 17,456	2007 Work RVU: 3.46 2007 NF PE RVU: 11.53 2007 Fac PE RVU 4.08 Result: Maintain	2019 Work RVU: 3.57 2019 NF PE RVU: 12.44 2019 Fac PE RVU: 5.37
RUC Recommendation: 3.57		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 1,120

2007 Work RVU: 10.22

2019 Work RVU: 9.56

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 17.22

2019 Fac PE RVU:11.53

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 est Medicare Utilization: 48

2007 Work RVU: 8.65

2019 Work RVU: 11.00

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 14.29

2019 Fac PE RVU:12.32

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 est Medicare Utilization: 52

2007 Work RVU: 9.22

2019 Work RVU: 12.60

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 15.19

2019 Fac PE RVU:13.13

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 est Medicare Utilization: 10,210

2007 Work RVU: 6.76

2019 Work RVU: 6.90

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 13.68

2019 Fac PE RVU:13.08

Result: Maintain

RUC Recommendation: 6.76

Referred to CPT

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 est Medicare Utilization: 475

2007 Work RVU: 3.74

2019 Work RVU: 3.83

2007 NF PE RVU: 3.65

2019 NF PE RVU: 4.98

2007 Fac PE RVU 2.89

2019 Fac PE RVU:4.33

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Jan 2018

Result: PE Only

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 est Medicare Utilization: 6,833

2007 Work RVU: 1.74

2019 Work RVU: 1.80

2007 NF PE RVU: 2.42

2019 NF PE RVU: 3.18

2007 Fac PE RVU 2.07

2019 Fac PE RVU:3.21

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

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 est Medicare Utilization:** 499 **2007 Work RVU:** 3.15 **2019 Work RVU:** 3.23 **2007 NF PE RVU:** 4.27 **2019 NF PE RVU:** 5.25 **2007 Fac PE RVU** 3 **2019 Fac PE RVU:**4.03

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Jan 2018

Result: PE Only

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 est Medicare Utilization:** 5,682 **2007 Work RVU:** 3.07 **2019 Work RVU:** 3.15 **2007 NF PE RVU:** 3.3 **2019 NF PE RVU:** 4.36 **2007 Fac PE RVU** 2.44 **2019 Fac PE RVU:**3.71

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Jan 2018

Result: PE Only

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 est Medicare Utilization:** 370 **2007 Work RVU:** 6.44 **2019 Work RVU:** 8.85 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU** 4.76 **2019 Fac PE RVU:**6.86

RUC Recommendation: 8.74

Referred to CPT June 2008

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

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 est
Medicare
Utilization: 1,803

2007 Work RVU: 5.66

2019 Work RVU: 5.75

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 5.05

2019 Fac PE RVU:6.19

Result: Maintain

RUC Recommendation: 5.66

Referred to CPT

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 est
Medicare
Utilization: 473,815

2007 Work RVU: 1.40

2019 Work RVU: 1.48

2007 NF PE RVU: 3.88

2019 NF PE RVU: 2.96

2007 Fac PE RVU 0.33

2019 Fac PE RVU:0.78

Result: Decrease

RUC Recommendation: 1.48

Referred to CPT February 2011

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 est
Medicare
Utilization: 162,006

2007 Work RVU: 21.61

2019 Work RVU: 20.72

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 12.96

2019 Fac PE RVU:14.34

Result: Decrease

RUC Recommendation: 19.60

Referred to CPT

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 **Tab** 21 **Specialty Developing** AAOS,
RUC Meeting: September 2014 **Recommendation:** AAHKS

First **2018 est**
Identified: January 2014 **Medicare**
Utilization: 10,646

2007 Work RVU: 30.13 **2019 Work RVU:** 30.28
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 17.08 **2019 Fac PE RVU:**19.10
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:**

27193 Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation **Global:** 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent **Tab** 07 **Specialty Developing** AAOS
RUC Meeting: January 2016 **Recommendation:**

First **2018 est**
Identified: July 2013 **Medicare**
Utilization:

2007 Work RVU: 5.98 **2019 Work RVU:**
2007 NF PE RVU: 4.98 **2019 NF PE RVU:**
2007 Fac PE RVU 4.98 **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

27194 Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia **Global:** 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent **Tab** 07 **Specialty Developing** AAOS
RUC Meeting: January 2016 **Recommendation:**

First **2018 est**
Identified: October 2015 **Medicare**
Utilization:

2007 Work RVU: 10.08 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 7.4 **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 11,537

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

2019 Work RVU: 1.53
2019 NF PE RVU: NA
2019 Fac PE RVU: 1.74

RUC Recommendation: 5.50

Referred to CPT
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 est Medicare Utilization: 327

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

2019 Work RVU: 4.75
2019 NF PE RVU: NA
2019 Fac PE RVU: 3.13

RUC Recommendation: 9.00

Referred to CPT
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 est Medicare Utilization: 3,257

2007 Work RVU: 6.72
2007 NF PE RVU: 5.61
2007 Fac PE RVU Result: Decrease

2019 Work RVU: 6.83
2019 NF PE RVU: 7.16
2019 Fac PE RVU: 6.95

RUC Recommendation: 6.00

Referred to CPT
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 **Tab** 46 **Specialty Developing** AAOS, **First** **2018 est** **2007 Work RVU:** 5.69 **2019 Work RVU:** 5.81
RUC Meeting: April 2016 **Recommendation:** ACEP, and **Identified:** October 2015 **Medicare** **2007 NF PE RVU:** 5.38 **2019 NF PE RVU:** 6.82
Utilization: 1,564 **2007 Fac PE RVU** 5.06 **2019 Fac PE RVU:**6.65

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Jan 2018

Result: PE Only

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 **Tab** 46 **Specialty Developing** AAOS, **First** **2018 est** **2007 Work RVU:** 11.66 **2019 Work RVU:** 11.72
RUC Meeting: April 2016 **Recommendation:** ACEP, and **Identified:** October 2015 **Medicare** **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA
Utilization: 217 **2007 Fac PE RVU** 6.88 **2019 Fac PE RVU:**7.54

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Jan 2018

Result: PE Only

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 **Tab** 16 **Specialty Developing** AAOS **First** **2018 est** **2007 Work RVU:** 17.43 **2019 Work RVU:** 17.61
RUC Meeting: October 2012 **Recommendation:** **Identified:** September 2011 **Medicare** **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA
Utilization: 56,783 **2007 Fac PE RVU** 10.85 **2019 Fac PE RVU:**13.39

RUC Recommendation: 17.61

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

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 est Medicare Utilization:** 309

2007 Work RVU: 13.66 **2019 Work RVU:** 13.81
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 9.13 **2019 Fac PE RVU:** 11.06

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 est Medicare Utilization:** 7,158

2007 Work RVU: 17.08 **2019 Work RVU:** 18.18
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 10.91 **2019 Fac PE RVU:** 13.71

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 est Medicare Utilization:** 82,387

2007 Work RVU: 21.09 **2019 Work RVU:** 18.18
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 13.19 **2019 Fac PE RVU:** 13.70

RUC Recommendation: 18.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

27250 Closed treatment of hip dislocation, traumatic; without anesthesia **Global:** 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 18 **Specialty Developing Recommendation:** ACEP **First Identified:** September 2007 **2018 est Medicare Utilization:** 3,023

RUC Recommendation: 3.82 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 7.21 **2019 Work RVU:** 3.82
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 4.54 **2019 Fac PE RVU:** 0.77
Result: Decrease

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 est Medicare Utilization:** 786

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2018

2007 Work RVU: 10.92 **2019 Work RVU:** 11.03
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 7.21 **2019 Fac PE RVU:** 8.63
Result: PE Only

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 est Medicare Utilization:** 8,219

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2018

2007 Work RVU: 5.12 **2019 Work RVU:** 5.24
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 4.59 **2019 Fac PE RVU:** 5.46
Result: PE Only

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 est Medicare Utilization:** 5,866 **2007 Work RVU:** 7.67 **2019 Work RVU:** 7.78 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 6.15 **2019 Fac PE RVU:** 7.41

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Jan 2018

Result: PE Only

27279 Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device **Global:** 090 **Issue:** Arthrodesis - 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 est Medicare Utilization:** 2,986 **2007 Work RVU:** **2019 Work RVU:** 9.03 **2007 NF PE RVU:** **2019 NF PE RVU:** NA **2007 Fac PE RVU:** **2019 Fac PE RVU:** 8.44 **Result:** Maintain

RUC Recommendation: 9.03

Referred to CPT

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 est Medicare Utilization:** 727 **2007 Work RVU:** 4.95 **2019 Work RVU:** 5.04 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 4.1 **2019 Fac PE RVU:** 5.41 **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

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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 0.77 2019 NF PE RVU: 3.20 2019 Fac PE RVU:0.31
RUC Recommendation: 0.96			Referred to CPT February 2018 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
27370 Injection of contrast for knee arthrography			Global: 000	Issue: Knee Arthrography Injection	Screen: High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2017	Tab 05	Specialty Developing Recommendation: ACR	First Identified: February 2008	2018 est Medicare Utilization: 91,574	2007 Work RVU: 0.96 2007 NF PE RVU: 3.47 2007 Fac PE RVU 0.32 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Code Deleted			Referred to CPT June 2017 Referred to CPT Asst <input checked="" type="checkbox"/> 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 est Medicare Utilization: 15,936	2007 Work RVU: 16.26 2007 NF PE RVU: NA 2007 Fac PE RVU 10.81 Result: Increase 2019 Work RVU: 17.48 2019 NF PE RVU: NA 2019 Fac PE RVU: 12.53
RUC Recommendation: 17.48			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 306,305	2007 Work RVU: 23.04 2007 NF PE RVU: NA 2007 Fac PE RVU 14.14 Result: Decrease 2019 Work RVU: 20.72 2019 NF PE RVU: NA 2019 Fac PE RVU: 14.32
RUC Recommendation: 19.60			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 389	2007 Work RVU: 11.24 2007 NF PE RVU: NA 2007 Fac PE RVU 7.82 Result: PE Only 2019 Work RVU: 11.36 2019 NF PE RVU: NA 2019 Fac PE RVU: 8.38
RUC Recommendation: PE Clinical staff pre-time revised			Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization: 409	2007 Work RVU: 9.68	2019 Work RVU: 9.80
						2007 NF PE RVU: NA	2019 NF PE RVU: NA
						2007 Fac PE RVU 7.09	2019 Fac PE RVU: 8.01

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Jan 2018

Result: PE Only

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 est Medicare Utilization: 751	2007 Work RVU: 5.84	2019 Work RVU: 5.98
						2007 NF PE RVU: 5.84	2019 NF PE RVU: 7.80
						2007 Fac PE RVU 4.85	2019 Fac PE RVU: 6.71

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Jan 2018

Result: PE Only

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 est Medicare Utilization: 321	2007 Work RVU: 8.04	2019 Work RVU: 8.18
						2007 NF PE RVU: NA	2019 NF PE RVU: NA
						2007 Fac PE RVU 6.75	2019 Fac PE RVU: 8.27

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

27615 Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm **Global:** 090 **Issue:** Radical Resection 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 est Medicare Utilization:** 260 **2007 Work RVU:** 12.93 **2019 Work RVU:** 15.72 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 9.07 **2019 Fac PE RVU:** 10.73 **Result:** Increase

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **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 est Medicare Utilization:** 631 **2007 Work RVU:** 8.47 **2019 Work RVU:** 6.91 **2007 NF PE RVU:** 9.65 **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 5.79 **2019 Fac PE RVU:** 5.37 **Result:** Decrease

RUC Recommendation: 6.80 **Referred to CPT** June 2008 **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 est Medicare Utilization:** 1,565 **2007 Work RVU:** 12.10 **2019 Work RVU:** 12.24 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 9.79 **2019 Fac PE RVU:** 9.54 **Result:** Maintain

RUC Recommendation: 12.10 **Referred to CPT** June 2008 **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 est Medicare Utilization:** 924 **2007 Work RVU:** 9.73 **2019 Work RVU:** 9.84 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 7.96 **2019 Fac PE RVU:** 7.66 **Result:** Decrease

RUC Recommendation: 9.72 **Referred to CPT** June 2008 **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 est Medicare Utilization:	2,442	2007 Work RVU: 9.94	2019 Work RVU: 9.21
									2007 NF PE RVU: NA	2019 NF PE RVU: NA
									2007 Fac PE RVU 7.22	2019 Fac PE RVU:8.31
RUC Recommendation:	9.00				Referred to CPT				Result: Decrease	
					Referred to CPT Asst	<input type="checkbox"/>	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 est Medicare Utilization: 2,898	2007 Work RVU: 10.32	2019 Work RVU: 10.53		
					2007 NF PE RVU: NA	2019 NF PE RVU: NA		
RUC Recommendation: 10.32			Referred to CPT		2007 Fac PE RVU 6.86	2019 Fac PE RVU:8.42		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain			

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	Tab 16	Specialty Developing	AAOS	First Identified: September 2007	2018 est Medicare Utilization: 3,997	2007 Work RVU: 6.57	2019 Work RVU: 6.69
RUC Meeting:	September 2007	Recommendation:				2007 NF PE RVU: 7.68	2019 NF PE RVU: 11.48
						2007 Fac PE RVU 5.26	2019 Fac PE RVU:5.78
RUC Recommendation:	Reduce 99238 to 0.5			Referred to CPT		Result: PE Only	
				Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 6,704	2007 Work RVU: 6.30 2007 NF PE RVU: NA 2007 Fac PE RVU 5.12	2019 Work RVU: 6.41 2019 NF PE RVU: NA 2019 Fac PE RVU:5.74
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: PE Only	

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 est Medicare Utilization: 1,437

2007 Work RVU: 8.96

2019 Work RVU: 9.17

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 6.15

2019 Fac PE RVU: 7.94

Result: Maintain

RUC Recommendation: 8.96

Referred to CPT

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 est Medicare Utilization: 4,349

2007 Work RVU: 10.28

2019 Work RVU: 10.49

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 7.51

2019 Fac PE RVU: 9.25

Result: Maintain

RUC Recommendation: 10.28

Referred to CPT

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 est Medicare Utilization: 1,223

2007 Work RVU: 6.15

2019 Work RVU: 6.27

2007 NF PE RVU: 6.48

2019 NF PE RVU: 7.89

2007 Fac PE RVU: 5.54

2019 Fac PE RVU: 6.67

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

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 est Medicare Utilization:** 310 **2007 Work RVU:** 5.33 **2019 Work RVU:** 5.47 **2007 NF PE RVU:** 6.14 **2019 NF PE RVU:** 7.25 **2007 Fac PE RVU:** 5.14 **2019 Fac PE RVU:** 5.98

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Jan 2018

Result: PE Only

27792 Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed **Global:** 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2018 est Medicare Utilization:** 7,218 **2007 Work RVU:** 7.91 **2019 Work RVU:** 8.75 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 6.71 **2019 Fac PE RVU:** 8.30

RUC Recommendation: 9.71

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

27810 Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2018 est Medicare Utilization:** 3,027 **2007 Work RVU:** 5.20 **2019 Work RVU:** 5.32 **2007 NF PE RVU:** 6.05 **2019 NF PE RVU:** 7.16 **2007 Fac PE RVU:** 5.02 **2019 Fac PE RVU:** 5.88

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

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 est Medicare Utilization: 11,366	2007 Work RVU: 11.10 2007 NF PE RVU: NA 2007 Fac PE RVU: 8.25 Result: Maintain	2019 Work RVU: 10.62 2019 NF PE RVU: NA 2019 Fac PE RVU: 9.50
RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 3,161	2007 Work RVU: 5.57 2007 NF PE RVU: 6.14 2007 Fac PE RVU: 5	2019 Work RVU: 5.69 2019 NF PE RVU: 7.27 2019 Fac PE RVU: 5.80
RUC Recommendation: PE Clinical staff pre-time revised		Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>		Result: PE Only 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 est Medicare Utilization: 652	2007 Work RVU: 6.60 2007 NF PE RVU: 6.42 2007 Fac PE RVU: 5.25	2019 Work RVU: 6.69 2019 NF PE RVU: 7.76 2019 Fac PE RVU: 6.29
RUC Recommendation: PE Clinical staff pre-time revised		Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>		Result: PE Only 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 est Medicare Utilization:** 2,241 **2007 Work RVU:** 4.65 **2019 Work RVU:** 4.77 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 3.73 **2019 Fac PE RVU:** 5.22

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Jan 2018

Result: PE Only

28002 Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2018 est Medicare Utilization:** 6,363 **2007 Work RVU:** 5.78 **2019 Work RVU:** 5.34 **2007 NF PE RVU:** 5.44 **2019 NF PE RVU:** 6.94 **2007 Fac PE RVU:** 3.74 **2019 Fac PE RVU:** 3.35

RUC Recommendation: Review action plan.

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

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 est Medicare Utilization:** 1,084 **2007 Work RVU:** 5.06 **2019 Work RVU:** 5.15 **2007 NF PE RVU:** 6.55 **2019 NF PE RVU:** 8.46 **2007 Fac PE RVU:** 3.58 **2019 Fac PE RVU:** 3.64

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: PE Only

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 est Medicare Utilization:** 5,084 **2007 Work RVU:** 5.64 **2019 Work RVU:** 7.31 **2007 NF PE RVU:** 7.5 **2019 NF PE RVU:** 11.33 **2007 Fac PE RVU:** 4.31 **2019 Fac PE RVU:** 6.10

RUC Recommendation: 8.27

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

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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 est Medicare Utilization: 14,091

2007 Work RVU: 7.56

2019 Work RVU: 6.76

2007 NF PE RVU: 7.27

2019 NF PE RVU: 9.84

2007 Fac PE RVU 5.17

2019 Fac PE RVU:5.22

Result: Maintain

RUC Recommendation: 7.72

Referred to CPT

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

28124 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe

Global: 090 **Issue:** Toe Removal

Screen: Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007

Tab 16 **Specialty Developing Recommendation:** APMA, AAOS

First Identified: September 2007

2018 est Medicare Utilization: 11,703

2007 Work RVU: 4.88

2019 Work RVU: 5.00

2007 NF PE RVU: 5.46

2019 NF PE RVU: 8.43

2007 Fac PE RVU 3.62

2019 Fac PE RVU:4.14

Result: PE Only

RUC Recommendation: Remove 99238

Referred to CPT

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

28285 Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry

Screen: Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

First Identified: February 2010

2018 est Medicare Utilization: 72,600

2007 Work RVU: 4.65

2019 Work RVU: 5.62

2007 NF PE RVU: 5.34

2019 NF PE RVU: 9.36

2007 Fac PE RVU 3.42

2019 Fac PE RVU:4.77

Result: Increase

RUC Recommendation: 5.62

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

28289 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2018 est Medicare Utilization:** 4,701 **2007 Work RVU:** 8.11 **2019 Work RVU:** 6.90
2007 NF PE RVU: 8.37 **2019 NF PE RVU:** 13.41
2007 Fac PE RVU: 5.68 **2019 Fac PE RVU:** 5.63
Result: Decrease

RUC Recommendation: 6.90 **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

28290 Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure) **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2018 est Medicare Utilization:** **2007 Work RVU:** 5.72 **2019 Work RVU:**
2007 NF PE RVU: 6.75 **2019 NF PE RVU:**
2007 Fac PE RVU: 4.55 **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015
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 est Medicare Utilization:** 4,349 **2007 Work RVU:** **2019 Work RVU:** 8.01
2007 NF PE RVU: **2019 NF PE RVU:** 12.36
2007 Fac PE RVU: **2019 Fac PE RVU:** 5.21
Result: Decrease

RUC Recommendation: 8.01 **Referred to CPT** October 2015
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 est Medicare Utilization: 7,336	2007 Work RVU: 8.72 2007 NF PE RVU: 8.21 2007 Fac PE RVU: 5.72 Result: Decrease	2019 Work RVU: 7.44 2019 NF PE RVU: 13.23 2019 Fac PE RVU: 5.86
RUC Recommendation: 7.44		Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant	Global: 090	Issue: Bunionectomy	Screen: 090-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab 08 Specialty Developing Recommendation: AAOS, AOFAS, APMA	First Identified: January 2014	2018 est Medicare Utilization:	2007 Work RVU: 11.10 2007 NF PE RVU: 11.72 2007 Fac PE RVU: 6.34 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)	Global: 090	Issue: Bunionectomy	Screen: 090-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab 08 Specialty Developing Recommendation: AAOS, AOFAS, APMA	First Identified: October 2015	2018 est Medicare Utilization:	2007 Work RVU: 8.63 2007 NF PE RVU: 7.88 2007 Fac PE RVU: 4.7 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 545	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 8.57 2019 NF PE RVU: 18.22 2019 Fac PE RVU: 6.28
RUC Recommendation: 8.57			Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	Global: 090	Issue: Bunionectomy	Screen: Site of Service Anomaly	Complete? Yes	
Most Recent RUC Meeting: January 2016	Tab 08	Specialty Developing Recommendation: AAOS, AOFAS, APMA	First Identified: September 2007	2018 est Medicare Utilization: 10,332	2007 Work RVU: 9.31 2007 NF PE RVU: 8.54 2007 Fac PE RVU 5.29 Result: Decrease	2019 Work RVU: 8.25 2019 NF PE RVU: 17.37 2019 Fac PE RVU: 5.87
RUC Recommendation: 8.25			Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	Global: 090	Issue: Bunionectomy	Screen: 090-Day Global Post-Operative Visits	Complete? Yes	
Most Recent RUC Meeting: January 2016	Tab 08	Specialty Developing Recommendation: AAOS, AOFAS, APMA	First Identified: October 2015	2018 est Medicare Utilization: 2,474	2007 Work RVU: 9.31 2007 NF PE RVU: 9.34 2007 Fac PE RVU 6.04 Result: Decrease	2019 Work RVU: 9.29 2019 NF PE RVU: 19.93 2019 Fac PE RVU: 7.01
RUC Recommendation: 9.29			Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	Global: 090	Issue: Bunionectomy	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab 08	Specialty Developing Recommendation: AAOS, AOFAS, APMA	First Identified: September 2007	2018 est Medicare Utilization: 2,851	2007 Work RVU: 8.01 2007 NF PE RVU: 7.74 2007 Fac PE RVU: 4.91 2019 Work RVU: 7.75 2019 NF PE RVU: 15.97 2019 Fac PE RVU: 5.78
RUC Recommendation: 7.75			Referred to CPT October 2015		Result: Decrease
			Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 4,671	2007 Work RVU: 11.39 2007 NF PE RVU: 9.24 2007 Fac PE RVU: 6.01 2019 Work RVU: 9.29 2019 NF PE RVU: 18.98 2019 Fac PE RVU: 6.59
RUC Recommendation: 9.29			Referred to CPT October 2015		Result: Decrease
			Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 2,416	2007 Work RVU: 9.61 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.81 2019 Work RVU: 9.73 2019 NF PE RVU: NA 2019 Fac PE RVU: 7.52
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT		Result: PE Only
			Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 1,753	2007 Work RVU: 5.48 2007 NF PE RVU: 6.2 2007 Fac PE RVU: 3.53 2019 Work RVU: 5.57 2019 NF PE RVU: 9.64 2019 Fac PE RVU: 4.18
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT		Result: PE Only
			Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 30,564	2007 Work RVU: 1.99 2007 NF PE RVU: 3.05 2007 Fac PE RVU: 2.43 Result: Maintain
RUC Recommendation: 2.03			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2.03 2019 NF PE RVU: 3.95 2019 Fac PE RVU: 3.52
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 est Medicare Utilization: 733	2007 Work RVU: 1.25 2007 NF PE RVU: 1.27 2007 Fac PE RVU: 0.79
RUC Recommendation: PE Clinical staff pre-time revised			Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Jan 2018	2019 Work RVU: 1.28 2019 NF PE RVU: 1.94 2019 Fac PE RVU: 1.12
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 est Medicare Utilization: 4,000	2007 Work RVU: 11.97 2007 NF PE RVU: NA 2007 Fac PE RVU: 7.93 Result: Maintain
RUC Recommendation: 12.18			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 11.22 2019 NF PE RVU: NA 2019 Fac PE RVU: 9.44
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 est Medicare Utilization: 3,305	2007 Work RVU: 12.21 2007 NF PE RVU: NA 2007 Fac PE RVU: 8.32 Result: Maintain
RUC Recommendation: 12.42			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 10.70 2019 NF PE RVU: NA 2019 Fac PE RVU: 8.86

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 est Medicare Utilization: 3,845

2007 Work RVU: 9.09

2019 Work RVU: 9.29

2007 NF PE RVU: 10.89

2019 NF PE RVU: 13.80

2007 Fac PE RVU 6.37

2019 Fac PE RVU:7.39

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 31,182

2007 Work RVU: 4.89

2019 Work RVU: 5.82

2007 NF PE RVU: 7.6

2019 NF PE RVU: 9.63

2007 Fac PE RVU 3.74

2019 Fac PE RVU:4.78

Result: Decrease

RUC Recommendation: 4.10

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 14,295

2007 Work RVU: 3.71

2019 Work RVU: 5.37

2007 NF PE RVU: 7.04

2019 NF PE RVU: 9.47

2007 Fac PE RVU 3.4

2019 Fac PE RVU:4.62

Result: Decrease

RUC Recommendation: 4.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 68,608

2007 Work RVU: 0.77

2019 Work RVU: 0.77

2007 NF PE RVU: 1.25

2019 NF PE RVU: 1.56

2007 Fac PE RVU 0.68

2019 Fac PE RVU:0.87

Result: Maintain

RUC Recommendation: 0.77

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 25,854	2007 Work RVU: 0.87	2019 Work RVU: 0.80	
					2007 NF PE RVU: 1.2	2019 NF PE RVU: 1.42	
					2007 Fac PE RVU 0.52	2019 Fac PE RVU: 0.47	
RUC Recommendation: 0.80			Referred to CPT		Result: Decrease		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
<hr/>							
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 est Medicare Utilization: 13,168	2007 Work RVU: 0.65	2019 Work RVU: 0.39	
					2007 NF PE RVU: 0.69	2019 NF PE RVU: 0.50	
					2007 Fac PE RVU 0.34	2019 Fac PE RVU: 0.13	
RUC Recommendation: 0.39			Referred to CPT		Result: Decrease		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
<hr/>							
29220	Deleted from CPT			Global: 000	Issue: Strapping; low back	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab 57	Specialty Developing Recommendation: AAFP	First Identified: February 2008	2018 est Medicare Utilization:	2007 Work RVU: 0.64	2019 Work RVU:	
					2007 NF PE RVU: 0.69	2019 NF PE RVU:	
					2007 Fac PE RVU 0.38	2019 Fac PE RVU:	
RUC Recommendation: Deleted from CPT			Referred to CPT October 2008		Result: Deleted from CPT		
			Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Deleted from CPT, no further action necessary			
<hr/>							
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 est Medicare Utilization: 18,187	2007 Work RVU: 0.71	2019 Work RVU: 0.39	
					2007 NF PE RVU: 0.81	2019 NF PE RVU: 0.46	
					2007 Fac PE RVU 0.37	2019 Fac PE RVU: 0.13	
RUC Recommendation: 0.39			Referred to CPT		Result: Decrease		
			Referred to CPT Asst <input type="checkbox"/>	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 est
Medicare
Utilization: 4,915

2007 Work RVU: 0.55

2019 Work RVU: 0.39

2007 NF PE RVU: 0.72

2019 NF PE RVU: 0.43

2007 Fac PE RVU 0.33

2019 Fac PE RVU:0.14

Result: Decrease

RUC Recommendation: 0.39

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est
Medicare
Utilization: 3,041

2007 Work RVU: 0.51

2019 Work RVU: 0.39

2007 NF PE RVU: 0.77

2019 NF PE RVU: 0.45

2007 Fac PE RVU 0.33

2019 Fac PE RVU:0.16

Result: Decrease

RUC Recommendation: 0.39

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

29445 Application of rigid total contact leg cast

Global: 000

Issue: Application of Rigid Leg
Cast

Screen: High Volume Growth3

Complete? Yes

Most Recent
RUC Meeting: April 2016

Tab 17

Specialty Developing
Recommendation: AAOS,
AHKNS,
AOFAS,
AOA, NASS

First
Identified: October 2015

2018 est
Medicare
Utilization: 39,120

2007 Work RVU: 1.78

2019 Work RVU: 1.78

2007 NF PE RVU: 1.76

2019 NF PE RVU: 1.75

2007 Fac PE RVU 0.96

2019 Fac PE RVU:0.96

Result: Maintain

RUC Recommendation: 1.78

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

29520 Strapping; hip

Global: 000

Issue: Strapping Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent
RUC Meeting: January 2014

Tab 35

Specialty Developing
Recommendation: APTA

First
Identified: April 2013

2018 est
Medicare
Utilization: 13,167

2007 Work RVU: 0.54

2019 Work RVU: 0.39

2007 NF PE RVU: 0.81

2019 NF PE RVU: 0.56

2007 Fac PE RVU 0.45

2019 Fac PE RVU:0.14

Result: Decrease

RUC Recommendation: 0.39

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 26,451	2007 Work RVU: 0.57 2007 NF PE RVU: 0.75 2007 Fac PE RVU: 0.34 Result: Decrease	2019 Work RVU: 0.39 2019 NF PE RVU: 0.45 2019 Fac PE RVU: 0.13
RUC Recommendation: 0.39				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 224,544	2007 Work RVU: 0.51 2007 NF PE RVU: 0.45 2007 Fac PE RVU: 0.31 Result: Decrease	2019 Work RVU: 0.39 2019 NF PE RVU: 0.40 2019 Fac PE RVU: 0.10
RUC Recommendation: 0.39				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

29550	Strapping; toes			Global: 000	Issue: Strapping Lower Extremity	Screen: Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent RUC Meeting: April 2017	Tab 41ii	Specialty Developing Recommendation:	APMA	First Identified: February 2010	2018 est Medicare Utilization: 56,491	2007 Work RVU: 0.47 2007 NF PE RVU: 0.46 2007 Fac PE RVU: 0.29 Result: Decrease	2019 Work RVU: 0.25 2019 NF PE RVU: 0.28 2019 Fac PE RVU: 0.06
RUC Recommendation: 0.25				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization:** 278,162 **2007 Work RVU:** 0.55 **2019 Work RVU:** 0.55
2007 NF PE RVU: 0.67 **2019 NF PE RVU:** 1.16
2007 Fac PE RVU: 0.35 **2019 Fac PE RVU:** 0.17
RUC Recommendation: 0.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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 est Medicare Utilization:** 182,823 **2007 Work RVU:** **2019 Work RVU:** 0.60
2007 NF PE RVU: **2019 NF PE RVU:** 1.85
2007 Fac PE RVU: **2019 Fac PE RVU:** 0.18
RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

29582 Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed **Global:** 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU: **2019 Fac PE RVU:**
RUC Recommendation: Deleted form CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Aug 2016 **Result:** Deleted from CPT

29583 Application of multi-layer compression system; upper arm and forearm **Global:** 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU: **2019 Fac PE RVU:**
RUC Recommendation: Deleted form CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Aug 2016 **Result:** Deleted from CPT

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 est Medicare Utilization:** 3,858 **2007 Work RVU:** **2019 Work RVU:** 0.35 **2007 NF PE RVU:** **2019 NF PE RVU:** 1.93 **2007 Fac PE RVU** **2019 Fac PE RVU:**0.11 **Result:**

RUC Recommendation: Develop CPT Assistant Article **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Aug 2016

29590 Denis-Browne splint strapping **Global:** 000 **Issue:** Dennis-Browne splint revision **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.76 **2019 Work RVU:** **2007 NF PE RVU:** 0.54 **2019 NF PE RVU:** **2007 Fac PE RVU** 0.29 **2019 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Refer to CPT for deletion **Referred to CPT** February 2012 **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 est Medicare Utilization:** 715 **2007 Work RVU:** 5.94 **2019 Work RVU:** 6.03 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU** 5.44 **2019 Fac PE RVU:**6.32 **Result:** PE Only

RUC Recommendation: No NF PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

29822 Arthroscopy, shoulder, surgical; debridement, limited **Global:** 090 **Issue:** Arthroscopy **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2018 est Medicare Utilization:** 11,440 **2007 Work RVU:** 7.49 **2019 Work RVU:** 7.60 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU** 6.43 **2019 Fac PE RVU:**7.49 **Result:**

RUC Recommendation: Refer to CPT **Referred to CPT** September 2019 **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:	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million / Harvard Valued - Utilization over 30,000-Part3	Complete? No
Most Recent RUC Meeting: January 2019	Tab 37 Specialty Developing Recommendation: AAOS	First Identified: October 2012	2018 est Medicare Utilization: 47,005	2007 Work RVU: 8.24 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.94 Result:	2019 Work RVU: 8.36 2019 NF PE RVU: NA 2019 Fac PE RVU: 8.05
RUC Recommendation: Refer to CPT		Referred to CPT September 2019 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
29824	Arthroscopy, shoulder, surgical; distal claviclectomy 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 est Medicare Utilization: 41,094	2007 Work RVU: 8.82 2007 NF PE RVU: NA 2007 Fac PE RVU: 7.3 Result: Maintain	2019 Work RVU: 8.98 2019 NF PE RVU: NA 2019 Fac PE RVU: 8.72
RUC Recommendation: 8.82		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 79,961	2007 Work RVU: 9.05 2007 NF PE RVU: NA 2007 Fac PE RVU: 7.21 Result: Decrease	2019 Work RVU: 3.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.49
RUC Recommendation: 3.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 68,905	2007 Work RVU: 15.44 2007 NF PE RVU: NA 2007 Fac PE RVU 11.01 Result: Maintain	2019 Work RVU: 15.59 2019 NF PE RVU: NA 2019 Fac PE RVU: 12.24
RUC Recommendation: 15.59. Maintain work RVU and adjust the times from pre-time package 3.		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
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 est Medicare Utilization: 17,244	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 13.16 2019 NF PE RVU: NA 2019 Fac PE RVU: 10.77
RUC Recommendation: 13.16		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	Global: 090	Issue: Arthroscopy	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab 51 Specialty Developing Recommendation: AAOS	First Identified: NA	2018 est Medicare Utilization: 104	2007 Work RVU: 5.80 2007 NF PE RVU: NA 2007 Fac PE RVU 5.14 Result: PE Only	2019 Work RVU: 5.88 2019 NF PE RVU: NA 2019 Fac PE RVU: 6.15
RUC Recommendation: No NF PE inputs		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

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 est Medicare Utilization:** 111 **2007 Work RVU:** 5.59 **2019 Work RVU:** 5.68
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 5.16 **2019 Fac PE RVU:** 6.24
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 est Medicare Utilization:** 967 **2007 Work RVU:** 5.11 **2019 Work RVU:** 5.19
2007 NF PE RVU: NA **2019 NF PE RVU:** 10.22
2007 Fac PE RVU: 4.72 **2019 Fac PE RVU:** 5.56
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 est Medicare Utilization:** 1,264 **2007 Work RVU:** 14.14 **2019 Work RVU:** 14.30
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 9.75 **2019 Fac PE RVU:** 11.27
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 est Medicare Utilization:** **2007 Work RVU:** 5.74 **2019 Work RVU:** 5.88
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 5.6 **2019 Fac PE RVU:** 7.23
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 est Medicare Utilization: 48,581	2007 Work RVU: 3.48 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.29 Result: Decrease 2019 Work RVU: 3.00 2019 NF PE RVU: 4.50 2019 Fac PE RVU: 1.70
RUC Recommendation: 3.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 4,295	2007 Work RVU: 12.20 2007 NF PE RVU: NA 2007 Fac PE RVU: 11.58 Result: PE Only 2019 Work RVU: 12.36 2019 NF PE RVU: NA 2019 Fac PE RVU: 13.97
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 92,333	2007 Work RVU: 1.21 2007 NF PE RVU: 1.32 2007 Fac PE RVU: 0.31 Result: Maintain 2019 Work RVU: 1.10 2019 NF PE RVU: 2.66 2019 Fac PE RVU: 0.37
RUC Recommendation: 1.10			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

30903 Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2018 est Medicare Utilization:** 51,076 **2007 Work RVU:** 1.54 **2019 Work RVU:** 1.54 **2007 NF PE RVU:** 2.8 **2019 NF PE RVU:** 4.40 **2007 Fac PE RVU:** 0.47 **2019 Fac PE RVU:** 0.49 **RUC Recommendation:** 1.54 **Result:** Maintain

Referred to CPT
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 est Medicare Utilization:** 5,695 **2007 Work RVU:** 1.97 **2019 Work RVU:** 1.97 **2007 NF PE RVU:** 3.57 **2019 NF PE RVU:** 7.12 **2007 Fac PE RVU:** 0.69 **2019 Fac PE RVU:** 0.77 **RUC Recommendation:** 1.97 **Result:** Maintain

Referred to CPT
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 est Medicare Utilization:** 847 **2007 Work RVU:** 2.45 **2019 Work RVU:** 2.45 **2007 NF PE RVU:** 3.91 **2019 NF PE RVU:** 6.99 **2007 Fac PE RVU:** 1.07 **2019 Fac PE RVU:** 1.10 **RUC Recommendation:** 2.45 **Result:** Maintain

Referred to CPT
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 est Medicare Utilization:** 626,813 **2007 Work RVU:** 1.10 **2019 Work RVU:** 1.10 **2007 NF PE RVU:** 3.37 **2019 NF PE RVU:** 4.43 **2007 Fac PE RVU:** 0.84 **2019 Fac PE RVU:** 0.60 **RUC Recommendation:** 1.10 **Result:** Maintain

Referred to CPT
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 est Medicare Utilization: 132,610	2007 Work RVU: 2.98 2007 NF PE RVU: 5.03 2007 Fac PE RVU: 1.72 Result: Decrease
RUC Recommendation: 2.60			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2.60 2019 NF PE RVU: 4.29 2019 Fac PE RVU: 1.61
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 est Medicare Utilization: 30,143	2007 Work RVU: 3.26 2007 NF PE RVU: 5.04 2007 Fac PE RVU: 1.9 Result: Decrease
RUC Recommendation: 2.74			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2.74 2019 NF PE RVU: 4.04 2019 Fac PE RVU: 1.67
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 est Medicare Utilization: 1,422	2007 Work RVU: 9.23 2007 NF PE RVU: NA 2007 Fac PE RVU: 7.59 Result: Decrease
RUC Recommendation: 9.04			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 9.04 2019 NF PE RVU: NA 2019 Fac PE RVU: 7.61
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 est Medicare Utilization: 6,158	2007 Work RVU: 2.61 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.59 Result: Maintain
RUC Recommendation: 2.61			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2.61 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.57

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 est Medicare Utilization: 362	2007 Work RVU:
RUC Recommendation: 8.51			Referred to CPT September 2016	2007 NF PE RVU:	2019 Work RVU: 8.00
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 NF PE RVU: NA
				2007 Fac PE RVU	2019 Fac PE RVU: 3.65
				Result: Decrease	
<hr/>					
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 est Medicare Utilization: 7,781	2007 Work RVU:
RUC Recommendation: 9.00			Referred to CPT September 2016	2007 NF PE RVU:	2019 Work RVU: 9.00
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 NF PE RVU: NA
				2007 Fac PE RVU	2019 Fac PE RVU: 4.16
				Result: Decrease	
<hr/>					
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 est Medicare Utilization: 12,680	2007 Work RVU: 4.64
RUC Recommendation: 4.27			Referred to CPT September 2016	2007 NF PE RVU: NA	2019 Work RVU: 4.27
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 NF PE RVU: 6.90
				2007 Fac PE RVU 2.57	2019 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 est Medicare Utilization: 12,702	2007 Work RVU: 6.95 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.69 Result: Decrease	2019 Work RVU: 5.75 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.77
RUC Recommendation: 5.75		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization: 15,616	2007 Work RVU: 3.29 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.92 Result: Decrease	2019 Work RVU: 3.11 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.64
RUC Recommendation: 3.11		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization: 5,079	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 8.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.73
RUC Recommendation: 8.00		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization: 6,985

2007 Work RVU:

2019 Work RVU: 8.48

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:3.94

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 est Medicare Utilization: 28,327

2007 Work RVU: 5.45

2019 Work RVU: 4.68

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 2.96

2019 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 est Medicare Utilization: 16,183

2007 Work RVU: 8.84

2019 Work RVU: 6.75

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 4.58

2019 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 est Medicare Utilization: 3,708	2007 Work RVU: 3.91 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.22 Result: Decrease	2019 Work RVU: 3.50 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.80
RUC Recommendation: 3.50		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 4,429	2007 Work RVU: 4.57 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.54 Result: Decrease	2019 Work RVU: 4.10 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.06
RUC Recommendation: 4.10		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Global: 000	Issue: Nasal/Sinus Endoscopy	Screen: Codes Reported Together 75% or More- Part3 / CMS Request - Final Rule for 2016	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 07 Specialty Developing Recommendation: AAOHNS	First Identified: April 2015	2018 est Medicare Utilization: 28,637	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2019 Work RVU: 2.70 2019 NF PE RVU: 52.54 2019 Fac PE RVU: 1.46
RUC Recommendation: 2.70		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Global: 000	Issue: Nasal/Sinus Endoscopy	Screen: Codes Reported Together 75% or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 07 Specialty Developing Recommendation: AAOHNS	First Identified: April 2015	2018 est Medicare Utilization: 10,002	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 3.10 2019 NF PE RVU: 52.82 2019 Fac PE RVU: 1.63
RUC Recommendation: 3.10		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Global: 000	Issue: Nasal/Sinus Endoscopy	Screen: Codes Reported Together 75% or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 07 Specialty Developing Recommendation: AAOHNS	First Identified: April 2015	2018 est Medicare Utilization: 2,819	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 2.44 2019 NF PE RVU: 52.44 2019 Fac PE RVU: 1.35
RUC Recommendation: 2.44		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	Global: 000	Issue: Nasal/Sinus Endoscopy	Screen: Codes Reported Together 75% or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 07 Specialty Developing Recommendation: AAOHNS	First Identified: April 2015	2018 est Medicare Utilization: 18,429	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 4.50 2019 NF PE RVU: 101.47 2019 Fac PE RVU: 2.23
RUC Recommendation: 4.50		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	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 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 27 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2018 est Medicare Utilization:** 269,109 **2007 Work RVU:** 2.33 **2019 Work RVU:** 3.00 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 0.52 **2019 Fac PE RVU:** 0.71 **Result:** Increase

RUC Recommendation: 3.00 **Referred to CPT** **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 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** 21.50 **2007 NF PE RVU:** **2019 NF PE RVU:** NA **2007 Fac PE RVU:** **2019 Fac PE RVU:** 16.76 **Result:** Decrease

RUC Recommendation: 21.50 **Referred to CPT** October 2015 **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 est Medicare Utilization:** 12 **2007 Work RVU:** **2019 Work RVU:** 20.50 **2007 NF PE RVU:** **2019 NF PE RVU:** NA **2007 Fac PE RVU:** **2019 Fac PE RVU:** 18.02 **Result:** Decrease

RUC Recommendation: 20.50 **Referred to CPT** October 2015 **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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU: 22.00

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:20.27

Result: Decrease

RUC Recommendation: 22.00

Referred to CPT October 2015

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 est Medicare Utilization: 19

2007 Work RVU:

2019 Work RVU: 22.00

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:22.27

Result: Decrease

RUC Recommendation: 22.00

Referred to CPT October 2015

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

31571 Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope

Global: 000

Issue: Laryngoscopy

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab 16 Specialty Developing Recommendation: AAO-HNS

First Identified: September 2007

2018 est Medicare Utilization: 5,065

2007 Work RVU: 4.26

2019 Work RVU: 4.26

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 2.36

2019 Fac PE RVU:2.27

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

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 est Medicare Utilization: 643,918	2007 Work RVU: 1.10 2007 NF PE RVU: 1.82 2007 Fac PE RVU 0.84 Result: Decrease	2019 Work RVU: 0.94 2019 NF PE RVU: 2.24 2019 Fac PE RVU: 0.84
RUC Recommendation: 1.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
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 est Medicare Utilization: 81,426	2007 Work RVU: 2.26 2007 NF PE RVU: 3.5 2007 Fac PE RVU 1.37 Result: Decrease	2019 Work RVU: 1.88 2019 NF PE RVU: 3.09 2019 Fac PE RVU: 1.28
RUC Recommendation: 1.94				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
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 est Medicare Utilization: 22	2007 Work RVU: 14.46 2007 NF PE RVU: NA 2007 Fac PE RVU 15.31 Result: Decrease	2019 Work RVU: 14.60 2019 NF PE RVU: NA 2019 Fac PE RVU: 19.08
RUC Recommendation: 14.60				Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

31582 Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015

Tab 09 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2014

2018 est Medicare Utilization:

2007 Work RVU: 22.87
2007 NF PE RVU: NA
2007 Fac PE RVU: 24.48
Result: Deleted from CPT

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
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 est Medicare Utilization: 23

2007 Work RVU: 20.35
2007 NF PE RVU: NA
2007 Fac PE RVU: 17.19
Result: Decrease

2019 Work RVU: 17.58
2019 NF PE RVU: NA
2019 Fac PE RVU: 19.55

RUC Recommendation: 20.00

Referred to CPT October 2015
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 est Medicare Utilization: 11

2007 Work RVU: 15.12
2007 NF PE RVU: NA
2007 Fac PE RVU: 8.96
Result: Decrease

2019 Work RVU: 15.27
2019 NF PE RVU: NA
2019 Fac PE RVU: 15.78

RUC Recommendation: 15.27

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

31588 Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)

Global: 090 **Issue:** Laryngoplasty

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

Most Recent RUC Meeting: January 2016

Tab 09 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2014

2018 est Medicare Utilization:

2007 Work RVU: 14.62
2007 NF PE RVU: NA
2007 Fac PE RVU: 13.07
Result: Deleted from CPT

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est
Medicare
Utilization: 1,141

2007 Work RVU:

2019 Work RVU: 13.56

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:14.60

Result: Decrease

RUC Recommendation: 15.60

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

31592 Cricotracheal resection

Global: 090

Issue: Laryngoplasty

Screen: 090-Day Global Post-Operative Visits

Complete? Yes

Most Recent
RUC Meeting: January 2016

Tab 09

Specialty Developing
Recommendation: AAOHNS

First
Identified: October 2015

2018 est
Medicare
Utilization: 22

2007 Work RVU:

2019 Work RVU: 25.00

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:19.98

Result: Decrease

RUC Recommendation: 25.00

Referred to CPT October 2015

Referred to CPT Asst ☐ Published in CPT Asst:

31600 Tracheostomy, planned (separate procedure);

Global: 000

Issue: Tracheostomy

Screen: CMS High Expenditure
Procedural Codes2

Complete? Yes

Most Recent
RUC Meeting: April 2016

Tab 21

Specialty Developing
Recommendation: AAOHNS

First
Identified: July 2015

2018 est
Medicare
Utilization: 25,279

2007 Work RVU: 7.17

2019 Work RVU: 5.56

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 2.95

2019 Fac PE RVU:2.31

Result: Increase

RUC Recommendation: 5.56

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

31601 Tracheostomy, planned (separate procedure); younger than 2 years

Global: 000

Issue: Tracheostomy

Screen: CMS High Expenditure
Procedural Codes2

Complete? Yes

Most Recent
RUC Meeting: April 2016

Tab 21

Specialty Developing
Recommendation: AAOHNS

First
Identified: July 2015

2018 est
Medicare
Utilization: 10

2007 Work RVU: 4.44

2019 Work RVU: 8.00

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 2.21

2019 Fac PE RVU:3.83

Result: Increase

RUC Recommendation: 8.00

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

31603 Tracheostomy, emergency procedure; transtracheal

Global: 000

Issue: Tracheostomy

Screen: CMS High Expenditure
Procedural Codes2

Complete? Yes

Most Recent
RUC Meeting: April 2016

Tab 21

Specialty Developing
Recommendation: AAOHNS

First
Identified: July 2015

2018 est
Medicare
Utilization: 837

2007 Work RVU: 4.14

2019 Work RVU: 6.00

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 1.57

2019 Fac PE RVU:2.27

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 est
Medicare
Utilization: 297

2007 Work RVU: 3.57

2019 Work RVU: 6.45

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 1.1

2019 Fac PE RVU:2.02

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 est
Medicare
Utilization: 1,695

2007 Work RVU: 9.29

2019 Work RVU: 12.00

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 7.99

2019 Fac PE RVU:13.39

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 est
Medicare
Utilization: 814

2007 Work RVU: 5.92

2019 Work RVU: 6.00

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 6.92

2019 Fac PE RVU:8.35

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

31620 Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s]) **Global:** ZZZ **Issue:** Endobronchial Ultrasound - **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015

Tab 05 Specialty Developing Recommendation: ACCP, ATS

First Identified: April 2013

2018 est Medicare Utilization:

2007 Work RVU: 1.40

2019 Work RVU:

2007 NF PE RVU: 5.73

2019 NF PE RVU:

2007 Fac PE RVU 0.5

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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 est Medicare Utilization: 55,485

2007 Work RVU: 2.78

2019 Work RVU: 2.53

2007 NF PE RVU: 5.55

2019 NF PE RVU: 4.04

2007 Fac PE RVU 1.02

2019 Fac PE RVU: 0.98

Result: Maintain

RUC Recommendation: 2.78

Referred to CPT October 2014

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 est Medicare Utilization: 28,717

2007 Work RVU: 2.88

2019 Work RVU: 2.63

2007 NF PE RVU: 6.32

2019 NF PE RVU: 4.66

2007 Fac PE RVU 1.02

2019 Fac PE RVU: 0.96

Result: Maintain

RUC Recommendation: 2.63

Referred to CPT

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 est Medicare Utilization: 116,079

2007 Work RVU: 2.88

2019 Work RVU: 2.63

2007 NF PE RVU: 5.67

2019 NF PE RVU: 4.24

2007 Fac PE RVU 1.02

2019 Fac PE RVU: 1.00

Result: Maintain

RUC Recommendation: 2.63

Referred to CPT

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 - **Screen:** High Volume Growth2 **Complete?** Yes
EBUS

Most Recent
RUC Meeting: January 2015

Tab 05 **Specialty Developing** ATS, CHEST
Recommendation:

First
Identified: April 2013

2018 est
Medicare
Utilization: 19,700

2007 Work RVU: 3.36

2019 Work RVU: 3.11

2007 NF PE RVU: 5.73

2019 NF PE RVU: 6.21

2007 Fac PE RVU 1.17

2019 Fac PE RVU:1.11

Result: Maintain

RUC Recommendation: 3.36

Referred to CPT October 2014

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 - **Screen:** High Volume Growth2 **Complete?** Yes
EBUS

Most Recent
RUC Meeting: January 2015

Tab 05 **Specialty Developing** ACCP, ATS
Recommendation:

First
Identified: April 2013

2018 est
Medicare
Utilization: 1,963

2007 Work RVU:

2019 Work RVU: 3.91

2007 NF PE RVU:

2019 NF PE RVU: 19.59

2007 Fac PE RVU

2019 Fac PE RVU:1.37

Result: Maintain

RUC Recommendation: 4.16

Referred to CPT October 2014

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 - **Screen:** High Volume Growth2 **Complete?** Yes
EBUS

Most Recent
RUC Meeting: January 2015

Tab 05 **Specialty Developing** ACCP, ATS
Recommendation:

First
Identified: April 2013

2018 est
Medicare
Utilization: 32,338

2007 Work RVU: 3.80

2019 Work RVU: 3.55

2007 NF PE RVU: 7.02

2019 NF PE RVU: 6.35

2007 Fac PE RVU 1.26

2019 Fac PE RVU:1.23

Result: Maintain

RUC Recommendation: 3.80

Referred to CPT October 2014

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 - **Screen:** High Volume Growth2 **Complete?** Yes
EBUS

Most Recent
RUC Meeting: January 2015

Tab 05 **Specialty Developing** ACCP, ATS
Recommendation:

First
Identified: April 2013

2018 est
Medicare
Utilization: 13,604

2007 Work RVU: 4.09

2019 Work RVU: 3.75

2007 NF PE RVU: 13.7

2019 NF PE RVU: 8.51

2007 Fac PE RVU 1.35

2019 Fac PE RVU:1.30

Result: Decrease

RUC Recommendation: 4.00

Referred to CPT October 2014

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 est Medicare Utilization: 3,993	2007 Work RVU: 1.03 2007 NF PE RVU: 0.83 2007 Fac PE RVU: 0.3 Result: Maintain	2019 Work RVU: 1.03 2019 NF PE RVU: 0.70 2019 Fac PE RVU: 0.30
RUC Recommendation: 1.03		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 1,506	2007 Work RVU: 1.32 2007 NF PE RVU: 0.94 2007 Fac PE RVU: 0.38 Result: Maintain	2019 Work RVU: 1.32 2019 NF PE RVU: 0.84 2019 Fac PE RVU: 0.40
RUC Recommendation: 1.32		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 33,188	2007 Work RVU: 3.16 2007 NF PE RVU: 5.05 2007 Fac PE RVU: 1.09 Result: Decrease	2019 Work RVU: 2.88 2019 NF PE RVU: 4.28 2019 Fac PE RVU: 1.07
RUC Recommendation: 2.88		Referred to CPT May 2016 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 4,528	2007 Work RVU: 2.72 2007 NF PE RVU: 4.76 2007 Fac PE RVU 0.97 Result: Increase	2019 Work RVU: 2.78 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.05
RUC Recommendation: 2.78		Referred to CPT May 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 24,363	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 4.46 2019 NF PE RVU: 22.55 2019 Fac PE RVU: 1.52
RUC Recommendation: 5.00		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 11,705	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 4.96 2019 NF PE RVU: 23.32 2019 Fac PE RVU: 1.67
RUC Recommendation: 5.50		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:** 7,448 **2007 Work RVU:** **2019 Work RVU:** 1.40 **2007 NF PE RVU:** **2019 NF PE RVU:** 2.01 **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** 0.42

RUC Recommendation: 1.70 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

32201 Pneumonostomy; with percutaneous drainage of abscess or cyst

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

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2018 est Medicare Utilization:** **2007 Work RVU:** 3.99 **2019 Work RVU:** **2007 NF PE RVU:** 20.21 **2019 NF PE RVU:** **2007 Fac PE RVU** 1.26 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

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 est Medicare Utilization:** 68,819 **2007 Work RVU:** 1.93 **2019 Work RVU:** 1.68 **2007 NF PE RVU:** 0.64 **2019 NF PE RVU:** 9.32 **2007 Fac PE RVU** 0.61 **2019 Fac PE RVU:** 0.78 **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32420 Pneumocentesis, puncture of lung for aspiration

Global: 000

Issue: Thoracentesis with Tube Insertion

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent
RUC Meeting: September 2011

Tab 17

Specialty Developing
Recommendation:

ACCP, ACR,
ATS, SIR,
SCCM, STS

First
Identified: September 2011

2018 est
Medicare
Utilization:

2007 Work RVU: 2.18

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0.66

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

32421 Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent

Global: 000

Issue: Thoracentesis with Tube Insertion

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent
RUC Meeting: September 2011

Tab 17

Specialty Developing
Recommendation:

ACCP, ACR,
ATS, SIR,
SCCM, STS

First
Identified: September 2011

2018 est
Medicare
Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

32422 Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)

Global: 000

Issue: Thoracentesis with Tube Insertion

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent
RUC Meeting: September 2011

Tab 17

Specialty Developing
Recommendation:

ACCP, ACR,
ATS, SIR,
SCCM, STS

First
Identified: April 2011

2018 est
Medicare
Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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 est Medicare Utilization: 324

2007 Work RVU: 27.17

2019 Work RVU: 27.28

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 12.44

2019 Fac PE RVU:11.64

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 est Medicare Utilization: 5,229

2007 Work RVU: 25.71

2019 Work RVU: 25.82

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 11.63

2019 Fac PE RVU:10.93

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 est Medicare Utilization: 353	2007 Work RVU: 27.28 2007 NF PE RVU: NA 2007 Fac PE RVU: 12.48 2019 Work RVU: 27.44 2019 NF PE RVU: NA 2019 Fac PE RVU: 11.91
RUC Recommendation:	No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.				Result: Remove from Screen
	Referred to CPT				
	Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization: 32	2007 Work RVU: 25.09 2007 NF PE RVU: NA 2007 Fac PE RVU: 12.13 2019 Work RVU: 25.24 2019 NF PE RVU: NA 2019 Fac PE RVU: 11.59
RUC Recommendation:	Request further information from CMS				Result: Remove from Screen
	Referred to CPT				
	Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 4.00					Result: Increase
	Referred to CPT				
	Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization: 34,182

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 3.04
2019 NF PE RVU: NA
2019 Fac PE RVU: 0.99

RUC Recommendation: 3.50

Referred to CPT February 2012

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

Result: Increase

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 est Medicare Utilization: 14,810

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 1.82
2019 NF PE RVU: 4.00
2019 Fac PE RVU: 0.57

RUC Recommendation: 1.82

Referred to CPT February 2012

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

Result: Decrease

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 est Medicare Utilization: 222,235

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 2.27
2019 NF PE RVU: 6.05
2019 Fac PE RVU: 0.76

RUC Recommendation: 2.27

Referred to CPT February 2012

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

Result: Decrease

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 est Medicare Utilization: 3,498

2007 Work RVU:

2019 Work RVU: 2.50

2007 NF PE RVU:

2019 NF PE RVU: 14.63

2007 Fac PE RVU

2019 Fac PE RVU:0.77

Result: Decrease

RUC Recommendation: 2.50

Referred to CPT February 2012

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 est Medicare Utilization: 37,746

2007 Work RVU:

2019 Work RVU: 3.12

2007 NF PE RVU:

2019 NF PE RVU: 12.66

2007 Fac PE RVU

2019 Fac PE RVU:1.00

Result: Decrease

RUC Recommendation: 3.62

Referred to CPT February 2012

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 est Medicare Utilization: 8,858

2007 Work RVU: 24.56

2019 Work RVU: 24.64

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 10.44

2019 Fac PE RVU:10.12

Result: Remove from Screen

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

33010 Pericardiocentesis; initial

Global: 000

Issue: Pericardiocentesis and Pericardial Drainage

Screen: Negative IWPUT

Complete? Yes

Most Recent Tab 04 Specialty Developing
RUC Meeting: January 2019 Recommendation:

First Identified: September 2018

2018 est
Medicare
Utilization: 6,204

2007 Work RVU: 2.24

2019 Work RVU: 1.99

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 0.85

2019 Fac PE RVU:0.69

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Referred to CPT Asst ☐ Published in CPT Asst:

33011 Pericardiocentesis; subsequent

Global: 000

Issue: Pericardiocentesis and Pericardial Drainage

Screen: Negative IWPUT

Complete? Yes

Most Recent Tab 04 Specialty Developing
RUC Meeting: January 2019 Recommendation:

First Identified: September 2018

2018 est
Medicare
Utilization: 70

2007 Work RVU: 2.24

2019 Work RVU: 1.99

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 0.89

2019 Fac PE RVU:0.68

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Referred to CPT Asst ☐ Published in CPT Asst:

33015 Tube pericardiostomy

Global: 090

Issue: Pericardiocentesis and Pericardial Drainage

Screen: Negative IWPUT

Complete? Yes

Most Recent Tab 04 Specialty Developing ACC
RUC Meeting: January 2019 Recommendation:

First Identified: April 2017

2018 est
Medicare
Utilization: 1,106

2007 Work RVU: 8.44

2019 Work RVU: 8.52

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 4.98

2019 Fac PE RVU:4.54

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

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 Tab 10 Specialty Developing AATS, STS
RUC Meeting: April 2018 Recommendation:

First Identified: April 2018

2018 est
Medicare
Utilization: 155

2007 Work RVU: 14.87

2019 Work RVU: 14.95

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 6.71

2019 Fac PE RVU:7.03

Result: Decrease

RUC Recommendation: 14.31

Referred to CPT May 2018

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 est
Medicare
Utilization: 4,811

2007 Work RVU: 13.65

2019 Work RVU: 13.70

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 6.25

2019 Fac PE RVU:6.20

Result: Decrease

RUC Recommendation: 13.20

Referred to CPT May 2018

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 est
Medicare
Utilization: 13,145

2007 Work RVU: 9.05

2019 Work RVU: 7.80

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 4.95

2019 Fac PE RVU:4.36

Result: Maintain

RUC Recommendation: 8.05

Referred to CPT February 2011

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 est
Medicare
Utilization: 101,728

2007 Work RVU: 8.12

2019 Work RVU: 8.52

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 4.95

2019 Fac PE RVU:4.66

Result: Maintain

RUC Recommendation: 8.77

Referred to CPT February 2011

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 est
Medicare
Utilization:** 417

2007 Work RVU: 5.51

2019 Work RVU: 5.01

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 3.46

2019 Fac PE RVU:3.15

Result: Decrease

RUC Recommendation: 5.26

Referred to CPT February 2011

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

33213 Insertion of pacemaker pulse generator only; with existing dual leads

Global: 090

Issue: Pacemaker or Pacing
Carioverter - Defibrillator

Screen: CMS Fastest Growing /
Codes Reported
Together 75% or More-
Part1

Complete? Yes

**Most Recent
RUC Meeting:** September 2011

Tab 04

**Specialty Developing
Recommendation:** ACC

**First
Identified:** October 2008

**2018 est
Medicare
Utilization:** 1,237

2007 Work RVU: 6.36

2019 Work RVU: 5.28

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 3.87

2019 Fac PE RVU:3.24

Result: Decrease

RUC Recommendation: 5.53

Referred to CPT February 2011

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

33221 Insertion of pacemaker pulse generator only; with existing multiple leads

Global: 090

Issue: Pacemaker or Pacing
Carioverter - Defibrillator

Screen: Codes Reported
Together 75% or More-
Part1

Complete? Yes

**Most Recent
RUC Meeting:** September 2011

Tab 04

**Specialty Developing
Recommendation:** ACC

**First
Identified:** April 2011

**2018 est
Medicare
Utilization:** 248

2007 Work RVU:

2019 Work RVU: 5.55

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:3.62

Result: Decrease

RUC Recommendation: 5.80

Referred to CPT February 2011

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

Status Report: CMS Requests and Relativity Assessment Issues

33227 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system

Global: 090

Issue: Pacemaker or Pacing
Carioverter - Defibrillator

Screen: Codes Reported
Together 75% or More-
Part1

Complete? Yes

**Most Recent
RUC Meeting:** September 2011

Tab 04

**Specialty Developing
Recommendation:** ACC

**First
Identified:** April 2011

**2018 est
Medicare
Utilization:** 3,805

2007 Work RVU:

2019 Work RVU: 5.25

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:3.35

Result: Decrease

RUC Recommendation: 5.50

Referred to CPT February 2011

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

33228 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system

Global: 090

Issue: Pacemaker or Pacing
Carioverter - Defibrillator

Screen: Codes Reported
Together 75% or More-
Part1

Complete? Yes

**Most Recent
RUC Meeting:** September 2011

Tab 04

**Specialty Developing
Recommendation:** ACC

**First
Identified:** April 2011

**2018 est
Medicare
Utilization:** 24,577

2007 Work RVU:

2019 Work RVU: 5.52

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:3.47

Result: Decrease

RUC Recommendation: 5.77

Referred to CPT February 2011

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

33229 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system

Global: 090

Issue: Pacemaker or Pacing
Carioverter - Defibrillator

Screen: Codes Reported
Together 75% or More-
Part1

Complete? Yes

**Most Recent
RUC Meeting:** September 2011

Tab 04

**Specialty Developing
Recommendation:** ACC

**First
Identified:** April 2011

**2018 est
Medicare
Utilization:** 5,156

2007 Work RVU:

2019 Work RVU: 5.79

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:3.74

Result: Decrease

RUC Recommendation: 6.04

Referred to CPT February 2011

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

Status Report: CMS Requests and Relativity Assessment Issues

33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	Global: 090	Issue: Pacemaker or Pacing Carioverter - Defibrillator	Screen: Codes Reported Together 75% or More- Part1	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab 04 Specialty Developing Recommendation: ACC	First Identified: April 2011	2018 est Medicare Utilization: 196	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 6.07 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.64
RUC Recommendation: 6.32		Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 178	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 6.34 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.85
RUC Recommendation: 6.59		Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 8,599	2007 Work RVU: 3.33 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 3.14 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.81
RUC Recommendation: 3.39		Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 325	2007 Work RVU: 7.61 2007 NF PE RVU: NA 2007 Fac PE RVU 4.79 Result: Decrease	2019 Work RVU: 5.80 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.47
RUC Recommendation: 6.06		Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 6,342	2007 Work RVU: 3.26 2007 NF PE RVU: NA 2007 Fac PE RVU 2.99 Result: Maintain	2019 Work RVU: 3.04 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.49
RUC Recommendation: 3.29		Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 44,594	2007 Work RVU: 15.02 2007 NF PE RVU: NA 2007 Fac PE RVU 8.89 Result: Maintain	2019 Work RVU: 14.92 2019 NF PE RVU: NA 2019 Fac PE RVU: 8.28
RUC Recommendation: 15.17		Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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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 ACC Recommendation:	First Identified: April 2011	2018 est Medicare Utilization: 3,553	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 5.81 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.67
RUC Recommendation: 6.06		Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/>	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 ACC Recommendation:	First Identified: April 2011	2018 est Medicare Utilization: 9,857	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 6.08 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.79
RUC Recommendation: 6.33		Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/>	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 ACC Recommendation:	First Identified: April 2011	2018 est Medicare Utilization: 12,983	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 6.35 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.94
RUC Recommendation: 6.60		Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

33282 Implantation of patient-activated cardiac event recorder

Global: 090

Issue: Implantation and Removal of Patient Activated Cardiac Event Recorder

Screen: CMS Request - Final Rule for 2013

Complete? Yes

Most Recent
RUC Meeting: April 2013

Tab 20

Specialty Developing
Recommendation:

First
Identified: October 2012

2018 est
Medicare
Utilization: 48,947

2007 Work RVU: 4.70

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 4.1

2019 Fac PE RVU:

Result: Decrease

RUC Recommendation: 3.50

Referred to CPT February 2017

Referred to CPT Asst ☐ Published in CPT Asst:

33284 Removal of an implantable, patient-activated cardiac event recorder

Global: 090

Issue: Implantation and Removal of Patient Activated Cardiac Event Recorder

Screen: CMS Request - Final Rule for 2013

Complete? Yes

Most Recent
RUC Meeting: April 2013

Tab 20

Specialty Developing
Recommendation:

First
Identified: October 2012

2018 est
Medicare
Utilization: 15,495

2007 Work RVU: 3.04

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 3.5

2019 Fac PE RVU:

Result: Decrease

RUC Recommendation: 3.00

Referred to CPT February 2017

Referred to CPT Asst ☐ Published in CPT Asst:

33405 Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve

Global: 090

Issue: Valve Replacement and CABG Procedures

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 40

Specialty Developing STS
Recommendation:

First
Identified: September 2011

2018 est
Medicare
Utilization: 20,676

2007 Work RVU: 41.19

2019 Work RVU: 41.32

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 17.58

2019 Fac PE RVU:15.01

Result: Maintain

RUC Recommendation: 41.32

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

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33430 Replacement, mitral valve, with cardiopulmonary bypass

Global: 090

Issue: Valve Replacement and CABG Procedures

Screen: High IWP/UT / CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008

2018 est Medicare Utilization: 7,878

2007 Work RVU: 50.75
2007 NF PE RVU: NA
2007 Fac PE RVU 17.71
Result: Maintain

2019 Work RVU: 50.93
2019 NF PE RVU: NA
2019 Fac PE RVU:18.56

RUC Recommendation: 50.93

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

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 est Medicare Utilization: 60,369

2007 Work RVU: 33.64
2007 NF PE RVU: NA
2007 Fac PE RVU 15.55
Result: Increase

2019 Work RVU: 33.75
2019 NF PE RVU: NA
2019 Fac PE RVU:12.72

RUC Recommendation: 34.98

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

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 est Medicare Utilization: 50

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Maintain

2019 Work RVU: 30.00
2019 NF PE RVU: NA
2019 Fac PE RVU:10.81

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

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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 **Tab** 37 **Specialty Developing** STS
RUC Meeting: January 2019 **Recommendation:**

First Identified: January 2015

2018 est Medicare Utilization: 1

2007 Work RVU: **2019 Work RVU:** 16.18
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**6.98
Result: Maintain

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

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 **Tab** 37 **Specialty Developing** STS
RUC Meeting: January 2019 **Recommendation:**

First Identified: January 2015

2018 est Medicare Utilization: 1

2007 Work RVU: **2019 Work RVU:** 64.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**20.62
Result: Maintain

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

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 **Tab** S **Specialty Developing** STS, AATS
RUC Meeting: February 2008 **Recommendation:**

First Identified: February 2008

2018 est Medicare Utilization: 1,804

2007 Work RVU: 58.71 **2019 Work RVU:** 58.79
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 19.01 **2019 Fac PE RVU:**19.13
Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 733 **2007 Work RVU:** 89.08 **2019 Work RVU:** 89.50 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 23.74 **2019 Fac PE RVU:** 30.58 **Result:** Maintain

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **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 est Medicare Utilization:** 534 **2007 Work RVU:** **2019 Work RVU:** 6.00 **2007 NF PE RVU:** **2019 NF PE RVU:** NA **2007 Fac PE RVU:** **2019 Fac PE RVU:** 1.76 **Result:** Maintain

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **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 est Medicare Utilization:** 1,307 **2007 Work RVU:** **2019 Work RVU:** 6.63 **2007 NF PE RVU:** **2019 NF PE RVU:** NA **2007 Fac PE RVU:** **2019 Fac PE RVU:** 1.93 **Result:** Maintain

RUC Recommendation: 6.63 **Referred to CPT** February 2014 **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 est Medicare Utilization:** 3,508 **2007 Work RVU:** **2019 Work RVU:** 4.73 **2007 NF PE RVU:** **2019 NF PE RVU:** NA **2007 Fac PE RVU:** **2019 Fac PE RVU:** 1.44 **Result:** Maintain

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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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 est Medicare Utilization: 4,531	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain
RUC Recommendation: 4.60			Referred to CPT February 2014	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
					2019 Work RVU: 4.60 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.34
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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain
RUC Recommendation: 8.15			Referred to CPT February 2014	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
					2019 Work RVU: 8.15 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.32
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 est Medicare Utilization: 1,263	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain
RUC Recommendation: 8.43			Referred to CPT February 2014	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
					2019 Work RVU: 8.15 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.46

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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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU: 9.11

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:2.59

Result: Maintain

RUC Recommendation: 9.83

Referred to CPT February 2014

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 est Medicare Utilization: 354

2007 Work RVU:

2019 Work RVU: 9.11

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:2.68

Result: Maintain

RUC Recommendation: 9.43

Referred to CPT February 2014

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 est Medicare Utilization: 335

2007 Work RVU:

2019 Work RVU: 16.00

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:4.60

Result: Maintain

RUC Recommendation: 16.00

Referred to CPT February 2014

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

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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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain 2019 Work RVU: 3.51 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.06
RUC Recommendation: 4.00			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 63	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain 2019 Work RVU: 3.51 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.06
RUC Recommendation: 4.05			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain 2019 Work RVU: 4.47 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.32
RUC Recommendation: 4.69			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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33960	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day	Global: 000	Issue: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 11	Specialty Developing Recommendation: STS, AAP, ACC, SCAI, ACCP	First Identified: July 2013	2018 est Medicare Utilization:	2007 Work RVU: 19.33 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.09 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2014	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day	Global: XXX	Issue: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 11	Specialty Developing Recommendation: STS, AAP, ACC, SCAI, ACCP	First Identified: July 2013	2018 est Medicare Utilization:	2007 Work RVU: 10.91 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.45 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2014	Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 33	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain
RUC Recommendation: 4.73			Referred to CPT February 2014	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:

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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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 9.00 2019 NF PE RVU: NA 2019 Fac PE RVU:2.56
RUC Recommendation: 9.00			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 15	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 9.50 2019 NF PE RVU: NA 2019 Fac PE RVU:2.70
RUC Recommendation: 9.50			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 3.51 2019 NF PE RVU: NA 2019 Fac PE RVU:1.06
RUC Recommendation: 3.51			Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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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 est Medicare Utilization: 385	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 4.50 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.40
RUC Recommendation: 4.50		Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 5.22 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.53
RUC Recommendation: 6.00		Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 443	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 5.46 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.57
RUC Recommendation: 6.38		Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 1	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 9.89 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.80
RUC Recommendation: 9.89		Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Global: 000	Issue: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI	First Identified: November 2014	2018 est Medicare Utilization: 218	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 10.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.90
RUC Recommendation: 10.00		Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI	First Identified: November 2014	2018 est Medicare Utilization: 58	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 4.04 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.10
RUC Recommendation: 4.08		Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

33988 Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2018 est Medicare Utilization:** 39 **2007 Work RVU:** **2019 Work RVU:** 15.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU: **2019 Fac PE RVU:** 4.20
Result: Maintain

RUC Recommendation: 15.00 **Referred to CPT** February 2014
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 est Medicare Utilization:** 23 **2007 Work RVU:** **2019 Work RVU:** 9.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU: **2019 Fac PE RVU:** 2.70
Result: Maintain

RUC Recommendation: 9.50 **Referred to CPT** February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

33X01 Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure) **Global:** **Issue:** Aortic Graft Procedures **Screen:** New and Revised Service (Not Part of RAW) **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 06 **Specialty Developing Recommendation:** AATS, STS **First Identified:** **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU: **2019 Fac PE RVU:**
Result: Not Part of RAW

RUC Recommendation: 17.75 **Referred to CPT** May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33741

Global:

Issue: Atrial Septostomy Services

Screen: CMS Request - Final
Rule for 2019

Complete? No

Most Recent
RUC Meeting:

Tab

Specialty Developing
Recommendation:

First
Identified: September 2019

2018 est
Medicare
Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result:

RUC Recommendation:

Referred to CPT September 2019

Referred to CPT Asst ☐ Published in CPT Asst:

33745

Global:

Issue: Atrial Septostomy Services

Screen: CMS Request - Final
Rule for 2019

Complete? No

Most Recent
RUC Meeting:

Tab

Specialty Developing
Recommendation:

First
Identified: September 2019

2018 est
Medicare
Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result:

RUC Recommendation:

Referred to CPT September 2019

Referred to CPT Asst ☐ Published in CPT Asst:

33746

Global:

Issue: Atrial Septostomy Services

Screen: CMS Request - Final
Rule for 2019

Complete? No

Most Recent
RUC Meeting:

Tab

Specialty Developing
Recommendation:

First
Identified: September 2019

2018 est
Medicare
Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result:

RUC Recommendation:

Referred to CPT September 2019

Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 914	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 23.71 2019 NF PE RVU: NA 2019 Fac PE RVU: 6.88
RUC Recommendation: 23.71	Referred to CPT Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 109	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 36.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 9.80
RUC Recommendation: 36.00	Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 1,345	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 26.52			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 26.52 2019 NF PE RVU: NA 2019 Fac PE RVU: 7.54

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 est Medicare Utilization: 141	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 45.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 45.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 11.84

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 12,845	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 29.58			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 29.58 2019 NF PE RVU: NA 2019 Fac PE RVU: 8.21

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 est Medicare Utilization: 661	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 45.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 45.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 11.83

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 est Medicare Utilization: 649	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 22.28			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 22.28 2019 NF PE RVU: NA 2019 Fac PE RVU: 6.35

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 est Medicare Utilization: 77	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 36.50			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 36.50 2019 NF PE RVU: NA 2019 Fac PE RVU: 9.59

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 est Medicare Utilization: 4,104

2007 Work RVU:

2019 Work RVU: 6.50

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:1.43

Result: Decrease

RUC Recommendation: 6.50

Referred to CPT

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 est Medicare Utilization: 1,120

2007 Work RVU:

2019 Work RVU: 15.00

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:4.98

Result: Decrease

RUC Recommendation: 15.00

Referred to CPT

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 est Medicare Utilization: 334	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 6.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.32
RUC Recommendation: 6.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	Global: 090	Issue: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More-Part3	Complete? Yes	
Most Recent RUC Meeting: January 2017	Tab 10	Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS	First Identified: January 2017	2018 est Medicare Utilization: 1,176	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 12.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 5.42
RUC Recommendation: 12.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 12,393	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 2.50 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.72
RUC Recommendation: 2.50			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 431	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 5.25			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 5.25 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.54
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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 est Medicare Utilization: 181	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 6.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 6.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.64
<hr/>					
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 est Medicare Utilization: 557	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 7.19			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 7.19 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.26

Status Report: CMS Requests and Relativity Assessment Issues

34800 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis **Global:** 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: AAOHNS

First Identified: October 2015

2018 est Medicare Utilization:

2007 Work RVU: 21.46

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 8.72

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

34802 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)

Global: 090

Issue: Endovascular Repair Procedures (EVAR)

Screen: Pre-Time Analysis / Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: January 2014

2018 est Medicare Utilization:

2007 Work RVU: 23.71

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 9.38

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

Referred to CPT Asst ☐

Published in CPT Asst:

34803 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)

Global: 090

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: October 2015

2018 est Medicare Utilization:

2007 Work RVU: 24.74

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 9.68

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

34804 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis **Global:** 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: October 2015

2018 est Medicare Utilization:

2007 Work RVU: 23.71

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 9.37

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

34805 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis

Global: 090

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: January 2017

2018 est Medicare Utilization:

2007 Work RVU: 22.59

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 9.04

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

34806 Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: January 2017

2018 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 10,759	2007 Work RVU: 6.74 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.1 Result: Decrease	2019 Work RVU: 4.13 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.92
RUC Recommendation: 4.13		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 10 Specialty Developing Recommendation: SVS, SIR, STS, AATS	First Identified: January 2017	2018 est Medicare Utilization: 93	2007 Work RVU: 9.74 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.04 Result: Decrease	2019 Work RVU: 7.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.51
RUC Recommendation: 7.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel	Global: 090	Issue: Endovascular Repair Procedures (EVAR)	Screen: Pre-Time Analysis / Codes Reported Together 75%or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 10 Specialty Developing Recommendation: SVS, SIR, STS, AATS	First Identified: January 2014	2018 est Medicare Utilization:	2007 Work RVU: 12.72 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.89 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

34826	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 10	Specialty Developing Recommendation: SVS, SIR, STS, AATS	First Identified: January 2017	2018 est Medicare Utilization:	2007 Work RVU: 4.12 2007 NF PE RVU: NA 2007 Fac PE RVU 1.31 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
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 est Medicare Utilization: 60	2007 Work RVU: 11.98 2007 NF PE RVU: NA 2007 Fac PE RVU 4.15 Result: Decrease
RUC Recommendation: 8.16			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 8.16 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.70
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 est Medicare Utilization: 412	2007 Work RVU: 5.34 2007 NF PE RVU: NA 2007 Fac PE RVU 2.04 Result: Decrease
RUC Recommendation: 2.65			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2.65 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.50

Status Report: CMS Requests and Relativity Assessment Issues

34900 Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis **Global:** 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: January 2017

2018 est Medicare Utilization:

2007 Work RVU: 16.77

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU: 7.24

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to 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 est Medicare Utilization: 37,246

2007 Work RVU: 19.53

2019 Work RVU: 21.16

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 8.04

2019 Fac PE RVU: 6.71

Result: Increase

RUC Recommendation: 21.16

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

35450 Transluminal balloon angioplasty, open; renal or other visceral artery **Global:** 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: October 2015

2018 est Medicare Utilization:

2007 Work RVU: 10.05

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU: 3.47

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

35452 Transluminal balloon angioplasty, open; aortic

Global: 000

Issue: Open and Percutaneous
Transluminal Angioplasty

Screen: Codes Reported
Together 75% or More-
Part3

Complete? Yes

**Most Recent
RUC Meeting:** January 2016

Tab 15

**Specialty Developing
Recommendation:** ACR, SIR,
SVS

**First
Identified:** October 2015

**2018 est
Medicare
Utilization:**

2007 Work RVU: 6.90

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 2.48

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

35454 Deleted from CPT

Global: 000

Issue: Endovascular
Revascularization

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 07

**Specialty Developing
Recommendation:** ACC, ACR,
SIR, SVS

**First
Identified:** February 2010

**2018 est
Medicare
Utilization:**

2007 Work RVU: 6.03

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 2.19

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

35456 Deleted from CPT

Global: 000

Issue: Endovascular
Revascularization

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 07

**Specialty Developing
Recommendation:** ACC, ACR,
SIR, SVS

**First
Identified:** February 2010

**2018 est
Medicare
Utilization:**

2007 Work RVU: 7.34

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 2.64

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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:** 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 est Medicare Utilization:

2007 Work RVU: 9.48

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 3.33

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

35459 Deleted from CPT

Global: 000

Issue: Endovascular Revascularization

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 07

Specialty Developing Recommendation: ACC, ACR, SIR, SVS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 8.62

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 3.01

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

35460 Transluminal balloon angioplasty, open; venous

Global: 000

Issue: Open and Percutaneous Transluminal Angioplasty

Screen: Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: October 2015

2018 est Medicare Utilization:

2007 Work RVU: 6.03

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 2.15

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

35470 Deleted from CPT

Global: 000

Issue: Endovascular
Revascularization

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 07

**Specialty Developing
Recommendation:** ACC, ACR,
SIR, SVS

**First
Identified:** October 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 8.62

2019 Work RVU:

2007 NF PE RVU: 81.78

2019 NF PE RVU:

2007 Fac PE RVU 3.37

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

35471 Transluminal balloon angioplasty, percutaneous; renal or visceral artery

Global: 000

Issue: Open and Percutaneous
Transluminal Angioplasty

Screen: CMS Fastest Growing /
Codes Reported
Together 75% or More-
Part3

Complete? Yes

**Most Recent
RUC Meeting:** January 2016

Tab 15

**Specialty Developing
Recommendation:** ACR, SIR,
SVS

**First
Identified:** October 2009

**2018 est
Medicare
Utilization:**

2007 Work RVU: 10.05

2019 Work RVU:

2007 NF PE RVU: 91.6

2019 NF PE RVU:

2007 Fac PE RVU 4.13

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

35472 Transluminal balloon angioplasty, percutaneous; aortic

Global: 000

Issue: Open and Percutaneous
Transluminal Angioplasty

Screen: CMS Fastest Growing /
Codes Reported
Together 75% or More-
Part3

Complete? Yes

**Most Recent
RUC Meeting:** January 2016

Tab 15

**Specialty Developing
Recommendation:** ACR, SIR,
SVS

**First
Identified:** October 2009

**2018 est
Medicare
Utilization:**

2007 Work RVU: 6.90

2019 Work RVU:

2007 NF PE RVU: 60.05

2019 NF PE RVU:

2007 Fac PE RVU 2.75

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT Removed from CPT referral

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

Status Report: CMS Requests and Relativity Assessment Issues

35473 Deleted from CPT

Global: 000

Issue: Endovascular
Revascularization

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 07

**Specialty Developing
Recommendation:** ACC, ACR,
SIR, SVS

**First
Identified:** February 2010

**2018 est
Medicare
Utilization:**

2007 Work RVU: 6.03

2019 Work RVU:

2007 NF PE RVU: 56.4

2019 NF PE RVU:

2007 Fac PE RVU 2.43

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

35474 Deleted from CPT

Global: 000

Issue: Endovascular
Revascularization

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 07

**Specialty Developing
Recommendation:** ACC, ACR,
SIR, SVS

**First
Identified:** October 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 7.35

2019 Work RVU:

2007 NF PE RVU: 80.7

2019 NF PE RVU:

2007 Fac PE RVU 2.9

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel

Global: 000

Issue: Open and Percutaneous
Transluminal Angioplasty

Screen: CMS Fastest Growing /
CMS High Expenditure
Procedural Codes1 /
Codes Reported
Together 75% or More-
Part3 / High Volume
Growth3

Complete? Yes

**Most Recent
RUC Meeting:** January 2016

Tab 15

**Specialty Developing
Recommendation:** ACR, SIR,
SVS

**First
Identified:** September 2011

**2018 est
Medicare
Utilization:**

2007 Work RVU: 9.48

2019 Work RVU:

2007 NF PE RVU: 53.95

2019 NF PE RVU:

2007 Fac PE RVU 3.48

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

35476 Transluminal balloon angioplasty, percutaneous; venous

Global: 000

Issue: Open and Percutaneous
Transluminal Angioplasty

Screen: CMS Fastest Growing /
CMS High Expenditure
Procedural Codes1 /
Codes Reported
Together 75% or More-
Part3

Complete? Yes

**Most Recent
RUC Meeting:** January 2016

Tab 15

**Specialty Developing
Recommendation:** ACR, SIR,
SVS

**First
Identified:** September 2011

**2018 est
Medicare
Utilization:**

2007 Work RVU: 6.03

2019 Work RVU:

2007 NF PE RVU: 42.45

2019 NF PE RVU:

2007 Fac PE RVU 2.26

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

35490 Deleted from CPT

Global: 000

Issue: Endovascular
Revascularization

Screen: High Volume Growth1

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 07

**Specialty Developing
Recommendation:** SIR, ACR,
SVS

**First
Identified:** April 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 11.06

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 5.11

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

35491 Deleted from CPT

Global: 000

Issue: Endovascular
Revascularization

Screen: High Volume Growth1

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 07

**Specialty Developing
Recommendation:** SIR, ACR,
SVS

**First
Identified:** April 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 7.60

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 3.46

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

Status Report: CMS Requests and Relativity Assessment Issues

35492 Deleted from CPT

Global: 000

Issue: Endovascular
Revascularization

Screen: High Volume Growth1

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 07

**Specialty Developing
Recommendation:** SIR, ACR,
SVS

**First
Identified:** April 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 6.64

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 3.3

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

35493 Deleted from CPT

Global: 000

Issue: Endovascular
Revascularization

Screen: High Volume Growth1

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 07

**Specialty Developing
Recommendation:** SIR, ACR,
SVS

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 8.09

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 3.89

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

35494 Deleted from CPT

Global: 000

Issue: Endovascular
Revascularization

Screen: High Volume Growth1

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 07

**Specialty Developing
Recommendation:** SIR, ACR,
SVS

**First
Identified:** April 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 10.42

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 4.64

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

35495 Deleted from CPT

Global: 000

Issue: Endovascular
Revascularization

Screen: High Volume Growth1

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 07

**Specialty Developing
Recommendation:** SIR, ACR,
SVS

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 9.48

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 4.45

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

Status Report: CMS Requests and Relativity Assessment Issues

35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	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 est Medicare Utilization: 735	2007 Work RVU: 9.11 2007 NF PE RVU: NA 2007 Fac PE RVU: 4.93 Result: Decrease	2019 Work RVU: 9.19 2019 NF PE RVU: NA 2019 Fac PE RVU: 5.61
RUC Recommendation: 7.50		Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
35721	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	Global: 090	Issue: Exploration of Artery	Screen: Negative IWPUT	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab 06 Specialty Developing Recommendation: ACS, SVS	First Identified: January 2018	2018 est Medicare Utilization: 550	2007 Work RVU: 7.66 2007 NF PE RVU: NA 2007 Fac PE RVU: 4.26 Result: Deleted from CPT	2019 Work RVU: 7.72 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.73
RUC Recommendation: Deleted from CPT		Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
35741	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	Global: 090	Issue: Exploration of Artery	Screen: Negative IWPUT	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab 06 Specialty Developing Recommendation: ACS, SVS	First Identified: January 2018	2018 est Medicare Utilization: 183	2007 Work RVU: 8.61 2007 NF PE RVU: NA 2007 Fac PE RVU: 4.49 Result: Deleted from CPT	2019 Work RVU: 8.69 2019 NF PE RVU: NA 2019 Fac PE RVU: 4.40
RUC Recommendation: Deleted from CPT		Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	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: April 2017	2018 est Medicare Utilization: 1,743	2007 Work RVU: 5.84 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.88 Result: Deleted from CPT	2019 Work RVU: 5.93 2019 NF PE RVU: NA 2019 Fac PE RVU: 4.19
RUC Recommendation: Deleted from CPT		Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

35X00

Global:

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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Decrease

RUC Recommendation: 7.12

Referred to CPT September 2018

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

35X01

Global:

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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Decrease

RUC Recommendation: 7.50

Referred to CPT September 2018

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 est Medicare Utilization:

2007 Work RVU: 0.18

2019 Work RVU: 0.18

2007 NF PE RVU: 0.54

2019 NF PE RVU: 0.57

2007 Fac PE RVU 0.05

2019 Fac PE RVU: 0.07

Result: Maintain

RUC Recommendation: CMS consider a bundled status for this code

Referred to CPT

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

36010 Introduction of catheter, superior or inferior vena cava

Global: XXX

Issue: Introduction of Catheter

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab 18

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: February 2010

2018 est Medicare Utilization: 15,300

2007 Work RVU: 2.43

2019 Work RVU: 2.18

2007 NF PE RVU: 17.17

2019 NF PE RVU: 11.73

2007 Fac PE RVU 0.77

2019 Fac PE RVU: 0.64

Result: Remove from screen

RUC Recommendation: Remove from re-review.

Referred to CPT February 2011

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

Status Report: CMS Requests and Relativity Assessment Issues

36140 Introduction of needle or intracatheter, upper or lower extremity artery

Global: XXX

Issue: Introduction of Needle or Intracatheter

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab 18

Specialty Developing Recommendation: SVS, SIR, ACR, ACRO

First Identified: April 2011

2018 est Medicare Utilization: 20,822

2007 Work RVU: 2.01

2019 Work RVU: 1.76

2007 NF PE RVU: 12.15

2019 NF PE RVU: 10.61

2007 Fac PE RVU 0.65

2019 Fac PE RVU: 0.50

Result: Remove from Screen

RUC Recommendation: Remove from re-review

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

36145 Deleted from CPT

Global: XXX

Issue: Arteriovenous Shunt Imaging

Screen: Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab 9

Specialty Developing Recommendation:

First Identified: February 2008

2018 est Medicare Utilization:

2007 Work RVU: 2.01

2019 Work RVU:

2007 NF PE RVU: 11.87

2019 NF PE RVU:

2007 Fac PE RVU 0.64

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009

Referred to CPT Asst ☐

Published in CPT Asst:

36147 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)

Global: XXX

Issue: Dialysis Circuit -1

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 14

Specialty Developing Recommendation: ACR, RPA, SIR, SVS

First Identified: February 2008

2018 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

36148 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

First Identified: February 2008

2018 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008

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 est Medicare Utilization: 45,974

2007 Work RVU: 4.67

2019 Work RVU: 4.17

2007 NF PE RVU: 26.59

2019 NF PE RVU: 24.64

2007 Fac PE RVU 1.65

2019 Fac PE RVU:1.40

Result: Decrease

RUC Recommendation: 4.17

Referred to CPT

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

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 est Medicare Utilization: 4,388

2007 Work RVU: 5.27

2019 Work RVU: 5.27

2007 NF PE RVU: 28.57

2019 NF PE RVU: 25.43

2007 Fac PE RVU 1.82

2019 Fac PE RVU:1.68

Result: Maintain

RUC Recommendation: 5.27

Referred to CPT

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

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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 est Medicare Utilization: 3,985	2007 Work RVU: 6.29 2007 NF PE RVU: 52.65 2007 Fac PE RVU: 2.17 Result: Maintain
RUC Recommendation: 6.29			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 6.29 2019 NF PE RVU: 45.62 2019 Fac PE RVU: 2.01
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 est Medicare Utilization: 1,491	2007 Work RVU: 1.01 2007 NF PE RVU: 4.72 2007 Fac PE RVU: 0.34 Result: Maintain
RUC Recommendation: 1.01			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.01 2019 NF PE RVU: 5.70 2019 Fac PE RVU: 0.32
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 est Medicare Utilization: 2,356	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:
RUC Recommendation: 4.51			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 3.92 2019 NF PE RVU: 24.59 2019 Fac PE RVU: 1.08 Result: Decrease

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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 est Medicare Utilization: 8,614	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2019 Work RVU: 5.28 2019 NF PE RVU: 28.25 2019 Fac PE RVU:1.74
RUC Recommendation: 6.00			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: Result: Decrease	
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 est Medicare Utilization: 28,612	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2019 Work RVU: 5.75 2019 NF PE RVU: 36.86 2019 Fac PE RVU:2.09
RUC Recommendation: 6.50			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: Result: Decrease	
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 est Medicare Utilization: 34,313	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2019 Work RVU: 6.25 2019 NF PE RVU: 48.95 2019 Fac PE RVU:2.56
RUC Recommendation: 7.55			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst: Result: Decrease	

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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 est Medicare Utilization: 10,698	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2019 Work RVU: 5.75 2019 NF PE RVU: 35.22 2019 Fac PE RVU: 2.04
RUC Recommendation: 6.50			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	Result: Decrease	
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 est Medicare Utilization: 31,206	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2019 Work RVU: 6.25 2019 NF PE RVU: 45.93 2019 Fac PE RVU: 2.48
RUC Recommendation: 7.55			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	Result: Decrease	
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 est Medicare Utilization: 12,245	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2019 Work RVU: 2.09 2019 NF PE RVU: 4.61 2019 Fac PE RVU: 0.79
RUC Recommendation: 2.32			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	Result: Decrease	

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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 est Medicare Utilization: 2,257	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 4.25 2019 NF PE RVU: 32.25 2019 Fac PE RVU:1.64
RUC Recommendation:	4.25			Referred to CPT February 2012	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
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 est Medicare Utilization: 41,458	2007 Work RVU: 4.67 2007 NF PE RVU: 31.17 2007 Fac PE RVU 1.78	2019 Work RVU: 4.65 2019 NF PE RVU: 32.01 2019 Fac PE RVU:1.47
RUC Recommendation:	4.90			Referred to CPT February 2010 and February 2011	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
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 est Medicare Utilization: 37,054	2007 Work RVU: 5.27 2007 NF PE RVU: 29.18 2007 Fac PE RVU 1.84	2019 Work RVU: 5.02 2019 NF PE RVU: 17.81 2019 Fac PE RVU:1.40
RUC Recommendation:	5.27			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain

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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 est Medicare Utilization: 65,713	2007 Work RVU: 6.29 2007 NF PE RVU: 48.22 2007 Fac PE RVU: 2.17 Result: Increase	2019 Work RVU: 6.04 2019 NF PE RVU: 35.53 2019 Fac PE RVU: 1.71
RUC Recommendation: 7.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 27,038	2007 Work RVU: 1.01 2007 NF PE RVU: 3.81 2007 Fac PE RVU: 0.35 Result: Remove from Screen	2019 Work RVU: 1.01 2019 NF PE RVU: 2.99 2019 Fac PE RVU: 0.30
RUC Recommendation: Remove from screen		Referred to CPT February 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 3,717	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 5.10 2019 NF PE RVU: 33.23 2019 Fac PE RVU: 1.56
RUC Recommendation: 5.45		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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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 est Medicare Utilization: 8,581	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 6.74 2019 NF PE RVU: 34.22 2019 Fac PE RVU: 2.28
RUC Recommendation: 7.38		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 1,447	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 7.30 2019 NF PE RVU: 54.51 2019 Fac PE RVU: 2.28
RUC Recommendation: 7.55		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	Global: 000	Issue: Renal Angiography	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 11 Specialty Developing Recommendation: ACR, SIR	First Identified: February 2011	2018 est Medicare Utilization: 177	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 7.90 2019 NF PE RVU: 51.25 2019 Fac PE RVU: 2.56
RUC Recommendation: 8.15		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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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: Venipuncture	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 est Medicare Utilization: 149,539	2007 Work RVU: 0.18 2007 NF PE RVU: 0.3 2007 Fac PE RVU: 0.05 Result: Maintain	2019 Work RVU: 0.18 2019 NF PE RVU: 0.29 2019 Fac PE RVU: 0.07
RUC Recommendation: 0.18		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 114,815	2007 Work RVU: 6.72 2007 NF PE RVU: 47.57 2007 Fac PE RVU: 2.39 Result: Decrease	2019 Work RVU: 5.30 2019 NF PE RVU: 34.22 2019 Fac PE RVU: 1.73
RUC Recommendation: 5.30		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Endovenous Ablation	Screen: High Volume Growth2	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 38 Specialty Developing Recommendation: ACC, ACR, ACS, SCAI, SIR, SVS	First Identified: October 2013	2018 est Medicare Utilization: 8,477	2007 Work RVU: 3.38 2007 NF PE RVU: 7.39 2007 Fac PE RVU: 1.08 Result: Decrease	2019 Work RVU: 2.65 2019 NF PE RVU: 5.35 2019 Fac PE RVU: 0.73
RUC Recommendation: 2.65		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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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 est Medicare Utilization: 71,030	2007 Work RVU: 6.72 2007 NF PE RVU: 42.85 2007 Fac PE RVU: 2.41 Result: Decrease 2019 Work RVU: 5.30 2019 NF PE RVU: 25.80 2019 Fac PE RVU: 1.76
RUC Recommendation: 5.30			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 7,468	2007 Work RVU: 3.38 2007 NF PE RVU: 7.59 2007 Fac PE RVU: 1.1 Result: Decrease 2019 Work RVU: 2.65 2019 NF PE RVU: 5.87 2019 Fac PE RVU: 0.79
RUC Recommendation: 2.65			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:

36481	Percutaneous portal vein catheterization by any method	Global: 000	Issue: Interventional Radiology Procedures	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab 21	Specialty Developing Recommendation: ACR, SIR	First Identified: NA	2018 est Medicare Utilization: 759	2007 Work RVU: 6.98 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.46 Result: PE Only 2019 Work RVU: 6.73 2019 NF PE RVU: 48.04 2019 Fac PE RVU: 2.27
RUC Recommendation: New PE Inputs			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:

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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 est
Medicare
Utilization: 243

2007 Work RVU: 1.74
2007 NF PE RVU: NA
2007 Fac PE RVU 0.69
Result: Increase

2019 Work RVU: 2.00
2019 NF PE RVU: NA
2019 Fac PE RVU:0.96

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016

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 est
Medicare
Utilization: 2,572

2007 Work RVU: 1.74
2007 NF PE RVU: NA
2007 Fac PE RVU 0.71
Result: Increase

2019 Work RVU: 2.00
2019 NF PE RVU: NA
2019 Fac PE RVU:0.97

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016

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 est
Medicare
Utilization: 203

2007 Work RVU: 1.74
2007 NF PE RVU: NA
2007 Fac PE RVU 0.68
Result: Increase

2019 Work RVU: 2.00
2019 NF PE RVU: NA
2019 Fac PE RVU:0.91

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016

Referred to CPT Asst ☒ Published in CPT Asst: May 2018

36514 Therapeutic apheresis; for plasma pheresis

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent
RUC Meeting: January 2017

Tab 12 Specialty Developing
Recommendation: CAP, RPA

First
Identified: January 2017

2018 est
Medicare
Utilization: 28,352

2007 Work RVU: 1.74
2007 NF PE RVU: 15.33
2007 Fac PE RVU 0.67
Result: Increase

2019 Work RVU: 1.81
2019 NF PE RVU: 18.52
2019 Fac PE RVU:0.78

RUC Recommendation: 1.81. Refer to CPT Assistant

Referred to CPT September 2016

Referred to CPT Asst ☒ Published in CPT Asst: May 2018

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36515	Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion	Global: 000	Issue: Therapeutic Apheresis	Screen: CMS Request - Final Rule for 2016	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 12 Specialty Developing Recommendation: CAP, RPA	First Identified: January 2017	2018 est Medicare Utilization:	2007 Work RVU: 1.74 2007 NF PE RVU: 60.92 2007 Fac PE RVU: 0.63 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT September 2016 Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization: 1,328	2007 Work RVU: 1.22 2007 NF PE RVU: 75.37 2007 Fac PE RVU: 0.46 Result: Increase	2019 Work RVU: 1.56 2019 NF PE RVU: 54.44 2019 Fac PE RVU: 0.63
RUC Recommendation: 1.56. Refer to CPT Assistant		Referred to CPT September 2016 Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Sep 2009		
36522	Photopheresis, extracorporeal	Global: 000	Issue: Therapeutic Apheresis	Screen: CMS Request - Final Rule for 2016	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 12 Specialty Developing Recommendation: CAP, RPA	First Identified: January 2017	2018 est Medicare Utilization: 8,529	2007 Work RVU: 1.67 2007 NF PE RVU: 33.02 2007 Fac PE RVU: 0.94 Result: Increase	2019 Work RVU: 1.75 2019 NF PE RVU: 59.35 2019 Fac PE RVU: 0.92
RUC Recommendation: 1.75. Refer to CPT Assistant		Referred to CPT September 2016 Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: May 2018		

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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 est Medicare Utilization: 34	2007 Work RVU: 2.68 2007 NF PE RVU: 5.34 2007 Fac PE RVU: 0.76 Result: Decrease
RUC Recommendation: 1.93			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.93 2019 NF PE RVU: 3.25 2019 Fac PE RVU: 0.38
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 est Medicare Utilization: 424,982	2007 Work RVU: 2.50 2007 NF PE RVU: 4.93 2007 Fac PE RVU: 0.7 Result: Decrease
RUC Recommendation: 1.75			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.75 2019 NF PE RVU: 4.04 2019 Fac PE RVU: 0.50
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 est Medicare Utilization: 5	2007 Work RVU: 1.92 2007 NF PE RVU: 7.03 2007 Fac PE RVU: 0.57 Result: Decrease
RUC Recommendation: 2.11			Referred to CPT September 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2.11 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.36

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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 est Medicare Utilization: 127,691	2007 Work RVU: 1.82 2007 NF PE RVU: 6.55 2007 Fac PE RVU: 0.57 Result: Decrease	2019 Work RVU: 1.90 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.65
RUC Recommendation: 1.90. Review at RAW in October 2021.		Referred to CPT September 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 1.82 2019 NF PE RVU: 9.92 2019 Fac PE RVU: 0.67
RUC Recommendation: 2.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 1.70 2019 NF PE RVU: 9.32 2019 Fac PE RVU: 0.57
RUC Recommendation: 1.90		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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36584 Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement **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 est Medicare Utilization:** 4,859 **2007 Work RVU:** 1.20 **2019 Work RVU:** 1.20 **2007 NF PE RVU:** 6.16 **2019 NF PE RVU:** 8.47 **2007 Fac PE RVU:** 0.54 **2019 Fac PE RVU:** 0.42 **RUC Recommendation:** 1.47 **Result:** Decrease

Referred to CPT September 2017 **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 est Medicare Utilization:** 569,481 **2007 Work RVU:** 1.15 **2019 Work RVU:** 1.00 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 0.22 **2019 Fac PE RVU:** 0.20 **RUC Recommendation:** 1.00 **Result:** Decrease

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

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 est Medicare Utilization:** 5,838 **2007 Work RVU:** 11.81 **2019 Work RVU:** 12.39 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 5.73 **2019 Fac PE RVU:** 4.84 **RUC Recommendation:** 13.00 **Result:** Increase

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

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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 est Medicare Utilization:** 8,063 **2007 Work RVU:** 14.39 **2019 Work RVU:** 13.29 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 6.08 **2019 Fac PE RVU:** 4.83 **Result:** Increase

RUC Recommendation: 15.00

Referred to CPT
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 est Medicare Utilization:** 1,614 **2007 Work RVU:** 14.39 **2019 Work RVU:** 13.07 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 6.11 **2019 Fac PE RVU:** 5.17 **Result:** Decrease

RUC Recommendation: 13.99

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

36821 Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure) **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2018 est Medicare Utilization:** 31,701 **2007 Work RVU:** 9.15 **2019 Work RVU:** 11.90 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 4.49 **2019 Fac PE RVU:** 4.59 **Result:** Decrease

RUC Recommendation: 11.90

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

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36822 Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure) **Global:** 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

First Identified: February 2011

2018 est Medicare Utilization:

2007 Work RVU: 5.51

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU: 4.23

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

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 est Medicare Utilization: 2,218

2007 Work RVU: 10.00

2019 Work RVU: 14.17

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 4.87

2019 Fac PE RVU: 5.58

Result: Increase

RUC Recommendation: 15.93

Referred to CPT

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

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 est Medicare Utilization: 20,798

2007 Work RVU: 12.00

2019 Work RVU: 12.03

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 4.98

2019 Fac PE RVU: 4.52

Result: Decrease

RUC Recommendation: 11.90

Referred to CPT

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

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36834 Deleted from CPT

Global: 090

Issue: Aneurysm Repair

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab 16

Specialty Developing Recommendation: AVA, ACS

First Identified: September 2007

2018 est Medicare Utilization:

2007 Work RVU: 11.11

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 4.68

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009

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

36870 Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)

Global: 090

Issue: Dialysis Circuit -1

Screen: Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 14

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: September 2007

2018 est Medicare Utilization:

2007 Work RVU: 5.17

2019 Work RVU:

2007 NF PE RVU: 49.54

2019 NF PE RVU:

2007 Fac PE RVU 2.99

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

36901 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;

Global: 000

Issue: Dialysis Circuit -1

Screen: Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 14

Specialty Developing Recommendation: ACR, RPA, SIR, SVS

First Identified: October 2015

2018 est Medicare Utilization: 70,231

2007 Work RVU:

2019 Work RVU: 3.36

2007 NF PE RVU:

2019 NF PE RVU: 14.50

2007 Fac PE RVU

2019 Fac PE RVU:1.05

Result: Decrease

RUC Recommendation: 3.36

Referred to CPT October 2015

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

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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 est Medicare Utilization: 199,883

2007 Work RVU:

2019 Work RVU: 4.83

2007 NF PE RVU:

2019 NF PE RVU: 30.59

2007 Fac PE RVU

2019 Fac PE RVU:1.48

Result: Decrease

RUC Recommendation: 4.83

Referred to CPT October 2015

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

36903 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab 14 Specialty Developing Recommendation: ACR, RPA, SIR, SVS

First Identified: October 2015

2018 est Medicare Utilization: 20,090

2007 Work RVU:

2019 Work RVU: 6.39

2007 NF PE RVU:

2019 NF PE RVU: 144.86

2007 Fac PE RVU

2019 Fac PE RVU:1.89

Result: Decrease

RUC Recommendation: 6.39

Referred to CPT October 2015

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

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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 est Medicare Utilization: 4,837	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 7.50 2019 NF PE RVU: 44.57 2019 Fac PE RVU: 2.23
RUC Recommendation: 7.50			Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		

36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	Global: 000	Issue: Dialysis Circuit -1	Screen: Codes Reported Together 75% or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab 14	Specialty Developing Recommendation: ACR, RPA, SIR, SVS	First Identified: October 2015	2018 est Medicare Utilization: 41,938	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 9.00 2019 NF PE RVU: 56.58 2019 Fac PE RVU: 2.69
RUC Recommendation: 9.00			Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		

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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 est Medicare Utilization: 13,762	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 10.42			Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 10.42 2019 NF PE RVU: 174.72 2019 Fac PE RVU: 3.06
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 est Medicare Utilization: 65,755	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 3.00			Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 3.00 2019 NF PE RVU: 17.01 2019 Fac PE RVU: 0.84
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 est Medicare Utilization: 5,268	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 4.25			Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 4.25 2019 NF PE RVU: 63.14 2019 Fac PE RVU: 1.15

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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 est Medicare Utilization: 5,475	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 4.12 2019 NF PE RVU: 50.25 2019 Fac PE RVU:1.11
RUC Recommendation: 4.12		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2015 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 est Medicare Utilization: 850	2007 Work RVU: 7.99 2007 NF PE RVU: NA 2007 Fac PE RVU 2.89 Result: PE Only	2019 Work RVU: 7.74 2019 NF PE RVU: 161.95 2019 Fac PE RVU:2.47
RUC Recommendation: New PE inputs		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Global: 000	Issue: IVC Transcatheter Procedure	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 12 Specialty Developing Recommendation: ACR, SIR, SVS	First Identified: February 2011	2018 est Medicare Utilization: 28,956	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 4.46 2019 NF PE RVU: 64.89 2019 Fac PE RVU:1.43
RUC Recommendation: 4.71		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	February 2011 Published in CPT Asst:		

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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 est Medicare Utilization: 38	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 7.10 2019 NF PE RVU: 28.75 2019 Fac PE RVU: 1.24
RUC Recommendation: 8.00		Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 7,476	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 7.10 2019 NF PE RVU: 36.00 2019 Fac PE RVU: 2.09
RUC Recommendation: 8.00		Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
37201	Transcatheter therapy, infusion for thrombolysis other than coronary	Global: 000	Issue: Bundle Thrombolysis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 15 Specialty Developing Recommendation: ACR, SIR, SVS	First Identified: February 2010	2018 est Medicare Utilization:	2007 Work RVU: 4.99 2007 NF PE RVU: NA 2007 Fac PE RVU 2.43 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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37203 Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter) **Global:** 000 **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab 07

Specialty Developing Recommendation: ACC, ACR, SIR, SVS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 5.02

2019 Work RVU:

2007 NF PE RVU: 31.87

2019 NF PE RVU:

2007 Fac PE RVU 1.98

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT June 2011

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

37204 Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck

Global: 000

Issue: Embolization and Occlusion Procedures

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2013

Tab 08

Specialty Developing Recommendation: ACC, ACR, SIR, SVS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 18.11

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 5.75

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

37205 Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel

Global: 000

Issue: Endovascular Revascularization

Screen: High Volume Growth1 / Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 07

Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 8.27

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 3.77

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

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37206 Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 07 Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 4.12

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU: 1.46

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

37207 Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 07 Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 8.27

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU: 2.98

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

37208 Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 07 Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 4.12

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU: 1.3

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

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37209 Exchange of a previously placed intravascular catheter during thrombolytic therapy **Global:** 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 2.27

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0.72

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

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

37210 Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure

Global: 000

Issue: Embolization and Occlusion Procedures

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2013

Tab 08

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 10.60

2019 Work RVU:

2007 NF PE RVU: 46.03

2019 NF PE RVU:

2007 Fac PE RVU 3.13

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

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 est Medicare Utilization: 10,511

2007 Work RVU:

2019 Work RVU: 7.75

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU: 2.13

Result: Decrease

RUC Recommendation: 8.00

Referred to CPT

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

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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 est Medicare Utilization: 3,401	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 6.81 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.93
RUC Recommendation: 7.06			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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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 est Medicare Utilization: 2,574	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 4.75 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.32
RUC Recommendation: 5.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 6,291	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 2.49 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.69
RUC Recommendation: 3.04			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 12,397

2007 Work RVU:

2019 Work RVU: 7.90

2007 NF PE RVU:

2019 NF PE RVU: 74.16

2007 Fac PE RVU

2019 Fac PE RVU:2.08

Result: Decrease

RUC Recommendation: Refer to CPT. 8.15

Referred to CPT February 2020

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 est Medicare Utilization: 37,105

2007 Work RVU:

2019 Work RVU: 9.75

2007 NF PE RVU:

2019 NF PE RVU: 107.03

2007 Fac PE RVU

2019 Fac PE RVU:2.59

Result: Decrease

RUC Recommendation: Refer to CPT. 10.00

Referred to CPT February 2020

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

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 est Medicare Utilization: 3,346

2007 Work RVU:

2019 Work RVU: 3.73

2007 NF PE RVU:

2019 NF PE RVU: 18.11

2007 Fac PE RVU

2019 Fac PE RVU:0.89

Result: Decrease

RUC Recommendation: Refer to CPT. 3.73

Referred to CPT February 2020

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 est Medicare Utilization:** 5,229 **2007 Work RVU:** **2019 Work RVU:** 4.25
RUC Meeting: January 2019 **2007 NF PE RVU:** **2019 NF PE RVU:** 57.45
2007 Fac PE RVU **2019 Fac PE RVU:**1.04
Result: Decrease

RUC Recommendation: Refer to CPT. 4.25 **Referred to CPT** February 2020
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 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 est Medicare Utilization:** 34,933 **2007 Work RVU:** **2019 Work RVU:** 8.75
RUC Meeting: January 2019 **2007 NF PE RVU:** **2019 NF PE RVU:** 90.10
2007 Fac PE RVU **2019 Fac PE RVU:**2.36
Result: Decrease

RUC Recommendation: Refer to CPT. 9.00 **Referred to CPT** February 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2018 est Medicare Utilization:** 42,936 **2007 Work RVU:** **2019 Work RVU:** 11.75
RUC Meeting: January 2019 **2007 NF PE RVU:** **2019 NF PE RVU:** 331.00
2007 Fac PE RVU **2019 Fac PE RVU:**3.33
Result: Decrease

RUC Recommendation: Refer to CPT. **Referred to CPT** February 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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 est Medicare Utilization: 25,042	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 10.24 2019 NF PE RVU: 287.04 2019 Fac PE RVU: 2.74
RUC Recommendation: Refer to CPT. 10.49			Referred to CPT February 2020 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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 est Medicare Utilization: 21,494	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 14.25 2019 NF PE RVU: 427.60 2019 Fac PE RVU: 3.88
RUC Recommendation: Refer to CPT. 14.50			Referred to CPT February 2020 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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 est Medicare Utilization: 32,758	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 10.75 2019 NF PE RVU: 132.93 2019 Fac PE RVU: 2.80
RUC Recommendation: Refer to CPT. 11.00			Referred to CPT February 2020 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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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 est Medicare Utilization: 34,875	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 13.80 2019 NF PE RVU: 328.78 2019 Fac PE RVU: 3.86
RUC Recommendation: Refer to CPT. 14.05			Referred to CPT February 2020 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 2,767	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 13.55 2019 NF PE RVU: 277.65 2019 Fac PE RVU: 3.91
RUC Recommendation: Refer to CPT. 13.80			Referred to CPT February 2020 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Global: 000	Issue: Endovascular Revascularization	Screen: High Volume Growth1	Complete? No
Most Recent RUC Meeting: January 2019	Tab 37	Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2018 est Medicare Utilization: 2,038	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 14.75 2019 NF PE RVU: 404.75 2019 Fac PE RVU: 4.31
RUC Recommendation: Refer to CPT. 15.00			Referred to CPT February 2020 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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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 est Medicare Utilization: 13,292

2007 Work RVU:

2019 Work RVU: 4.00

2007 NF PE RVU:

2019 NF PE RVU: 26.33

2007 Fac PE RVU

2019 Fac PE RVU:1.05

Result: Decrease

RUC Recommendation: Refer to CPT. 4.00

Referred to CPT February 2020

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 est Medicare Utilization: 8,194

2007 Work RVU:

2019 Work RVU: 6.50

2007 NF PE RVU:

2019 NF PE RVU: 30.10

2007 Fac PE RVU

2019 Fac PE RVU:1.70

Result: Decrease

RUC Recommendation: Refer to CPT. 6.50

Referred to CPT February 2020

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

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 est Medicare Utilization: 336

2007 Work RVU:

2019 Work RVU: 5.50

2007 NF PE RVU:

2019 NF PE RVU: 103.06

2007 Fac PE RVU

2019 Fac PE RVU:1.63

Result: Decrease

RUC Recommendation: Refer to CPT. 5.50

Referred to CPT February 2020

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

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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 est Medicare Utilization: 88	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 7.80 2019 NF PE RVU: 109.64 2019 Fac PE RVU: 2.25
RUC Recommendation: Refer to CPT. 7.80			Referred to CPT February 2020 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 12,967	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 8.75 2019 NF PE RVU: 91.10 2019 Fac PE RVU: 2.42
RUC Recommendation: 9.00			Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Transcatheter Placement of Intravascular Stent	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 09	Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2013	2018 est Medicare Utilization: 1,478	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 4.25 2019 NF PE RVU: 55.20 2019 Fac PE RVU: 1.05
RUC Recommendation: 4.25			Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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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 est Medicare Utilization: 10,192	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 6.04 2019 NF PE RVU: 95.60 2019 Fac PE RVU: 1.78
RUC Recommendation: 6.29		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 4,975	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 2.97 2019 NF PE RVU: 45.40 2019 Fac PE RVU: 0.85
RUC Recommendation: 3.34		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	Global: 000	Issue: Embolization and Occlusion Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 08 Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2018 est Medicare Utilization: 1,837	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 8.75 2019 NF PE RVU: 127.12 2019 Fac PE RVU: 2.64
RUC Recommendation: 9.00		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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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 est Medicare Utilization: 8,507	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 9.80 2019 NF PE RVU: 200.36 2019 Fac PE RVU: 2.72
RUC Recommendation: 11.98		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization: 14,135	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 11.74 2019 NF PE RVU: 260.85 2019 Fac PE RVU: 3.57
RUC Recommendation: 14.00		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	Global: 000	Issue: Embolization and Occlusion Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 08 Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC	First Identified: February 2010	2018 est Medicare Utilization: 11,691	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 13.75 2019 NF PE RVU: 180.66 2019 Fac PE RVU: 4.30
RUC Recommendation: 14.00		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

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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 est Medicare Utilization:** 8,621 **2007 Work RVU:** **2019 Work RVU:** 7.00 **2007 NF PE RVU:** **2019 NF PE RVU:** 51.17 **2007 Fac PE RVU** **2019 Fac PE RVU:** 2.01 **Result:** Decrease

RUC Recommendation: 7.00 **Referred to CPT** October 2015 **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 est Medicare Utilization:** 763 **2007 Work RVU:** **2019 Work RVU:** 3.50 **2007 NF PE RVU:** **2019 NF PE RVU:** 18.57 **2007 Fac PE RVU** **2019 Fac PE RVU:** 0.95 **Result:** Decrease

RUC Recommendation: 3.50 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

37248 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2018 est Medicare Utilization:** 15,228 **2007 Work RVU:** **2019 Work RVU:** 6.00 **2007 NF PE RVU:** **2019 NF PE RVU:** 35.54 **2007 Fac PE RVU** **2019 Fac PE RVU:** 1.82 **Result:** Decrease

RUC Recommendation: 6.00 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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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 est Medicare Utilization: 3,642	2007 Work RVU:	2019 Work RVU: 2.97
						2007 NF PE RVU:	2019 NF PE RVU: 13.38
						2007 Fac PE RVU Result: Decrease	2019 Fac PE RVU:0.83
RUC Recommendation:	2.97			Referred to CPT October 2015	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
37250	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Intravascular Ultrasound	Screen: Final Rule for 2015	Complete? Yes		
Most Recent RUC Meeting:	January 2015	Tab 07	Specialty Developing Recommendation: ACC, SCAI, SIR, SVS	First Identified: July 2014	2018 est Medicare Utilization:	2007 Work RVU: 2.10	2019 Work RVU:
						2007 NF PE RVU: NA	2019 NF PE RVU:
						2007 Fac PE RVU 0.77	2019 Fac PE RVU:
RUC Recommendation:	Deleted from CPT			Referred to CPT October 2014	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
37251	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Intravascular Ultrasound	Screen: Final Rule for 2015	Complete? Yes		
Most Recent RUC Meeting:	January 2015	Tab 07	Specialty Developing Recommendation: ACC,SCAI, SIR, SVS	First Identified: July 2014	2018 est Medicare Utilization:	2007 Work RVU: 1.60	2019 Work RVU:
						2007 NF PE RVU: NA	2019 NF PE RVU:
						2007 Fac PE RVU 0.54	2019 Fac PE RVU:
RUC Recommendation:	Deleted from CPT			Referred to CPT October 2014	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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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 est Medicare Utilization: 42,628	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 1.80 2019 NF PE RVU: 33.60 2019 Fac PE RVU: 0.47
RUC Recommendation: 1.80		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 62,951	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 1.44 2019 NF PE RVU: 3.85 2019 Fac PE RVU: 0.38
RUC Recommendation: 1.44		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 14,726	2007 Work RVU: 3.02 2007 NF PE RVU: 4.43 2007 Fac PE RVU Result: PE Only	2019 Work RVU: 3.05 2019 NF PE RVU: 5.21 2019 Fac PE RVU: 2.28
RUC Recommendation: Reduce 99238 to 0.5		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 37	2007 Work RVU:	2019 Work RVU: 30.00	
RUC Recommendation: 37.60			Referred to CPT February 2011	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 NF PE RVU:	2019 NF PE RVU: NA
						2007 Fac PE RVU	2019 Fac PE RVU: 12.86
						Result: Increase	
<hr/>							
37620	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)			Global: 090	Issue: Major Vein Revision	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: ACR, SIR, SVS	First Identified: February 2010	2018 est Medicare Utilization:	2007 Work RVU: 11.49	2019 Work RVU:	
RUC Recommendation: Deleted from CPT			Referred to CPT February 2011	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 NF PE RVU: NA	2019 NF PE RVU:
						2007 Fac PE RVU 5.52	2019 Fac PE RVU:
						Result: Deleted from CPT	
<hr/>							
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 est Medicare Utilization: 90	2007 Work RVU: 10.69	2019 Work RVU: 10.78	
RUC Recommendation: 10.69			Referred to CPT February 2009	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 NF PE RVU: NA	2019 NF PE RVU: NA
						2007 Fac PE RVU 5.14	2019 Fac PE RVU: 4.84
						Result: Maintain	

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 364	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 9.13 2019 NF PE RVU: NA 2019 Fac PE RVU: 4.49
RUC Recommendation: 9.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	Global: 090	Issue: Stab Phlebectomy of Varicose Veins	Screen: High Volume Growth1 / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2018	Tab 12 Specialty Developing Recommendation: ACS, SIR, SVS	First Identified: February 2008	2018 est Medicare Utilization: 15,112	2007 Work RVU: 7.63 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 7.71 2019 NF PE RVU: 9.24 2019 Fac PE RVU: 3.68
RUC Recommendation: 4.80		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	Global: 090	Issue: Stab Phlebectomy of Varicose Veins	Screen: High Volume Growth1 / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2018	Tab 12 Specialty Developing Recommendation: ACS, SIR, SVS	First Identified: February 2008	2018 est Medicare Utilization: 11,535	2007 Work RVU: 9.58 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 9.66 2019 NF PE RVU: 10.40 2019 Fac PE RVU: 4.21
RUC Recommendation: 6.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 1,067	2007 Work RVU: 3.87 2007 NF PE RVU: 5.12 2007 Fac PE RVU Result: PE Only	2019 Work RVU: 3.93 2019 NF PE RVU: 5.25 2019 Fac PE RVU: 2.63
RUC Recommendation: Reduce 99238 to 0.5		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

38220	Diagnostic bone marrow; aspiration(s)	Global: XXX	Issue: Diagnostic Bone Marrow Aspiration and Biopsy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
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Most Recent RUC Meeting: April 2016

Tab 06

Specialty Developing Recommendation:

ASCO, ASH, CAP ASBMT

First Identified: February 2016

2018 est Medicare Utilization: 9,763

2007 Work RVU: 1.08

2019 Work RVU: 1.20

2007 NF PE RVU: 3.46

2019 NF PE RVU: 3.35

2007 Fac PE RVU 0.5

2019 Fac PE RVU:0.63

Result: Decrease

RUC Recommendation: 1.20

Referred to CPT February 2016

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

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 est Medicare Utilization: 18,873

2007 Work RVU: 1.37

2019 Work RVU: 1.28

2007 NF PE RVU: 3.64

2019 NF PE RVU: 3.02

2007 Fac PE RVU 0.63

2019 Fac PE RVU:0.63

Result: Decrease

RUC Recommendation: 1.28

Referred to CPT February 2016

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

38222 Diagnostic bone marrow; biopsy(ies) and aspiration(s)

Global: XXX

Issue: Diagnostic Bone Marrow Aspiration and Biopsy

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: April 2016

Tab 06

Specialty Developing Recommendation:

ASCO, ASH, CAP ASBMT

First Identified: February 2016

2018 est Medicare Utilization: 108,463

2007 Work RVU:

2019 Work RVU: 1.44

2007 NF PE RVU:

2019 NF PE RVU: 3.33

2007 Fac PE RVU

2019 Fac PE RVU:0.70

Result: Decrease

RUC Recommendation: 1.44

Referred to CPT February 2016

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

Status Report: CMS Requests and Relativity Assessment Issues

38505 Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary) **Global:** **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** No

Most Recent RUC Meeting: October 2019

Tab 17

Specialty Developing Recommendation:

First Identified: October 2019

2018 est Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result:

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Review action plan

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

38542 Dissection, deep jugular node(s)

Global: 090

Issue: Jugular Node Dissection

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: April 2008

Tab 40

Specialty Developing Recommendation: ACS, AAO-HNS

First Identified: September 2007

2018 est Medicare Utilization: 651

2007 Work RVU: 6.08
2007 NF PE RVU: NA
2007 Fac PE RVU Result: Increase

2019 Work RVU: 7.95
2019 NF PE RVU: NA
2019 Fac PE RVU: 5.62

RUC Recommendation: 7.85

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

38570 Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple

Global: 010

Issue: Laparoscopy Lymphadenectomy

Screen: 010-Day Global Post-Operative Visits

Complete? Yes

Most Recent RUC Meeting: September 2014

Tab 12

Specialty Developing Recommendation: AUA

First Identified: January 2014

2018 est Medicare Utilization: 4,220

2007 Work RVU: 9.28
2007 NF PE RVU: NA
2007 Fac PE RVU Result: Maintain

2019 Work RVU: 8.49
2019 NF PE RVU: NA
2019 Fac PE RVU: 4.79

RUC Recommendation: 9.34

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

Status Report: CMS Requests and Relativity Assessment Issues

38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	Global: 010	Issue: Laparoscopy Lymphadenectomy	Screen: CMS Fastest Growing / 010-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: September 2014	Tab 12 Specialty Developing Recommendation: AUA	First Identified: October 2008	2018 est Medicare Utilization: 17,267	2007 Work RVU: 14.70 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.97 Result: Decrease	2019 Work RVU: 12.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 5.77
RUC Recommendation: 12.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 2,441	2007 Work RVU: 16.86 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.86 Result: Decrease	2019 Work RVU: 15.60 2019 NF PE RVU: NA 2019 Fac PE RVU: 8.31
RUC Recommendation: 15.60		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 32,950	2007 Work RVU: 0.52 2007 NF PE RVU: NA 2007 Fac PE RVU: 0.45 Result: Increase	2019 Work RVU: 0.65 2019 NF PE RVU: 1.61 2019 Fac PE RVU: 0.23
RUC Recommendation: 0.65		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
39400	Mediastinoscopy, includes biopsy(ies), when performed	Global: 010	Issue: Mediastinoscopy with Biopsy	Screen: Pre-Time Analysis	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 08 Specialty Developing Recommendation: STS	First Identified: January 2014	2018 est Medicare Utilization:	2007 Work RVU: 8.00 2007 NF PE RVU: NA 2007 Fac PE RVU: 4.68 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 634	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 5.44			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 5.44 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.24

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 est Medicare Utilization: 4,750	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase
RUC Recommendation: 7.50			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 7.25 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.77

3X000		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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase
RUC Recommendation: 5.00			Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:

3X001		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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase
RUC Recommendation: 5.50			Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:

Status Report: CMS Requests and Relativity Assessment Issues

3X002

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 est Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 6.00

Referred to CPT September 2018

Referred to CPT Asst ☐

Published in CPT Asst:

3X003

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 est Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 5.00

Referred to CPT September 2018

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 est Medicare Utilization: 32,597

2007 Work RVU: 1.22
2007 NF PE RVU: 1.75
2007 Fac PE RVU 0.61
Result: Maintain

2019 Work RVU: 1.22
2019 NF PE RVU: 2.20
2019 Fac PE RVU: 0.70

RUC Recommendation: 1.22

Referred to CPT

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 est Medicare Utilization: 339

2007 Work RVU: 3.69
2007 NF PE RVU: 6.58
2007 Fac PE RVU 3.26

2019 Work RVU: 3.78
2019 NF PE RVU: 8.68
2019 Fac PE RVU: 4.37

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Nov 2016

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	Global: 010	Issue: RAW	Screen: 010-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 52	Specialty Developing Recommendation:	First Identified: January 2014	2018 est Medicare Utilization: 2,005	2007 Work RVU: 1.19 2007 NF PE RVU: 3.18 2007 Fac PE RVU: 1.8 Result: Maintain
RUC Recommendation: Maintain			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.23 2019 NF PE RVU: 4.65 2019 Fac PE RVU: 2.29

40801	Ostectomy, calcaneus;	Global: 090	Issue: Ostectomy	Screen: Site of Service Anomaly (99238-Only) / 010-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab 16	Specialty Developing Recommendation:	First Identified: September 2007	2018 est Medicare Utilization: 2,924	2007 Work RVU: 6.02 2007 NF PE RVU: 6.68 2007 Fac PE RVU: 4.28 Result: PE Only
RUC Recommendation: Review action plan. Reduce 99238 to 0.5		APMA, AAOS	Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 6.13 2019 NF PE RVU: 10.41 2019 Fac PE RVU: 5.09

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:	First Identified: April 2017	2018 est Medicare Utilization: 10,984	2007 Work RVU: 0.98 2007 NF PE RVU: 2.87 2007 Fac PE RVU: 1.51 Result: Increase
RUC Recommendation: 1.05		AAOHNS, AAOMS	Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.01 2019 NF PE RVU: 4.20 2019 Fac PE RVU: 1.89

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 est Medicare Utilization: 5,753

2007 Work RVU: 2.33

2019 Work RVU: 2.37

2007 NF PE RVU: 3.92

2019 NF PE RVU: 5.54

2007 Fac PE RVU: 2.37

2019 Fac PE RVU: 2.87

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

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 est Medicare Utilization: 1,175

2007 Work RVU: 1.30

2019 Work RVU: 1.34

2007 NF PE RVU: 4.23

2019 NF PE RVU: 5.99

2007 Fac PE RVU: 2.54

2019 Fac PE RVU: 3.36

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

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 est Medicare Utilization: 496

2007 Work RVU:

2019 Work RVU: 3.50

2007 NF PE RVU:

2019 NF PE RVU: 23.45

2007 Fac PE RVU:

2019 Fac PE RVU: 6.73

Result: Decrease

RUC Recommendation: 3.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

42145 Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)

Global: 090

Issue: Palatopharyngoplasty

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: April 2008

Tab 41

Specialty Developing Recommendation: AAO-HNS

First Identified: September 2007

2018 est Medicare Utilization: 609

2007 Work RVU: 9.63

2019 Work RVU: 9.78

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 7.33

2019 Fac PE RVU: 8.83

Result: Maintain

RUC Recommendation: 9.63

Referred to CPT

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 est Medicare Utilization:** 5,299

2007 Work RVU: 17.99 **2019 Work RVU:** 17.16
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 10.11 **2019 Fac PE RVU:** 10.63
Result: Maintain

RUC Recommendation: 18.12 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

42420 Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve **Global:** 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2018 est Medicare Utilization:** 1,635

2007 Work RVU: 20.87 **2019 Work RVU:** 19.53
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 11.46 **2019 Fac PE RVU:** 11.65
Result: Maintain

RUC Recommendation: 21.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

42440 Excision of submandibular (submaxillary) gland **Global:** 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2018 est Medicare Utilization:** 1,900

2007 Work RVU: 7.05 **2019 Work RVU:** 6.14
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 4.48 **2019 Fac PE RVU:** 4.78
Result: Maintain

RUC Recommendation: 7.13 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

43191 Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2018 est Medicare Utilization:** 2,819

2007 Work RVU: **2019 Work RVU:** 2.49
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU: **2019 Fac PE RVU:** 1.61
Result: Increase

RUC Recommendation: 2.78 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43192 Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation: AAO-HNS, ASGE, SAGES	First Identified: September 2011	2018 est Medicare Utilization: 185	2007 Work RVU:	2019 Work RVU: 2.79
					2007 NF PE RVU:	2019 NF PE RVU: NA
					2007 Fac PE RVU Result: Increase	2019 Fac PE RVU: 1.68
RUC Recommendation: 3.21			Referred to CPT			
			Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 245	2007 Work RVU:	2019 Work RVU: 2.79
					2007 NF PE RVU:	2019 NF PE RVU: NA
					2007 Fac PE RVU Result: Increase	2019 Fac PE RVU: 1.68
RUC Recommendation: 3.36			Referred to CPT			
			Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 168	2007 Work RVU:	2019 Work RVU: 3.51
					2007 NF PE RVU:	2019 NF PE RVU: NA
					2007 Fac PE RVU Result: Increase	2019 Fac PE RVU: 1.50
RUC Recommendation: 3.99			Referred to CPT			
			Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 550	2007 Work RVU:	2019 Work RVU: 3.07
					2007 NF PE RVU:	2019 NF PE RVU: NA
					2007 Fac PE RVU Result: Increase	2019 Fac PE RVU: 1.81
RUC Recommendation: 3.21			Referred to CPT			
			Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 454	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase 2019 Work RVU: 3.31 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.88
RUC Recommendation: 3.36			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 1,403	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain 2019 Work RVU: 1.52 2019 NF PE RVU: 3.57 2019 Fac PE RVU: 0.63
RUC Recommendation: 1.59			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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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 est Medicare Utilization: 276	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain 2019 Work RVU: 1.82 2019 NF PE RVU: 3.79 2019 Fac PE RVU: 0.77
RUC Recommendation: 1.89			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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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 est Medicare Utilization: 5,912	2007 Work RVU: 1.59 2007 NF PE RVU: 3.98 2007 Fac PE RVU 1.04 Result: Maintain 2019 Work RVU: 1.42 2019 NF PE RVU: 4.86 2019 Fac PE RVU: 0.89
RUC Recommendation: 1.59			Referred to CPT May 2012 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 282	2007 Work RVU: 2.09 2007 NF PE RVU: 4.86 2007 Fac PE RVU: 1.12 Result: Decrease 2019 Work RVU: 1.72 2019 NF PE RVU: 4.58 2019 Fac PE RVU: 1.02
RUC Recommendation: 1.90			Referred to CPT May 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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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 est Medicare Utilization: 2,570	2007 Work RVU: 1.89 2007 NF PE RVU: 5.44 2007 Fac PE RVU: 0.95 Result: Maintain 2019 Work RVU: 1.72 2019 NF PE RVU: 7.19 2019 Fac PE RVU: 1.03
RUC Recommendation: 1.89			Referred to CPT May 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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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 est Medicare Utilization: 11	2007 Work RVU: 3.76 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.63 Result: Decrease 2019 Work RVU: 2.33 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.33
RUC Recommendation: 2.89			Referred to CPT May 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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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 est Medicare Utilization: 175	2007 Work RVU: 3.78 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.66 Result: Decrease 2019 Work RVU: 2.44 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.37
RUC Recommendation: 3.00			Referred to CPT May 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

43206 Esophagoscopy, flexible, transoral; with optical endomicroscopy **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent **Tab** 10 **Specialty Developing** AGA, ASGE, **First** **2018 est**
RUC Meeting: October 2012 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**
Utilization: 34

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

2007 Work RVU: **2019 Work RVU:** 2.29
2007 NF PE RVU: **2019 NF PE RVU:** 5.26
2007 Fac PE RVU **2019 Fac PE RVU:** 1.31
Result: Decrease

43211 Esophagoscopy, flexible, transoral; with endoscopic mucosal resection **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent **Tab** 10 **Specialty Developing** AGA, ASGE, **First** **2018 est**
RUC Meeting: October 2012 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**
Utilization: 86

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

2007 Work RVU: **2019 Work RVU:** 4.20
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.08
Result: Decrease

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 **Tab** 10 **Specialty Developing** AGA, ASGE, **First** **2018 est**
RUC Meeting: October 2012 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**
Utilization: 543

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

2007 Work RVU: **2019 Work RVU:** 3.40
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.54
Result: Decrease

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 **Tab** 10 **Specialty Developing** AGA, ASGE, **First** **2018 est**
RUC Meeting: October 2012 **Recommendation:** SAGES **Identified:** September 2011 **Medicare**
Utilization: 188

RUC Recommendation: 5.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 4.63
2007 NF PE RVU: **2019 NF PE RVU:** 28.54
2007 Fac PE RVU **2019 Fac PE RVU:** 2.26
Result: Decrease

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 est Medicare Utilization: 248	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 3.40 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.74
RUC Recommendation: 3.78			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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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 est Medicare Utilization: 1,037	2007 Work RVU: 2.60 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Maintain 2019 Work RVU: 2.44 2019 NF PE RVU: 7.74 2019 Fac PE RVU: 1.30
RUC Recommendation: 2.60			Referred to CPT May 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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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 est Medicare Utilization: 98	2007 Work RVU: 2.40 2007 NF PE RVU: 1.55 2007 Fac PE RVU Result: Maintain 2019 Work RVU: 2.30 2019 NF PE RVU: 8.06 2019 Fac PE RVU: 1.29
RUC Recommendation: 2.40			Referred to CPT May 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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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 est Medicare Utilization: 47	2007 Work RVU: 2.90 2007 NF PE RVU: 6.85 2007 Fac PE RVU Result: Maintain 2019 Work RVU: 2.80 2019 NF PE RVU: 7.94 2019 Fac PE RVU: 1.48
RUC Recommendation: 2.90			Referred to CPT May 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

43219 Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012	Tab 10	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2018 est Medicare Utilization:	2007 Work RVU: 2.80	2019 Work RVU:
					2007 NF PE RVU: NA	2019 NF PE RVU:
					2007 Fac PE RVU 1.4	2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT May 2012		Result: Deleted from CPT	
			Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 2,176	2007 Work RVU: 2.10	2019 Work RVU: 2.00
					2007 NF PE RVU: NA	2019 NF PE RVU: 27.30
					2007 Fac PE RVU 1.01	2019 Fac PE RVU: 1.15
RUC Recommendation: 2.10			Referred to CPT May 2012		Result: Maintain	
			Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 1,690	2007 Work RVU: 2.34	2019 Work RVU: 2.24
					2007 NF PE RVU: NA	2019 NF PE RVU: 6.99
					2007 Fac PE RVU 1.1	2019 Fac PE RVU: 1.20
RUC Recommendation: 2.34			Referred to CPT May 2012		Result: Maintain	
			Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 208	2007 Work RVU: 3.59	2019 Work RVU: 2.89
					2007 NF PE RVU: NA	2019 NF PE RVU: 14.51
					2007 Fac PE RVU 1.55	2019 Fac PE RVU: 1.56
RUC Recommendation: 3.26			Referred to CPT May 2012		Result: Decrease	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

43228 Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab 10

Specialty Developing Recommendation:

AGA, ASGE, SAGES

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 3.76

2007 NF PE RVU: NA

2007 Fac PE RVU: 1.63

Result: Deleted from CPT

2019 Work RVU:

2019 NF PE RVU:

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT May 2012

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 est Medicare Utilization: 2,393

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

Result: Decrease

2019 Work RVU: 3.49

2019 NF PE RVU: 15.13

2019 Fac PE RVU: 1.81

RUC Recommendation: 3.72

Referred to CPT

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 est Medicare Utilization: 598

2007 Work RVU: 3.19

2007 NF PE RVU: NA

2007 Fac PE RVU: 1.42

Result: Maintain

2019 Work RVU: 2.80

2019 NF PE RVU: 6.66

2019 Fac PE RVU: 1.52

RUC Recommendation: 3.19

Referred to CPT May 2012

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 est Medicare Utilization: 639

2007 Work RVU: 4.47

2007 NF PE RVU: NA

2007 Fac PE RVU: 1.96

Result: Decrease

2019 Work RVU: 3.59

2019 NF PE RVU: 7.88

2019 Fac PE RVU: 1.81

RUC Recommendation: 3.83

Referred to CPT May 2012

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 est Medicare Utilization:** 1,637 **2007 Work RVU:** **2019 Work RVU:** 4.07 **2007 NF PE RVU:** **2019 NF PE RVU:** NA **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** 2.00

RUC Recommendation: 4.45 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

43234 Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 est Medicare Utilization:** **2007 Work RVU:** 2.01 **2019 Work RVU:** **2007 NF PE RVU:** 5.23 **2019 NF PE RVU:** **2007 Fac PE RVU** 0.91 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

43235 Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2018 est Medicare Utilization:** 331,582 **2007 Work RVU:** 2.39 **2019 Work RVU:** 2.09 **2007 NF PE RVU:** 5.19 **2019 NF PE RVU:** 5.24 **2007 Fac PE RVU** 1.11 **2019 Fac PE RVU:** 1.21 **Result:** Decrease

RUC Recommendation: 2.26 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Global: 000	Issue: EGD	Screen: CMS Fastest Growing / MPC List	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 08	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: October 2008	2018 est Medicare Utilization: 16,117	2007 Work RVU: 2.92 2007 NF PE RVU: 6.47 2007 Fac PE RVU: 1.33 2019 Work RVU: 2.39 2019 NF PE RVU: 7.30 2019 Fac PE RVU: 1.34
RUC Recommendation: 2.57			Referred to CPT: October 2012	Result: Decrease	
			Referred to CPT Asst: <input checked="" type="checkbox"/>	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 est Medicare Utilization: 16,670	2007 Work RVU: 3.98 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.74 2019 Work RVU: 3.47 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.82
RUC Recommendation: 3.85			Referred to CPT: February 2013	Result: Decrease	
			Referred to CPT Asst: <input type="checkbox"/>	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 est Medicare Utilization: 13,034	2007 Work RVU: 5.02 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.11 2019 Work RVU: 4.16 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.12
RUC Recommendation: 4.50			Referred to CPT: February 2013	Result: Decrease	
			Referred to CPT Asst: <input type="checkbox"/>	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 est Medicare Utilization: 1,414,811

2007 Work RVU: 2.87
2007 NF PE RVU: 5.79
2007 Fac PE RVU 1.29
Result: Maintain

2019 Work RVU: 2.39
2019 NF PE RVU: 7.48
2019 Fac PE RVU:1.34

RUC Recommendation: 2.39

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

43240 Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)

Global: 000 **Issue:** EGD

Screen: MPC List

Complete? Yes

Most Recent RUC Meeting: April 2013

Tab 11

Specialty Developing Recommendation:

AGA, ASGE, SAGES

First Identified: September 2011

2018 est Medicare Utilization: 902

2007 Work RVU: 6.85
2007 NF PE RVU: NA
2007 Fac PE RVU 2.82
Result: Increase

2019 Work RVU: 7.15
2019 NF PE RVU: NA
2019 Fac PE RVU:3.43

RUC Recommendation: 7.25

Referred to CPT February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

43241 Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter

Global: 000 **Issue:** EGD

Screen: MPC List

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 08

Specialty Developing Recommendation:

AGA, ASGE, SAGES

First Identified: September 2011

2018 est Medicare Utilization: 4,081

2007 Work RVU: 2.59
2007 NF PE RVU: NA
2007 Fac PE RVU 1.18
Result: Maintain

2019 Work RVU: 2.49
2019 NF PE RVU: NA
2019 Fac PE RVU:1.33

RUC Recommendation: 2.59

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

Status Report: CMS Requests and Relativity Assessment Issues

43242 Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) **Global:** 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent **Tab** 11 **Specialty Developing** AGA, ASGE, **First** **2018 est** **2007 Work RVU:** 7.30 **2019 Work RVU:** 4.73
RUC Meeting: April 2013 **Recommendation:** ACG **Identified:** October 2008 **Medicare** **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA
Utilization: 25,710 **2007 Fac PE RVU** 2.98 **2019 Fac PE RVU:**2.37
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 **Tab** 08 **Specialty Developing** AGA, ASGE, **First** **2018 est** **2007 Work RVU:** 4.56 **2019 Work RVU:** 4.27
RUC Meeting: January 2013 **Recommendation:** SAGES **Identified:** September 2011 **Medicare** **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA
Utilization: 833 **2007 Fac PE RVU** 1.94 **2019 Fac PE RVU:**2.11
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 **Tab** 08 **Specialty Developing** AGA, ASGE, **First** **2018 est** **2007 Work RVU:** 5.04 **2019 Work RVU:** 4.40
RUC Meeting: January 2013 **Recommendation:** SAGES **Identified:** September 2011 **Medicare** **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA
Utilization: 22,008 **2007 Fac PE RVU** 2.14 **2019 Fac PE RVU:**2.22
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 est Medicare Utilization:** 14,766

RUC Recommendation: 3.18 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.18 **2019 Work RVU:** 3.08
2007 NF PE RVU: NA **2019 NF PE RVU:** 12.69
2007 Fac PE RVU: 1.39 **2019 Fac PE RVU:** 1.60
Result: Maintain

43246 Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 est Medicare Utilization:** 75,514

RUC Recommendation: 4.32 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 4.32 **2019 Work RVU:** 3.56
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 1.8 **2019 Fac PE RVU:** 1.75
Result: Maintain

43247 Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s) **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2018 est Medicare Utilization:** 28,717

RUC Recommendation: 3.27 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.38 **2019 Work RVU:** 3.11
2007 NF PE RVU: NA **2019 NF PE RVU:** 6.70
2007 Fac PE RVU: 1.48 **2019 Fac PE RVU:** 1.64
Result: Decrease

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 est Medicare Utilization:** 109,839

RUC Recommendation: 3.01 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.15 **2019 Work RVU:** 2.91
2007 NF PE RVU: NA **2019 NF PE RVU:** 7.23
2007 Fac PE RVU: 1.43 **2019 Fac PE RVU:** 1.57
Result: Decrease

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 est Medicare Utilization: 119,501	2007 Work RVU: 2.90 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.32 Result: Decrease	2019 Work RVU: 2.67 2019 NF PE RVU: 26.96 2019 Fac PE RVU: 1.46
RUC Recommendation: 2.77		Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 3,989	2007 Work RVU: 3.20 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.4 Result: Decrease	2019 Work RVU: 2.97 2019 NF PE RVU: 8.36 2019 Fac PE RVU: 1.54
RUC Recommendation: 3.07		Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 32,634	2007 Work RVU: 3.69 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.6 Result: Decrease	2019 Work RVU: 3.47 2019 NF PE RVU: 9.11 2019 Fac PE RVU: 1.81
RUC Recommendation: 3.57		Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	Global: 000	Issue: EGD	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 11	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: February 2012	2018 est Medicare Utilization: 2,266	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 4.73 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.37
RUC Recommendation: 5.39			Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 5,430	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 4.87 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.42
RUC Recommendation: 5.25			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 60,099	2007 Work RVU: 4.81 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 3.56 2019 NF PE RVU: 14.75 2019 Fac PE RVU: 1.86
RUC Recommendation: 4.20			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

43256 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation) **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab 08

Specialty Developing Recommendation:

AGA, ASGE, SAGES

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 4.34

2007 NF PE RVU: NA

2007 Fac PE RVU 1.85

Result: Deleted from CPT

2019 Work RVU:

2019 NF PE RVU:

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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 est Medicare Utilization: 162

2007 Work RVU: 5.50

2007 NF PE RVU: NA

2007 Fac PE RVU 2.16

Result: Decrease

2019 Work RVU: 4.15

2019 NF PE RVU: NA

2019 Fac PE RVU: 2.07

RUC Recommendation: 4.25

Referred to CPT October 2012

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

43258 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

Global: 000

Issue: EGD

Screen: MPC List

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 08

Specialty Developing Recommendation:

AGA, ASGE, SAGES

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 4.54

2007 NF PE RVU: NA

2007 Fac PE RVU 1.94

Result: Deleted from CPT

2019 Work RVU:

2019 NF PE RVU:

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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 est Medicare Utilization: 33,790

2007 Work RVU: 5.19

2019 Work RVU: 4.04

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 2.17

2019 Fac PE RVU: 2.08

Result: Decrease

RUC Recommendation: 4.74

Referred to CPT February 2013

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 est Medicare Utilization: 5,091

2007 Work RVU: 5.95

2019 Work RVU: 5.85

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 2.49

2019 Fac PE RVU: 2.86

Result: Maintain

RUC Recommendation: 5.95

Referred to CPT February 2013

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 est Medicare Utilization: 7,077

2007 Work RVU: 6.26

2019 Work RVU: 6.15

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 2.61

2019 Fac PE RVU: 2.99

Result: Decrease

RUC Recommendation: 6.25

Referred to CPT January 2013

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 est Medicare Utilization: 30,677

2007 Work RVU: 7.38

2019 Work RVU: 6.50

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 3.03

2019 Fac PE RVU:3.15

Result: Decrease

RUC Recommendation: 6.60

Referred to CPT January 2013

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

43263 Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab 12 Specialty Developing Recommendation: AGA, ASGE, SAGES

First Identified: September 2011

2018 est Medicare Utilization: 128

2007 Work RVU: 7.28

2019 Work RVU: 6.50

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 3.02

2019 Fac PE RVU:3.14

Result: Maintain

RUC Recommendation: 7.28

Referred to CPT February 2013

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

43264 Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s) **Global:** 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab 12 Specialty Developing Recommendation: AGA, ASGE, SAGES

First Identified: April 2011

2018 est Medicare Utilization: 53,315

2007 Work RVU: 8.89

2019 Work RVU: 6.63

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 3.61

2019 Fac PE RVU:3.20

Result: Decrease

RUC Recommendation: 6.73

Referred to CPT February 2013

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

Status Report: CMS Requests and Relativity Assessment Issues

43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	Global: 000	Issue: ERCP	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 12 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2018 est Medicare Utilization: 2,797	2007 Work RVU: 10.00 2007 NF PE RVU: NA 2007 Fac PE RVU: 4.03 Result: Decrease	2019 Work RVU: 7.93 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.76
RUC Recommendation: 8.03		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 5,610	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 3.92 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.91
RUC Recommendation: 4.40		Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
43267	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	Global: 000	Issue: ERCP	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 12 Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2018 est Medicare Utilization:	2007 Work RVU: 7.38 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.01 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

43268 Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct **Global:** 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab 12

Specialty Developing Recommendation:

AGA, ASGE, SAGES

First Identified: April 2011

2018 est Medicare Utilization:

2007 Work RVU: 7.38

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 3.15

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

43269 Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent

Global: 000

Issue: ERCP

Screen: MPC List

Complete? Yes

Most Recent RUC Meeting: April 2013

Tab 12

Specialty Developing Recommendation:

AGA, ASGE, SAGES

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 8.20

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 3.35

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

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 est Medicare Utilization: 19,862

2007 Work RVU:

2019 Work RVU: 4.01

2007 NF PE RVU:

2019 NF PE RVU: 15.13

2007 Fac PE RVU

2019 Fac PE RVU: 2.05

Result: Decrease

RUC Recommendation: 4.39

Referred to CPT October 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

43271 Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s) **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab 12 Specialty Developing Recommendation: AGA, ASGE, SAGES

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 7.38

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU: 3.03

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

43272 Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

Global: 000 **Issue:** ERCP

Screen: MPC List

Complete? Yes

Most Recent RUC Meeting: April 2013

Tab 12 Specialty Developing Recommendation: AGA, ASGE, SAGES

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 7.38

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU: 3.05

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

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 est Medicare Utilization: 8,324

2007 Work RVU:

2019 Work RVU: 2.24

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU: 0.97

Result: Maintain

RUC Recommendation: 2.24

Referred to CPT February 2013

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 est
Medicare
Utilization: 41,549

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

Result: Decrease

2019 Work RVU: 8.48

2019 NF PE RVU: NA

2019 Fac PE RVU:4.00

RUC Recommendation: 8.74

Referred to CPT February 2013

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 est
Medicare
Utilization: 13,895

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

Result: Decrease

2019 Work RVU: 6.86

2019 NF PE RVU: NA

2019 Fac PE RVU:3.30

RUC Recommendation: 6.96

Referred to CPT February 2013

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 est
Medicare
Utilization: 15,099

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

Result: Decrease

2019 Work RVU: 8.84

2019 NF PE RVU: NA

2019 Fac PE RVU:4.16

RUC Recommendation: 9.10

Referred to CPT February 2013

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 est Medicare Utilization: 6,413

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

2019 Work RVU: 6.90
2019 NF PE RVU: NA
2019 Fac PE RVU: 3.32

RUC Recommendation: 7.11

Referred to CPT February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 est Medicare Utilization: 465

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

2019 Work RVU: 7.92
2019 NF PE RVU: NA
2019 Fac PE RVU: 3.75

RUC Recommendation: 8.08

Referred to CPT February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 est Medicare Utilization: 72,488

2007 Work RVU: 1.38
2007 NF PE RVU: 2.64
2007 Fac PE RVU Result: Decrease

2019 Work RVU: 1.28
2019 NF PE RVU: 3.25
2019 Fac PE RVU: 0.86

RUC Recommendation: 1.30

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

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 est Medicare Utilization: 1,837

2007 Work RVU: 1.51
2007 NF PE RVU: 6.12
2007 Fac PE RVU Result: Maintain

2019 Work RVU: 1.41
2019 NF PE RVU: 23.84
2019 Fac PE RVU: 0.90

RUC Recommendation: 1.51

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

Status Report: CMS Requests and Relativity Assessment Issues

43456 Dilation of esophagus, by balloon or dilator, retrograde **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent **Tab** 17 **Specialty Developing** AGA, ASGE, **First** **2018 est**
RUC Meeting: October 2012 **Recommendation:** SAGES, **Identified:** September 2011 **Medicare**
 AAO-HNS **Utilization:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **2007 Work RVU:** 2.57 **2019 Work RVU:**
Referred to CPT Asst ☐ **Published in CPT Asst:** **2007 NF PE RVU:** 13.55 **2019 NF PE RVU:**
2007 Fac PE RVU 1.2 **2019 Fac PE RVU:**
Result: Deleted from CPT

43458 Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent **Tab** 17 **Specialty Developing** AGA, ASGE, **First** **2018 est**
RUC Meeting: October 2012 **Recommendation:** SAGES, **Identified:** September 2011 **Medicare**
 AAO-HNS **Utilization:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **2007 Work RVU:** 3.06 **2019 Work RVU:**
Referred to CPT Asst ☐ **Published in CPT Asst:** **2007 NF PE RVU:** 6.72 **2019 NF PE RVU:**
2007 Fac PE RVU 1.37 **2019 Fac PE RVU:**
Result: Deleted from CPT

43760 Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance **Global:** 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent **Tab** 11 **Specialty Developing** ACEP, ACG, **First** **2018 est**
RUC Meeting: January 2018 **Recommendation:** ACS, AGA, **Identified:** July 2016 **Medicare**
 ASGE **Utilization:** 53,016

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **2007 Work RVU:** 1.10 **2019 Work RVU:**
Referred to CPT Asst ☐ **Published in CPT Asst:** **2007 NF PE RVU:** 4.77 **2019 NF PE RVU:**
2007 Fac PE RVU 0.44 **2019 Fac PE RVU:**
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 **Tab** 11 **Specialty Developing** ACEP, ACG, **First** **2018 est**
RUC Meeting: January 2018 **Recommendation:** ACS, AGA, **Identified:** September 2017 **Medicare**
 ASGE **Utilization:**

RUC Recommendation: 0.75. Flag for Re-review. **Referred to CPT** **2007 Work RVU:** **2019 Work RVU:** 0.75
Referred to CPT Asst ☐ **Published in CPT Asst:** **2007 NF PE RVU:** **2019 NF PE RVU:** 5.45
2007 Fac PE RVU **2019 Fac PE RVU:** 0.23
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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU: 1.41

2007 NF PE RVU:

2019 NF PE RVU: 7.76

2007 Fac PE RVU

2019 Fac PE RVU:0.80

Result: Decrease

RUC Recommendation: 1.41. Flag for Re-review.

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 10,340

2007 Work RVU: 27.63

2019 Work RVU: 27.79

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 10.6

2019 Fac PE RVU:14.19

Result: Remove from screen

RUC Recommendation: 99214 visit appropriate. Remove from screen.

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 12,071

2007 Work RVU: 22.86

2019 Work RVU: 22.95

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 8.6

2019 Fac PE RVU:11.05

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 9,700

2007 Work RVU: 31.79 **2019 Work RVU:** 31.92
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 11.17 **2019 Fac PE RVU:** 14.45
Result: Remove from Screen

RUC Recommendation: Remove from screen **Referred to CPT**
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 est Medicare Utilization:** 2,236

2007 Work RVU: 1.05 **2019 Work RVU:** 0.87
2007 NF PE RVU: NA **2019 NF PE RVU:** 3.99
2007 Fac PE RVU: 0.6 **2019 Fac PE RVU:** 0.66
Result: Decrease

RUC Recommendation: 0.97 **Referred to CPT** May 2013
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 est Medicare Utilization:** 152

2007 Work RVU: **2019 Work RVU:** 1.38
2007 NF PE RVU: **2019 NF PE RVU:** 25.51
2007 Fac PE RVU: **2019 Fac PE RVU:** 0.87
Result: Decrease

RUC Recommendation: 1.48 **Referred to CPT** May 2013
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 est Medicare Utilization:** 1,596

2007 Work RVU: 1.27 **2019 Work RVU:** 1.17
2007 NF PE RVU: NA **2019 NF PE RVU:** 6.47
2007 Fac PE RVU: 0.67 **2019 Fac PE RVU:** 0.81
Result: Maintain

RUC Recommendation: 1.27 **Referred to CPT** May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44383 Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation) **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab 04

Specialty Developing Recommendation:

AGA, ASGE, ACG

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 2.94

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 1.36

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT May 2013

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 est Medicare Utilization: 139

2007 Work RVU:

2019 Work RVU: 2.85

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU: 1.29

Result: Decrease

RUC Recommendation: 3.11

Referred to CPT May 2013

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

44385 Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); 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 est Medicare Utilization: 1,345

2007 Work RVU: 1.82

2019 Work RVU: 1.20

2007 NF PE RVU: 3.73

2019 NF PE RVU: 4.23

2007 Fac PE RVU 0.79

2019 Fac PE RVU: 0.72

Result: Decrease

RUC Recommendation: 1.30

Referred to CPT May 2013

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 JJ]); 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 est Medicare Utilization: 1,620

2007 Work RVU: 2.12

2019 Work RVU: 1.50

2007 NF PE RVU: 6.66

2019 NF PE RVU: 6.65

2007 Fac PE RVU 0.93

2019 Fac PE RVU:0.89

RUC Recommendation: 1.60

Referred to CPT May 2013

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

Result: Decrease

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 est Medicare Utilization: 4,299

2007 Work RVU: 2.82

2019 Work RVU: 2.72

2007 NF PE RVU: 5.34

2019 NF PE RVU: 5.27

2007 Fac PE RVU 1.21

2019 Fac PE RVU:1.41

RUC Recommendation: 2.82

Referred to CPT October 2013

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

Result: Maintain

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 est Medicare Utilization: 2,591

2007 Work RVU: 3.13

2019 Work RVU: 3.02

2007 NF PE RVU: 6.73

2019 NF PE RVU: 7.63

2007 Fac PE RVU 1.35

2019 Fac PE RVU:1.57

RUC Recommendation: 3.12

Referred to CPT October 2013

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

Result: Decrease

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 est Medicare Utilization: 28	2007 Work RVU: 3.82 2007 NF PE RVU: 7.32 2007 Fac PE RVU: 1.57	2019 Work RVU: 3.74 2019 NF PE RVU: 6.74 2019 Fac PE RVU: 1.95
RUC Recommendation: 3.82			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 158	2007 Work RVU: 4.31 2007 NF PE RVU: 8.78 2007 Fac PE RVU: 1.83	2019 Work RVU: 4.12 2019 NF PE RVU: 14.67 2019 Fac PE RVU: 2.07
RUC Recommendation: 4.22			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 375	2007 Work RVU: 3.81 2007 NF PE RVU: 6.78 2007 Fac PE RVU: 1.55	2019 Work RVU: 3.53 2019 NF PE RVU: 6.16 2019 Fac PE RVU: 1.73
RUC Recommendation: 3.63			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	Result: Decrease	

Status Report: CMS Requests and Relativity Assessment Issues

44393 Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab 08

Specialty Developing Recommendation:

ASCRS,
ACS,
SAGES,
AGA, ASGE,
ACG

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 4.83

2007 NF PE RVU: 7.14

2007 Fac PE RVU 1.91

2019 Work RVU:

2019 NF PE RVU:

2019 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

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 est Medicare Utilization: 1,896

2007 Work RVU: 4.42

2007 NF PE RVU: 7.97

2007 Fac PE RVU 1.81

2019 Work RVU: 4.03

2019 NF PE RVU: 7.18

2019 Fac PE RVU: 1.99

RUC Recommendation: 4.13

Referred to CPT October 2013

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

Result: Decrease

44397 Colonoscopy through stoma; with transendoscopic stent placement (includes predilation) **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab 08

Specialty Developing Recommendation:

ASCRS,
ACS,
SAGES,
AGA, ASGE,
ACG

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 4.70

2007 NF PE RVU: NA

2007 Fac PE RVU 1.93

2019 Work RVU:

2019 NF PE RVU:

2019 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

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 est Medicare Utilization: 68	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 4.34 2019 NF PE RVU: 81.25 2019 Fac PE RVU:2.12
RUC Recommendation: 4.44				Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
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 est Medicare Utilization: 6	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 4.70 2019 NF PE RVU: NA 2019 Fac PE RVU:2.36
RUC Recommendation: 4.96				Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
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 est Medicare Utilization: 67	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 5.50 2019 NF PE RVU: NA 2019 Fac PE RVU:2.68
RUC Recommendation: 5.81				Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

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 est Medicare Utilization: 198

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 3.02
2019 NF PE RVU: 7.36
2019 Fac PE RVU:1.59

RUC Recommendation: 3.13

Referred to CPT October 2013

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

Result: Decrease

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 est Medicare Utilization: 53

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 3.23
2019 NF PE RVU: 11.92
2019 Fac PE RVU:1.72

RUC Recommendation: 3.33

Referred to CPT October 2013

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

Result: Decrease

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 est Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 4.10
2019 NF PE RVU: NA
2019 Fac PE RVU:2.10

RUC Recommendation: 4.41

Referred to CPT October 2013

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

Result: Decrease

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 est Medicare Utilization: 2

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 4.96
2019 NF PE RVU: NA
2019 Fac PE RVU:2.48

RUC Recommendation: 5.06

Referred to CPT October 2013

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

Result: Decrease

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 est Medicare Utilization: 43

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 4.14
2019 NF PE RVU: NA
2019 Fac PE RVU:2.11

RUC Recommendation: 4.24

Referred to CPT October 2013

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

Result: Decrease

44901 Incision and drainage of appendiceal abscess; percutaneous **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab 04

Specialty Developing Recommendation:

First Identified: January 2012

2018 est Medicare Utilization:

2007 Work RVU: 3.37
2007 NF PE RVU: 25.61
2007 Fac PE RVU 1.07

2019 Work RVU:
2019 NF PE RVU:
2019 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

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 est
Medicare
Utilization: 21,999

2007 Work RVU: 9.35

2019 Work RVU: 9.45

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 4.11

2019 Fac PE RVU: 5.75

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

45170 Deleted from CPT

Global: 090

Issue: Rectal Tumor Excision

Screen: Site of Service Anomaly

Complete? Yes

Most Recent
RUC Meeting: February 2009

Tab 11

Specialty Developing
Recommendation: ACS,
ASCRS,
ASGS

First
Identified: September 2007

2018 est
Medicare
Utilization:

2007 Work RVU: 12.48

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 5.28

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008

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 est
Medicare
Utilization: 2,623

2007 Work RVU:

2019 Work RVU: 8.13

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU: 7.72

Result: Decrease

RUC Recommendation: 8.00

Referred to CPT

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 est
Medicare
Utilization: 2,044

2007 Work RVU:

2019 Work RVU: 12.13

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU: 9.21

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

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 est Medicare Utilization: 24,897

2007 Work RVU: 0.38

2019 Work RVU: 0.80

2007 NF PE RVU: 1.63

2019 NF PE RVU: 2.54

2007 Fac PE RVU 0.3

2019 Fac PE RVU:0.48

Result: Maintain

RUC Recommendation: 0.80

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

45330 Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

Global: 000

Issue: Flexible Sigmoidoscopy

Screen: Harvard Valued - Utilization over 30,000 / MPC List

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab 06

Specialty Developing Recommendation: ACG, ACS, AGA, ASGE, ASCRS, SAGES

First Identified: April 2011

2018 est Medicare Utilization: 50,840

2007 Work RVU: 0.96

2019 Work RVU: 0.84

2007 NF PE RVU: 2.33

2019 NF PE RVU: 3.92

2007 Fac PE RVU 0.53

2019 Fac PE RVU:0.67

Result: Decrease

RUC Recommendation: 0.84

Referred to CPT May 2013

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 est Medicare Utilization: 35,287

2007 Work RVU: 1.15

2019 Work RVU: 1.14

2007 NF PE RVU: 3.11

2019 NF PE RVU: 6.31

2007 Fac PE RVU 0.64

2019 Fac PE RVU:0.79

Result: Decrease

RUC Recommendation: 1.14

Referred to CPT May 2013

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 Tab 06 Specialty Developing Recommendation: ACG, ACS, AGA, ASGE, ASCRS, SAGES First Identified: September 2011 2018 est Medicare Utilization: 321 2007 Work RVU: 1.79 2019 Work RVU: 1.76
RUC Meeting: October 2013 2007 NF PE RVU: 5.15 2019 NF PE RVU: 5.34
2007 Fac PE RVU 0.86 2019 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 Tab 06 Specialty Developing Recommendation: ACG, ACS, AGA, ASGE, ASCRS, SAGES First Identified: September 2011 2018 est Medicare Utilization: 855 2007 Work RVU: 1.79 2019 Work RVU: 1.55
RUC Meeting: October 2013 2007 NF PE RVU: 5.06 2019 NF PE RVU: 6.88
2007 Fac PE RVU 0.85 2019 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 Tab 06 Specialty Developing Recommendation: ACG, ACS, AGA, ASGE, ASCRS, SAGES First Identified: September 2011 2018 est Medicare Utilization: 3,217 2007 Work RVU: 2.73 2019 Work RVU: 2.00
RUC Meeting: October 2013 2007 NF PE RVU: NA 2019 NF PE RVU: 13.10
2007 Fac PE RVU 1.24 2019 Fac PE RVU:1.17

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 est Medicare Utilization: 3,142	2007 Work RVU: 1.46 2007 NF PE RVU: 3.74 2007 Fac PE RVU: 0.75	2019 Work RVU: 1.04 2019 NF PE RVU: 5.96 2019 Fac PE RVU: 0.74
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RUC Recommendation: 1.15

Referred to CPT May 2013

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

Result: Decrease

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 est Medicare Utilization: 1,469	2007 Work RVU: 2.36 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.06	2019 Work RVU: 2.10 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.96
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RUC Recommendation: 2.20

Referred to CPT May 2013

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

Result: Decrease

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 est Medicare Utilization: 5,136	2007 Work RVU: 2.34 2007 NF PE RVU: 5.37 2007 Fac PE RVU: 1.07	2019 Work RVU: 2.05 2019 NF PE RVU: 5.55 2019 Fac PE RVU: 1.17
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RUC Recommendation: 2.15

Referred to CPT May 2013

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

45339 Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2018 est Medicare Utilization:** **2007 Work RVU:** 3.14 **2019 Work RVU:** **2007 NF PE RVU:** 4.03 **2019 NF PE RVU:** **2007 Fac PE RVU:** 1.38 **2019 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 est Medicare Utilization:** 1,221 **2007 Work RVU:** 1.89 **2019 Work RVU:** 1.25 **2007 NF PE RVU:** 7.18 **2019 NF PE RVU:** 11.19 **2007 Fac PE RVU:** 0.89 **2019 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 est Medicare Utilization:** 2,891 **2007 Work RVU:** 2.60 **2019 Work RVU:** 2.12 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 1.17 **2019 Fac PE RVU:** 1.22

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 Global: 000 Issue: Flexible Sigmoidoscopy Screen: MPC List Complete? Yes
transmural fine needle aspiration/biopsy(s)

Most Recent
RUC Meeting: January 2014

Tab 09

Specialty Developing
Recommendation:

AGA, ASGE,
ACG,
ASCRS,
SAGES, ACS

First
Identified: September 2011

2018 est
Medicare
Utilization: 392

2007 Work RVU: 4.05
2007 NF PE RVU: NA
2007 Fac PE RVU 1.71

2019 Work RVU: 2.98
2019 NF PE RVU: NA
2019 Fac PE RVU:1.61

RUC Recommendation: 3.08

Referred to CPT October 2013

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

45345 Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)

Global: 000

Issue: Flexible Sigmoidoscopy

Screen: MPC List

Complete? Yes

Most Recent
RUC Meeting: October 2013

Tab 06

Specialty Developing
Recommendation:

ACG, ACS,
AGA, ASGE,
ASCRS,
SAGES

First
Identified: September 2011

2018 est
Medicare
Utilization:

2007 Work RVU: 2.92
2007 NF PE RVU: NA
2007 Fac PE RVU 1.26

2019 Work RVU:
2019 NF PE RVU:
2019 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

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 est
Medicare
Utilization: 1,101

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 2.81
2019 NF PE RVU: 79.17
2019 Fac PE RVU:1.51

RUC Recommendation: 2.97

Referred to CPT May 2013

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

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 est Medicare Utilization: 600

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2019 Work RVU: 2.72

2019 NF PE RVU: NA

2019 Fac PE RVU:1.44

RUC Recommendation: 2.98

Referred to CPT May 2013

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

Result: Decrease

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 est Medicare Utilization: 536

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2019 Work RVU: 3.52

2019 NF PE RVU: NA

2019 Fac PE RVU:1.83

RUC Recommendation: 3.83

Referred to CPT October 2013

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

Result: Decrease

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 est Medicare Utilization: 1,092

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2019 Work RVU: 1.68

2019 NF PE RVU: 14.47

2019 Fac PE RVU:1.02

RUC Recommendation: 1.78

Referred to CPT October 2013

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	Global: 000	Issue: Colonoscopy via stoma	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 08	Specialty Developing Recommendation: AGA, ASGE, ACG, ASCRS, SAGES, ACS	First Identified: September 2011	2018 est Medicare Utilization:	2007 Work RVU: 3.51 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.43 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT February 2014	Result: Deleted from CPT	
			Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 365,544	2007 Work RVU: 3.69 2007 NF PE RVU: 6.2 2007 Fac PE RVU 1.57	2019 Work RVU: 3.26 2019 NF PE RVU: 5.46 2019 Fac PE RVU: 1.69
RUC Recommendation: 3.36		Referred to CPT: October 2013 Referred to CPT Asst: <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

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 est Medicare Utilization: 942	2007 Work RVU: 4.68 2007 NF PE RVU: 7.78 2007 Fac PE RVU 1.92	2019 Work RVU: 4.28 2019 NF PE RVU: 6.99 2019 Fac PE RVU: 2.13
RUC Recommendation: 4.37		Referred to CPT Asst: <input type="checkbox"/>	October 2013 Published in CPT Asst:	Result: Decrease	

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 est Medicare Utilization: 1,033,441	2007 Work RVU: 4.43 2007 NF PE RVU: 7.33 2007 Fac PE RVU: 1.87 2019 Work RVU: 3.56 2019 NF PE RVU: 7.76 2019 Fac PE RVU: 1.84
RUC Recommendation: 3.66			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

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 est Medicare Utilization: 81,694	2007 Work RVU: 4.19 2007 NF PE RVU: 7.26 2007 Fac PE RVU: 1.79 2019 Work RVU: 3.56 2019 NF PE RVU: 7.49 2019 Fac PE RVU: 1.84
RUC Recommendation: 3.67			Referred to CPT October 2013 Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Jun 2010	Result: Decrease

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 est Medicare Utilization: 24,079	2007 Work RVU: 5.68 2007 NF PE RVU: 10.04 2007 Fac PE RVU: 2.37 2019 Work RVU: 4.66 2019 NF PE RVU: 14.96 2019 Fac PE RVU: 2.32
RUC Recommendation: 4.76			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

45383 Colonoscopy, flexible; proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab 10

Specialty Developing Recommendation:

AGA, ASGE, ACG, ASCRS, ACS, SAGES

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 5.86

2007 NF PE RVU: 8.08

2007 Fac PE RVU 2.34

2019 Work RVU:

2019 NF PE RVU:

2019 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

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 est Medicare Utilization: 88,555

2007 Work RVU: 4.69

2007 NF PE RVU: 6.9

2007 Fac PE RVU 1.93

2019 Work RVU: 4.07

2019 NF PE RVU: 8.44

2019 Fac PE RVU: 1.99

RUC Recommendation: 4.17

Referred to CPT October 2013

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

Result: Decrease

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 est Medicare Utilization: 909,335

2007 Work RVU: 5.30

2007 NF PE RVU: 7.94

2007 Fac PE RVU 2.18

2019 Work RVU: 4.57

2019 NF PE RVU: 7.20

2019 Fac PE RVU: 2.27

RUC Recommendation: 4.57

Referred to CPT October 2013

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

Result: Maintain

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 est Medicare Utilization: 2,057	2007 Work RVU: 4.57 2007 NF PE RVU: 12.37 2007 Fac PE RVU: 1.89 2019 Work RVU: 3.77 2019 NF PE RVU: 12.72 2019 Fac PE RVU: 1.92
RUC Recommendation: 3.87			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

45387	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)	Global: 000	Issue: Colonoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2014	Tab 10	Specialty Developing Recommendation: AGA, ASGE, ACG, ASCRS, ACS, SAGES	First Identified: September 2011	2018 est Medicare Utilization:	2007 Work RVU: 5.90 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.49 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Deleted from CPT

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 est Medicare Utilization: 27,627	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2019 Work RVU: 4.88 2019 NF PE RVU: 81.30 2019 Fac PE RVU: 2.36
RUC Recommendation: 4.98			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

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 est Medicare Utilization: 449

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2019 Work RVU: 5.24

2019 NF PE RVU: NA

2019 Fac PE RVU:2.54

RUC Recommendation: 5.50

Referred to CPT October 2013

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

Result: Decrease

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 est Medicare Utilization: 18,889

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2019 Work RVU: 6.04

2019 NF PE RVU: NA

2019 Fac PE RVU:2.93

RUC Recommendation: 6.35

Referred to CPT October 2013

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

Result: Decrease

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 est Medicare Utilization: 912

2007 Work RVU: 5.09

2007 NF PE RVU: NA

2007 Fac PE RVU 2.13

2019 Work RVU: 4.64

2019 NF PE RVU: NA

2019 Fac PE RVU:2.32

RUC Recommendation: 4.95

Referred to CPT October 2013

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

Result: Decrease

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 est Medicare Utilization:** 173 **2007 Work RVU:** 6.54 **2019 Work RVU:** 5.50 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 2.65 **2019 Fac PE RVU:** 2.71

RUC Recommendation: 5.60

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 est Medicare Utilization:** 2,002 **2007 Work RVU:** **2019 Work RVU:** 4.68 **2007 NF PE RVU:** **2019 NF PE RVU:** NA **2007 Fac PE RVU:** **2019 Fac PE RVU:** 2.06

RUC Recommendation: 4.78

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 est Medicare Utilization:** 3,249 **2007 Work RVU:** **2019 Work RVU:** 4.20 **2007 NF PE RVU:** **2019 NF PE RVU:** 16.00 **2007 Fac PE RVU:** **2019 Fac PE RVU:** 2.01

RUC Recommendation: 4.30

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

46020 Placement of seton

Global:

Issue:

Screen: 010-Day Global Post-Operative Visits

Complete? No

Most Recent RUC Meeting:

Tab

Specialty Developing Recommendation:

First Identified: October 2019

2018 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result:

RUC Recommendation: Review action plan

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

46200 Fissurectomy, including sphincterotomy, when performed

Global: 090

Issue: Fissurectomy

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab 16

Specialty Developing Recommendation: ACS

First Identified: September 2007

2018 est Medicare Utilization: 989

2007 Work RVU: 3.48

2019 Work RVU: 3.59

2007 NF PE RVU: 4.46

2019 NF PE RVU: 8.75

2007 Fac PE RVU 3.08

2019 Fac PE RVU: 5.20

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

46500 Injection of sclerosing solution, hemorrhoids

Global: 010

Issue: Hemorrhoid Injection

Screen: 010-Day Global Post-Operative Visits / Negative IWPUP

Complete? Yes

Most Recent RUC Meeting: January 2018

Tab 24

Specialty Developing Recommendation: ACS, ASCRS (colon)

First Identified: January 2014

2018 est Medicare Utilization: 12,618

2007 Work RVU: 1.64

2019 Work RVU: 1.74

2007 NF PE RVU: 2.48

2019 NF PE RVU: 6.21

2007 Fac PE RVU 1.18

2019 Fac PE RVU: 3.10

Result: Increase

RUC Recommendation: 2.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

47011	Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages	Global: 000	Issue: Drainage of Abscess	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab 04	Specialty Developing Recommendation:	First Identified: January 2012	2018 est Medicare Utilization:	2007 Work RVU: 3.69 2007 NF PE RVU: NA 2007 Fac PE RVU 1.17 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
<hr/>					
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 est Medicare Utilization: 1,525	2007 Work RVU: 83.29 2007 NF PE RVU: NA 2007 Fac PE RVU 30.59 Result: Increase
RUC Recommendation: 91.78			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 90.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 44.38
<hr/>					
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age	Global: 090	Issue: RAW	Screen: 090-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 52	Specialty Developing Recommendation: ACS, ASTS	First Identified: April 2014	2018 est Medicare Utilization:	2007 Work RVU: 70.39 2007 NF PE RVU: NA 2007 Fac PE RVU 26.2 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:

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 est Medicare Utilization:** 2,955 **2007 Work RVU:** 15.19 **2019 Work RVU:** 14.97 **2007 NF PE RVU:** NA **2019 NF PE RVU:** 114.40 **2007 Fac PE RVU:** 5.83 **2019 Fac PE RVU:** 5.27 **Result:** PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

47490 Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation **Global:** 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 04 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2018 est Medicare Utilization:** 12,005 **2007 Work RVU:** 8.05 **2019 Work RVU:** 4.76 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 5.32 **2019 Fac PE RVU:** 4.38 **Result:** Decrease

RUC Recommendation: 4.76 **Referred to CPT** June 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

47500 Injection procedure for percutaneous transhepatic cholangiography **Global:** 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2018 est Medicare Utilization:** **2007 Work RVU:** 1.96 **2019 Work RVU:** **2007 NF PE RVU:** NA **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.62 **2019 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47505 Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube) **Global:** 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent **Tab** 06 **Specialty Developing** ACR, SIR
RUC Meeting: October 2015 **Recommendation:**

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.76

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0.24

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

47510 Introduction of percutaneous transhepatic catheter for biliary drainage

Global: 090

Issue: Percutaneous Biliary Procedures Bundling

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent **Tab** 06 **Specialty Developing** ACR, SIR
RUC Meeting: October 2015 **Recommendation:**

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 7.94

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 4.76

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

47511 Introduction of percutaneous transhepatic stent for internal and external biliary drainage

Global: 090

Issue: Percutaneous Biliary Procedures Bundling

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent **Tab** 06 **Specialty Developing** ACR, SIR
RUC Meeting: October 2015 **Recommendation:**

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 10.74

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 4.87

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

47525 Change of percutaneous biliary drainage catheter **Global:** 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** High IWPUT **Complete?** Yes

Most Recent **Tab** 06 **Specialty Developing** ACR, SIR
RUC Meeting: October 2015 **Recommendation:**

First Identified: February 2008

2018 est Medicare Utilization:

2007 Work RVU: 5.55

2019 Work RVU:

2007 NF PE RVU: 14.8

2019 NF PE RVU:

2007 Fac PE RVU 2.67

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

47530 Revision and/or reinsertion of transhepatic tube

Global: 090

Issue: Percutaneous Biliary Procedures Bundling

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent **Tab** 06 **Specialty Developing** ACR, SIR
RUC Meeting: October 2015 **Recommendation:**

First Identified: February 2015

2018 est Medicare Utilization:

2007 Work RVU: 5.96

2019 Work RVU:

2007 NF PE RVU: 32.56

2019 NF PE RVU:

2007 Fac PE RVU 3.53

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

47531 Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access

Global: 000

Issue: Percutaneous Biliary Procedures Bundling

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent **Tab** 04 **Specialty Developing** ACR, SIR
RUC Meeting: October 2015 **Recommendation:**

First Identified: February 2015

2018 est Medicare Utilization: 8,586

2007 Work RVU:

2019 Work RVU: 1.30

2007 NF PE RVU:

2019 NF PE RVU: 8.47

2007 Fac PE RVU

2019 Fac PE RVU:0.64

Result: Increase

RUC Recommendation: 1.30

Referred to CPT February 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

47532 Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	Global: 000	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab 04 Specialty Developing Recommendation: ACR, SIR	First Identified: February 2015	2018 est Medicare Utilization: 636	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase 2019 Work RVU: 4.25 2019 NF PE RVU: 18.58 2019 Fac PE RVU:1.53
RUC Recommendation: 4.50	Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
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 est Medicare Utilization: 1,471	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase 2019 Work RVU: 5.38 2019 NF PE RVU: 29.38 2019 Fac PE RVU:1.88
RUC Recommendation: 5.63	Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
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 est Medicare Utilization: 4,515	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase 2019 Work RVU: 7.60 2019 NF PE RVU: 32.80 2019 Fac PE RVU:2.55
RUC Recommendation: 7.85	Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

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 est Medicare Utilization: 399	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 3.95 2019 NF PE RVU: 24.15 2019 Fac PE RVU: 1.45
RUC Recommendation: 4.20		Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 13,310	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 2.61 2019 NF PE RVU: 16.75 2019 Fac PE RVU: 1.00
RUC Recommendation: 2.86		Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 1,625	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 1.84 2019 NF PE RVU: 9.51 2019 Fac PE RVU: 0.79
RUC Recommendation: 1.85		Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 1,027	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase 2019 Work RVU: 4.75 2019 NF PE RVU: 116.63 2019 Fac PE RVU: 1.71
RUC Recommendation: 5.00	Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
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 est Medicare Utilization: 171	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase 2019 Work RVU: 8.75 2019 NF PE RVU: 125.56 2019 Fac PE RVU: 2.90
RUC Recommendation: 9.00	Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
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 est Medicare Utilization: 222	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase 2019 Work RVU: 9.03 2019 NF PE RVU: 127.57 2019 Fac PE RVU: 3.00
RUC Recommendation: 9.28	Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

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 est Medicare Utilization: 164	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase 2019 Work RVU: 6.75 2019 NF PE RVU: 26.45 2019 Fac PE RVU: 2.28
RUC Recommendation: 7.00	Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
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 est Medicare Utilization: 1,297	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase 2019 Work RVU: 2.85 2019 NF PE RVU: 10.82 2019 Fac PE RVU: 0.84
RUC Recommendation: 2.85	Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
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 est Medicare Utilization: 800	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase 2019 Work RVU: 3.00 2019 NF PE RVU: 10.11 2019 Fac PE RVU: 0.93
RUC Recommendation: 3.00	Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

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 est Medicare Utilization: 294	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase 2019 Work RVU: 3.28 2019 NF PE RVU: 25.69 2019 Fac PE RVU: 1.02
RUC Recommendation: 3.28	Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
47560 Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy	Global: 000	Issue: RAW	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: October 2013	Tab 18 Specialty Developing Recommendation:	First Identified: July 2013	2018 est Medicare Utilization:	2007 Work RVU: 4.88 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Maintain 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT	Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
47562 Laparoscopy, surgical; cholecystectomy	Global: 090	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis	Complete? Yes
Most Recent RUC Meeting: September 2014	Tab 21 Specialty Developing Recommendation: ACS	First Identified: September 2011	2018 est Medicare Utilization: 102,724	2007 Work RVU: 11.63 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Maintain 2019 Work RVU: 10.47 2019 NF PE RVU: NA 2019 Fac PE RVU: 6.14
RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.	Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

47563 Laparoscopy, surgical; cholecystectomy with cholangiography

Global: 090

Issue: RAW review

Screen: CMS High Expenditure
Procedural Codes1 /
CMS Request - Final
Rule for 2014

Complete? Yes

**Most Recent
RUC Meeting:** October 2013

Tab 18

**Specialty Developing
Recommendation:**

**First
Identified:** September 2011

**2018 est
Medicare
Utilization:** 40,048

2007 Work RVU: 12.03

2019 Work RVU: 11.47

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 5.24

2019 Fac PE RVU:6.55

Result: Maintain

RUC Recommendation: No further action. 12.11

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

47600 Cholecystectomy;

Global: 090

Issue: Cholecystectomy

Screen: CMS Request - Final
Rule for 2012

Complete? Yes

**Most Recent
RUC Meeting:** April 2012

Tab 36

**Specialty Developing
Recommendation:** ACS, SAGES

**First
Identified:** September 2011

**2018 est
Medicare
Utilization:** 8,678

2007 Work RVU: 17.35

2019 Work RVU: 17.48

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 6.4

2019 Fac PE RVU:9.40

Result: Increase

RUC Recommendation: 20.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

47605 Cholecystectomy; with cholangiography

Global: 090

Issue: Cholecystectomy

Screen: CMS Request - Final
Rule for 2012

Complete? Yes

**Most Recent
RUC Meeting:** April 2012

Tab 36

**Specialty Developing
Recommendation:** ACS, SAGES

**First
Identified:** September 2011

**2018 est
Medicare
Utilization:** 1,529

2007 Work RVU: 15.90

2019 Work RVU: 18.48

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 6.47

2019 Fac PE RVU:9.75

Result: Increase

RUC Recommendation: 21.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

48102 Biopsy of pancreas, percutaneous needle

Global: 010

Issue: Percutaneous Needle Biopsy

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab 16

Specialty Developing Recommendation: SIR

First Identified: September 2007

2018 est Medicare Utilization: 1,078

2007 Work RVU: 4.68

2019 Work RVU: 4.70

2007 NF PE RVU: 8.21

2019 NF PE RVU: 10.10

2007 Fac PE RVU 1.85

2019 Fac PE RVU:1.83

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

48511 External drainage, pseudocyst of pancreas; percutaneous

Global: 000

Issue: Drainage of Abscess

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 04

Specialty Developing Recommendation:

First Identified: January 2012

2018 est Medicare Utilization:

2007 Work RVU: 3.99

2019 Work RVU:

2007 NF PE RVU: 20.43

2019 NF PE RVU:

2007 Fac PE RVU 1.27

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

49021 Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous

Global: 000

Issue: Drainage of Abscess

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 04

Specialty Developing Recommendation: ACR, SIR

First Identified: January 2012

2018 est Medicare Utilization:

2007 Work RVU: 3.37

2019 Work RVU:

2007 NF PE RVU: 20.43

2019 NF PE RVU:

2007 Fac PE RVU 1.07

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

49041	Drainage of subdiaphragmatic or subphrenic abscess; percutaneous	Global: 000	Issue: Drainage of Abscess	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
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Most Recent RUC Meeting: January 2013	Tab 04	Specialty Developing Recommendation:	ACR, SIR
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First Identified: January 2012

2018 est Medicare Utilization:

2007 Work RVU: 3.99

2019 Work RVU:

2007 NF PE RVU: 19.33

2019 NF PE RVU:

2007 Fac PE RVU 1.27

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
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Result: Deleted from CPT

49061	Drainage of retroperitoneal abscess; percutaneous
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Global: 000

Issue: Drainage of Abscess

Screen: Codes Reported Together 75% or More-Part2
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Complete? Yes

Most Recent RUC Meeting: January 2013	Tab 04	Specialty Developing Recommendation:	ACR, SIR
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First Identified: January 2012

2018 est Medicare Utilization:

2007 Work RVU: 3.69

2019 Work RVU:

2007 NF PE RVU: 19.38

2019 NF PE RVU:

2007 Fac PE RVU 1.17

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
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Result: Deleted from CPT

49080	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial
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Global: 000

Issue: Peritoneocentesis

Screen: Harvard Valued - Utilization over 100,000
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Complete? Yes

Most Recent RUC Meeting: October 2010	Tab 5	Specialty Developing Recommendation:	ACR, AGA, ASGE, AUR, SIR
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First Identified: October 2009

2018 est Medicare Utilization:

2007 Work RVU: 1.35

2019 Work RVU:

2007 NF PE RVU: 3.63

2019 NF PE RVU:

2007 Fac PE RVU 0.45

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2010

Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
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Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

49081 Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent **Global:** 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 5

Specialty Developing Recommendation:

ACR, AGA, ASGE, AUR, SIR

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.26

2019 Work RVU:

2007 NF PE RVU: 2.65

2019 NF PE RVU:

2007 Fac PE RVU: 0.43

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT June 2010

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 est Medicare Utilization: 11,778

2007 Work RVU:

2019 Work RVU: 1.24

2007 NF PE RVU:

2019 NF PE RVU: 4.27

2007 Fac PE RVU

2019 Fac PE RVU: 0.72

Result: Decrease

RUC Recommendation: 1.35

Referred to CPT June 2010

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 est Medicare Utilization: 254,691

2007 Work RVU:

2019 Work RVU: 2.00

2007 NF PE RVU:

2019 NF PE RVU: 6.26

2007 Fac PE RVU

2019 Fac PE RVU: 0.93

Result: Decrease

RUC Recommendation: 2.00

Referred to CPT June 2010

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 est Medicare Utilization: 2,148

2007 Work RVU:

2019 Work RVU: 2.00

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU: 0.71

Result: Increase

RUC Recommendation: 2.50

Referred to CPT June 2010

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 est Medicare Utilization: 6,108	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 4.00 2019 NF PE RVU: 19.58 2019 Fac PE RVU:1.37
RUC Recommendation:	4.25				Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 32,676	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 4.00 2019 NF PE RVU: 19.57 2019 Fac PE RVU:1.37
RUC Recommendation:	4.25				Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 268	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 4.25 2019 NF PE RVU: 14.78 2019 Fac PE RVU:1.41
RUC Recommendation:	4.50				Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 6,192

2007 Work RVU:

2019 Work RVU: 3.96

2007 NF PE RVU:

2019 NF PE RVU: 31.77

2007 Fac PE RVU

2019 Fac PE RVU:1.54

Result: Decrease

RUC Recommendation: 4.21

Referred to CPT February 2010

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

49420 Deleted from CPT

Global: 000

Issue: Insertion of Intraperitoneal Cannula or Catheter

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: October 2009

Tab 40

Specialty Developing Recommendation: ACS

First Identified: April 2008

2018 est Medicare Utilization:

2007 Work RVU: 2.22

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 1.11

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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 est Medicare Utilization: 2,132

2007 Work RVU: 5.87

2019 Work RVU: 4.21

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 3.15

2019 Fac PE RVU:1.49

Result: Decrease

RUC Recommendation: 4.21

Referred to CPT February 2010

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 ACS, SVS
Recommendation:

First
Identified: October 2016

2018 est
Medicare
Utilization: 11,691

2007 Work RVU: 6.26
2007 NF PE RVU: NA
2007 Fac PE RVU 2.82
Result: Decrease

2019 Work RVU: 4.00
2019 NF PE RVU: NA
2019 Fac PE RVU:1.57

RUC Recommendation: 4.00

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

49505 Repair initial inguinal hernia, age 5 years or older; reducible

Global: 090

Issue: RAW review

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: January 2012

Tab 30

Specialty Developing ACS
Recommendation:

First
Identified: September 2011

2018 est
Medicare
Utilization: 54,088

2007 Work RVU: 7.88
2007 NF PE RVU: NA
2007 Fac PE RVU 3.78
Result: Maintain

2019 Work RVU: 7.96
2019 NF PE RVU: NA
2019 Fac PE RVU:5.24

RUC Recommendation: Reaffirmed

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

49507 Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated

Global: 090

Issue: Hernia Repair

Screen: Site of Service Anomaly

Complete? Yes

Most Recent
RUC Meeting: February 2011

Tab 29

Specialty Developing ACS
Recommendation:

First
Identified: September 2007

2018 est
Medicare
Utilization: 10,392

2007 Work RVU: 9.97
2007 NF PE RVU: NA
2007 Fac PE RVU 4.46
Result: Maintain

2019 Work RVU: 9.09
2019 NF PE RVU: NA
2019 Fac PE RVU:5.74

RUC Recommendation: 10.05

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

49521 Repair recurrent inguinal hernia, any age; incarcerated or strangulated

Global: 090

Issue: Hernia Repair

Screen: Site of Service Anomaly

Complete? Yes

Most Recent
RUC Meeting: February 2011

Tab 29

Specialty Developing ACS
Recommendation:

First
Identified: September 2007

2018 est
Medicare
Utilization: 1,960

2007 Work RVU: 12.36
2007 NF PE RVU: NA
2007 Fac PE RVU 5.18
Result: Maintain

2019 Work RVU: 11.48
2019 NF PE RVU: NA
2019 Fac PE RVU:6.57

RUC Recommendation: 12.44

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

Status Report: CMS Requests and Relativity Assessment Issues

49565 Repair recurrent incisional or ventral hernia; reducible

Global: **Issue:** RAW

Screen: Site of Service Anomaly - 2019

Complete? No

Most Recent RUC Meeting: October 2019

Tab 17

Specialty Developing Recommendation:

First Identified: October 2019

2018 est Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result:

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Survey

Referred to CPT
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 est Medicare Utilization: 8,275

2007 Work RVU: 7.96
2007 NF PE RVU: NA
2007 Fac PE RVU Result: Maintain

2019 Work RVU: 7.08
2019 NF PE RVU: NA
2019 Fac PE RVU: 5.02

RUC Recommendation: 8.04

Referred to CPT
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 est Medicare Utilization: 8,859

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: Maintain

2019 Work RVU: 11.92
2019 NF PE RVU: NA
2019 Fac PE RVU: 6.83

RUC Recommendation: 12.88

Referred to CPT
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 est Medicare Utilization: 5,347

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: Maintain

2019 Work RVU: 14.94
2019 NF PE RVU: NA
2019 Fac PE RVU: 8.45

RUC Recommendation: 16.21

Referred to CPT
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 **Tab** 30 **Specialty Developing** ACS
RUC Meeting: February 2011 **Recommendation:**

First Identified: June 2010

2018 est Medicare Utilization: 6,981

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Maintain

2019 Work RVU: 13.76
2019 NF PE RVU: NA
2019 Fac PE RVU: 7.51

RUC Recommendation: 15.03

Referred to CPT
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 **Tab** 30 **Specialty Developing** ACS
RUC Meeting: February 2011 **Recommendation:**

First Identified: June 2010

2018 est Medicare Utilization: 4,488

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Maintain

2019 Work RVU: 16.84
2019 NF PE RVU: NA
2019 Fac PE RVU: 9.12

RUC Recommendation: 18.11

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

50021 Drainage of perirenal or renal abscess; percutaneous **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent **Tab** 04 **Specialty Developing**
RUC Meeting: January 2013 **Recommendation:**

First Identified: January 2012

2018 est Medicare Utilization:

2007 Work RVU: 3.37
2007 NF PE RVU: 21.23
2007 Fac PE RVU 1.07
Result: Deleted from CPT

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	Global:	Issue:	RAW	Screen:	Site of Service Anomaly - 2019	Complete?	No				
Most Recent RUC Meeting:	October 2019	Tab 17	Specialty Developing Recommendation:	First Identified:	October 2019	2018 est Medicare Utilization:	2007 Work RVU:	2019 Work RVU:				
							2007 NF PE RVU:	2019 NF PE RVU:				
							2007 Fac PE RVU Result:	2019 Fac PE RVU:				
RUC Recommendation:	Survey		Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	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 est Medicare Utilization:	36,268	2007 Work RVU:	2.63	2019 Work RVU:	2.38
									2007 NF PE RVU:	NA	2019 NF PE RVU:	12.67
									2007 Fac PE RVU	1.24	2019 Fac PE RVU:	1.10
RUC Recommendation:	New PE Inputs		Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:		Result:	PE Only				
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 est Medicare Utilization:	11,120	2007 Work RVU:	40.45	2019 Work RVU:	39.88
									2007 NF PE RVU:	NA	2019 NF PE RVU:	NA
									2007 Fac PE RVU	16.32	2019 Fac PE RVU:	21.06
RUC Recommendation:	40.90		Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:		Result:	Maintain				

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 7,308	2007 Work RVU: 2.00 2007 NF PE RVU: 16.66 2007 Fac PE RVU: 0.65 Result: Maintain	2019 Work RVU: 1.75 2019 NF PE RVU: 12.76 2019 Fac PE RVU: 0.53
RUC Recommendation: 2.00		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	Global: 000	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 09 Specialty Developing Recommendation: ACR, SIR	First Identified: October 2012	2018 est Medicare Utilization:	2007 Work RVU: 3.37 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.46 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	Global: 000	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 09 Specialty Developing Recommendation: ACR, SIR	First Identified: October 2012	2018 est Medicare Utilization:	2007 Work RVU: 4.15 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.71 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

50394 Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter

Global: 000

Issue: Genitourinary Catheter Procedures

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2015

Tab 09

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.76

2019 Work RVU:

2007 NF PE RVU: 2.45

2019 NF PE RVU:

2007 Fac PE RVU 0.63

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

50395 Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous

Global: 000

Issue: Dilation of Urinary Tract

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2018

Tab 12

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2014

2018 est Medicare Utilization: 3,555

2007 Work RVU: 3.37

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 1.47

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2017

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

50398 Change of nephrostomy or pyelostomy tube

Global: 000

Issue: Genitourinary Catheter Procedures

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2015

Tab 09

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 1.46

2019 Work RVU:

2007 NF PE RVU: 15.06

2019 NF PE RVU:

2007 Fac PE RVU 0.51

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 1,089	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 2.90 2019 NF PE RVU: 11.36 2019 Fac PE RVU: 1.29
RUC Recommendation: 3.15		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 9,264	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 1.10 2019 NF PE RVU: 4.83 2019 Fac PE RVU: 0.70
RUC Recommendation: 1.42		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 27,194	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 4.00 2019 NF PE RVU: 19.17 2019 Fac PE RVU: 1.63
RUC Recommendation: 4.00		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 4,965	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 5.05 2019 NF PE RVU: 25.76 2019 Fac PE RVU: 1.95
RUC Recommendation: 5.05		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Global: 000	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 09 Specialty Developing Recommendation: ACR, SIR	First Identified: October 2014	2018 est Medicare Utilization: 2,261	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 3.75 2019 NF PE RVU: 20.58 2019 Fac PE RVU: 1.52
RUC Recommendation: 4.20		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Global: 000	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 09 Specialty Developing Recommendation: ACR, SIR	First Identified: October 2014	2018 est Medicare Utilization: 43,554	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 1.82 2019 NF PE RVU: 12.65 2019 Fac PE RVU: 0.92
RUC Recommendation: 2.00		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:	2007 Work RVU: 2.78 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.32
RUC Recommendation:	3.37			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2.78 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.32
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 est Medicare Utilization:	2007 Work RVU: 4.85 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.99
RUC Recommendation:	5.44			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 4.85 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.99
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 est Medicare Utilization: 221	2007 Work RVU: 21.18 2007 NF PE RVU: NA 2007 Fac PE RVU: 8.93
RUC Recommendation:	Remove from screen			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 21.36 2019 NF PE RVU: NA 2019 Fac PE RVU: 10.02

Status Report: CMS Requests and Relativity Assessment Issues

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 AUA
Recommendation:

First
Identified: October 2008

2018 est
Medicare
Utilization: 2,370

2007 Work RVU: 25.26

2019 Work RVU: 25.36

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 9.99

2019 Fac PE RVU:10.77

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

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 AUA
Recommendation:

First
Identified: September 2011

2018 est
Medicare
Utilization: 56,412

2007 Work RVU: 9.64

2019 Work RVU: 9.77

2007 NF PE RVU: 13.6

2019 NF PE RVU: 10.15

2007 Fac PE RVU 4.65

2019 Fac PE RVU:5.60

Result: Maintain

RUC Recommendation: 9.77

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

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 AUA, SIR
Recommendation:

First
Identified: October 2008

2018 est
Medicare
Utilization: 3,524

2007 Work RVU: 16.66

2019 Work RVU: 16.79

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 7.06

2019 Fac PE RVU:8.58

Result: Maintain

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

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 est Medicare Utilization: 93	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 3.16 2019 NF PE RVU: 15.36 2019 Fac PE RVU:0.99
RUC Recommendation: 3.16			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2014 Published in CPT Asst:		
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Global: 000	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting: January 2015	Tab 09	Specialty Developing Recommendation: ACR, SIR	First Identified: October 2014	2018 est Medicare Utilization: 4,637	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 3.96 2019 NF PE RVU: 24.43 2019 Fac PE RVU:1.63
RUC Recommendation: 4.60			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2014 Published in CPT Asst:		
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Global: 000	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes	
Most Recent RUC Meeting: January 2015	Tab 09	Specialty Developing Recommendation: ACR, SIR	First Identified: October 2014	2018 est Medicare Utilization: 942	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 5.25 2019 NF PE RVU: 26.00 2019 Fac PE RVU:2.07
RUC Recommendation: 6.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2014 Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Global: 000	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 09 Specialty Developing Recommendation: ACR, SIR	First Identified: October 2014	2018 est Medicare Utilization: 1,477	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 6.80 2019 NF PE RVU: 31.32 2019 Fac PE RVU: 2.56
RUC Recommendation: 7.55		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 08 Specialty Developing Recommendation: ACR, SIR	First Identified: October 2014	2018 est Medicare Utilization: 71	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 4.03 2019 NF PE RVU: 52.42 2019 Fac PE RVU: 1.29
RUC Recommendation: 4.03		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 08 Specialty Developing Recommendation: ACR, SIR	First Identified: October 2014	2018 est Medicare Utilization: 1,530	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 3.80 2019 NF PE RVU: 23.27 2019 Fac PE RVU: 1.17
RUC Recommendation: 3.80		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

51040 Cystostomy, cystostomy 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 est
Medicare
Utilization: 5,353

2007 Work RVU: 4.43

2019 Work RVU: 4.49

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 3.01

2019 Fac PE RVU:3.38

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

51102 Aspiration of bladder; with insertion of suprapubic catheter

Global: 000

Issue: Urological Procedures

Screen: Site of Service Anomaly

Complete? Yes

Most Recent
RUC Meeting: April 2008

Tab 45

Specialty Developing
Recommendation:

AUA

First
Identified: September 2007

2018 est
Medicare
Utilization: 14,022

2007 Work RVU:

2019 Work RVU: 2.70

2007 NF PE RVU:

2019 NF PE RVU: 3.62

2007 Fac PE RVU

2019 Fac PE RVU:1.20

Result: Decrease

RUC Recommendation: 2.70

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

51700 Bladder irrigation, simple, lavage and/or instillation

Global: 000

Issue: Bladder Catheter

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent
RUC Meeting: January 2016

Tab 32

Specialty Developing
Recommendation:

AUA

First
Identified: July 2015

2018 est
Medicare
Utilization: 189,370

2007 Work RVU: 0.88

2019 Work RVU: 0.60

2007 NF PE RVU: 1.58

2019 NF PE RVU: 1.46

2007 Fac PE RVU 0.3

2019 Fac PE RVU:0.21

Result: Decrease

RUC Recommendation: 0.60

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

51701 Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)

Global: 000

Issue: Bladder Catheter

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent
RUC Meeting: January 2016

Tab 32

Specialty Developing
Recommendation:

AUA

First
Identified: July 2015

2018 est
Medicare
Utilization: 170,949

2007 Work RVU: 0.50

2019 Work RVU: 0.50

2007 NF PE RVU: 1.45

2019 NF PE RVU: 0.72

2007 Fac PE RVU 0.21

2019 Fac PE RVU:0.18

Result: Maintain

RUC Recommendation: 0.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

51702 Insertion of temporary indwelling bladder catheter; simple (eg, Foley) **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015

2018 est Medicare Utilization: 233,766

2007 Work RVU: 0.50

2019 Work RVU: 0.50

2007 NF PE RVU: 1.94

2019 NF PE RVU: 1.21

2007 Fac PE RVU 0.27

2019 Fac PE RVU:0.18

Result: Maintain

RUC Recommendation: 0.50

Referred to CPT

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 est Medicare Utilization: 54,945

2007 Work RVU: 1.47

2019 Work RVU: 1.47

2007 NF PE RVU: 2.62

2019 NF PE RVU: 2.15

2007 Fac PE RVU 0.63

2019 Fac PE RVU:0.60

Result: Maintain

RUC Recommendation: 1.47

Referred to CPT

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 est Medicare Utilization: 191,565

2007 Work RVU: 1.50

2019 Work RVU: 0.87

2007 NF PE RVU: 1.72

2019 NF PE RVU: 1.44

2007 Fac PE RVU 0.71

2019 Fac PE RVU:0.31

Result: Decrease

RUC Recommendation: 0.87

Referred to CPT

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 est Medicare Utilization: 4,991

2007 Work RVU: 1.71

2019 Work RVU: 1.71

2007 NF PE RVU: 7.41

2019 NF PE RVU: 6.07

2007 Fac PE RVU 7.41

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.71

Referred to CPT February 2009

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
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Most Recent RUC Meeting: April 2009

Tab 16 Specialty Developing Recommendation: AUA, ACOG

First Identified: February 2009

2018 est Medicare Utilization: 2,179

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

2019 Work RVU: 2.11
2019 NF PE RVU: 7.07
2019 Fac PE RVU: NA

RUC Recommendation: 2.11

Referred to CPT
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
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Most Recent RUC Meeting: April 2009

Tab 16 Specialty Developing Recommendation: AUA, ACOG

First Identified: February 2009

2018 est Medicare Utilization: 78,918

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

2019 Work RVU: 2.11
2019 NF PE RVU: 7.25
2019 Fac PE RVU: NA

RUC Recommendation: 2.11

Referred to CPT
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
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Most Recent RUC Meeting: April 2009

Tab 16 Specialty Developing Recommendation: AUA, ACOG

First Identified: February 2009

2018 est Medicare Utilization: 64,968

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

2019 Work RVU: 2.51
2019 NF PE RVU: 7.47
2019 Fac PE RVU: NA

RUC Recommendation: 2.51

Referred to CPT
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 est Medicare Utilization:** 11,024

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

2007 Work RVU: 0.61 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.67 **2019 NF PE RVU:** 0.21
2007 Fac PE RVU: 0.67 **2019 Fac PE RVU:** NA
Result: Decrease

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 est Medicare Utilization:** 440,617

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

2007 Work RVU: 1.14 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.91 **2019 NF PE RVU:** 0.22
2007 Fac PE RVU: 0.91 **2019 Fac PE RVU:** NA
Result: Decrease

51772 Deleted from CPT **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2018 est Medicare Utilization:**

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

2007 Work RVU: 1.61 **2019 Work RVU:**
2007 NF PE RVU: 5.44 **2019 NF PE RVU:**
2007 Fac PE RVU: 5.44 **2019 Fac PE RVU:**
Result: Deleted from CPT

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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 **Tab** 37 **Specialty Developing** AUA
RUC Meeting: January 2019 **Recommendation:**

First Identified: October 2012 **2018 est Medicare Utilization:** 140,102

2007 Work RVU: 1.53 **2019 Work RVU:** 0.75
2007 NF PE RVU: 3.95 **2019 NF PE RVU:** 1.11
2007 Fac PE RVU: 3.95 **2019 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 0.75. Maintain, CPT Assistant addressed issues identified.

Referred to CPT February 2014

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 **Tab** 37 **Specialty Developing** AUA
RUC Meeting: January 2019 **Recommendation:**

First Identified: October 2012 **2018 est Medicare Utilization:** 8,191

2007 Work RVU: 1.10 **2019 Work RVU:** 1.10
2007 NF PE RVU: 5.74 **2019 NF PE RVU:** 5.36
2007 Fac PE RVU: 5.74 **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: CPT edits and CPT Assistant article complete.

Referred to CPT February 2014

Referred to CPT Asst ☒ **Published in CPT Asst:** Feb 2014

51795 Deleted from CPT **Global:** 000 **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

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

First Identified: February 2008 **2018 est Medicare Utilization:**

2007 Work RVU: 1.53 **2019 Work RVU:**
2007 NF PE RVU: 7.15 **2019 NF PE RVU:**
2007 Fac PE RVU: 7.15 **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009

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 est
Medicare
Utilization: 117,137

2007 Work RVU: 1.60

2019 Work RVU: 0.80

2007 NF PE RVU: 5.55

2019 NF PE RVU: 3.08

2007 Fac PE RVU 5.55

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.80

Referred to CPT February 2009

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 AUA
Recommendation:

First
Identified: July 2015

2018 est
Medicare
Utilization: 2,145,636

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: 0.4

2019 NF PE RVU: 0.35

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: PE Only

RUC Recommendation: PE Only

Referred to CPT

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 AUA, ACOG
Recommendation:

First
Identified: October 2010

2018 est
Medicare
Utilization: 894,320

2007 Work RVU: 2.23

2019 Work RVU: 1.53

2007 NF PE RVU: 3.4

2019 NF PE RVU: 3.69

2007 Fac PE RVU 0.91

2019 Fac PE RVU:0.64

Result: Decrease

RUC Recommendation: 1.75

Referred to CPT

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

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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 est Medicare Utilization: 17,991	2007 Work RVU: 3.70 2007 NF PE RVU: 33.55 2007 Fac PE RVU: 1.47 Result: Decrease	2019 Work RVU: 3.50 2019 NF PE RVU: 16.11 2019 Fac PE RVU: 1.21
RUC Recommendation: 3.50		Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization: 37,446	2007 Work RVU: 3.14 2007 NF PE RVU: 32.11 2007 Fac PE RVU: 1.28 Result: Increase	2019 Work RVU: 4.05 2019 NF PE RVU: 16.41 2019 Fac PE RVU: 1.40
RUC Recommendation: 4.05		Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization: 27,680	2007 Work RVU: 4.62 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.83 Result: Maintain	2019 Work RVU: 4.62 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.99
RUC Recommendation: Reivew action plan to determine if CPT Assistant article and CPT changes were effective. 4.62		Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: May 2016		

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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 est Medicare Utilization: 32,450	2007 Work RVU: 5.44 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.13 Result: Maintain	2019 Work RVU: 5.44 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.30
RUC Recommendation: 5.44		Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization: 21,711	2007 Work RVU: 9.71 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.6 Result: Decrease	2019 Work RVU: 7.50 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.02
RUC Recommendation: Reivew action plan to determine if CPT Assistant article and CPT changes were effective. 8.75		Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization: 65,790	2007 Work RVU: 2.80 2007 NF PE RVU: 6.65 2007 Fac PE RVU: 1.21 Result: Maintain	2019 Work RVU: 2.75 2019 NF PE RVU: 5.47 2019 Fac PE RVU: 1.34
RUC Recommendation: 2.80		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	Global:	Issue:	Screen: High Volume Growth6	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: October 2019	2018 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Review action plan			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 147,635	2007 Work RVU: 2.83 2007 NF PE RVU: 7.42 2007 Fac PE RVU Result: Maintain 2019 Work RVU: 2.82 2019 NF PE RVU: 10.39 2019 Fac PE RVU: 1.36
RUC Recommendation: 2.82			Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 311	2007 Work RVU: 4.82 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 3.37 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.55
RUC Recommendation: 3.37			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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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 est Medicare Utilization: 2,369	2007 Work RVU: 6.11 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.44 Result: Decrease	2019 Work RVU: 5.35 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.27
RUC Recommendation: 5.35		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 187	2007 Work RVU: 6.61 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.59 Result: Decrease	2019 Work RVU: 5.85 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.44
RUC Recommendation: 5.85		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 25	2007 Work RVU: 7.31 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.84 Result: Decrease	2019 Work RVU: 6.55 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.69
RUC Recommendation: 6.55		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 3,072	2007 Work RVU: 7.81 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.09 Result: Decrease	2019 Work RVU: 7.05 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.86
RUC Recommendation: 7.05		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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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 est Medicare Utilization: 437	2007 Work RVU: 8.31 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.27 Result: Decrease	2019 Work RVU: 7.55 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.04
RUC Recommendation: 7.55		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 225	2007 Work RVU: 9.34 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.62 Result: Decrease	2019 Work RVU: 8.58 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.39
RUC Recommendation: 8.58		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 22,640	2007 Work RVU: 5.85 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.36 Result: Decrease	2019 Work RVU: 5.75 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.37
RUC Recommendation: 5.75		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 24,454	2007 Work RVU: 6.87 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.77 Result: Decrease	2019 Work RVU: 6.75 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.76
RUC Recommendation: 6.75		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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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 est Medicare Utilization: 10,900

2007 Work RVU: 7.96

2019 Work RVU: 7.50

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 3.14

2019 Fac PE RVU: 3.02

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 est Medicare Utilization: 8,791

2007 Work RVU: 7.33

2019 Work RVU: 8.00

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 2.94

2019 Fac PE RVU: 3.19

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 est Medicare Utilization: 863

2007 Work RVU: 8.81

2019 Work RVU: 9.00

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 3.44

2019 Fac PE RVU: 3.53

Result: Increase

RUC Recommendation: 10.00

Referred to CPT

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

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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 est Medicare Utilization: 70,887

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

2019 Work RVU: 8.00
2019 NF PE RVU: NA
2019 Fac PE RVU: 3.16

RUC Recommendation: 8.00

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

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 est Medicare Utilization: 164

2007 Work RVU: 10.06
2007 NF PE RVU: NA
2007 Fac PE RVU Result: Decrease

2019 Work RVU: 8.69
2019 NF PE RVU: NA
2019 Fac PE RVU: 4.18

RUC Recommendation: 8.69

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

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 est Medicare Utilization: 3,228

2007 Work RVU: 9.39
2007 NF PE RVU: NA
2007 Fac PE RVU Result: Decrease

2019 Work RVU: 8.14
2019 NF PE RVU: NA
2019 Fac PE RVU: 5.09

RUC Recommendation: 8.14

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

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 est Medicare Utilization: 45,141	2007 Work RVU: 15.13 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.99 Result: Decrease	2019 Work RVU: 13.16 2019 NF PE RVU: NA 2019 Fac PE RVU: 6.48
RUC Recommendation: 13.16		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 1,564	2007 Work RVU: 6.89 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.35 Result: Decrease	2019 Work RVU: 4.79 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.82
RUC Recommendation: 4.79		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 19,389	2007 Work RVU: 12.00 2007 NF PE RVU: 66.1 2007 Fac PE RVU: 5.44 Result: Remove from Screen	2019 Work RVU: 12.15 2019 NF PE RVU: 34.25 2019 Fac PE RVU: 6.48
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization:** 2,079 **2007 Work RVU:** 15.21 **2019 Work RVU:** 13.00 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 7.55 **2019 Fac PE RVU:** 7.36 **Result:** Decrease

RUC Recommendation: 13.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 est Medicare Utilization:** 3,432 **2007 Work RVU:** 9.98 **2019 Work RVU:** 5.42 **2007 NF PE RVU:** 82.87 **2019 NF PE RVU:** 39.40 **2007 Fac PE RVU:** 4.46 **2019 Fac PE RVU:** 4.09 **Result:** Maintain

RUC Recommendation: 10.08 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 est Medicare Utilization:** 5,531 **2007 Work RVU:** 14.39 **2019 Work RVU:** 14.52 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 6.51 **2019 Fac PE RVU:** 7.28 **Result:** Maintain

RUC Recommendation: 14.39 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

54410 Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2018 est Medicare Utilization:** 1,280 **2007 Work RVU:** 16.48 **2019 Work RVU:** 15.18 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 7.35 **2019 Fac PE RVU:** 8.04 **Result:** Decrease

RUC Recommendation: 15.18 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **Tab** 16 **Specialty Developing** AUA
RUC Meeting: September 2007 **Recommendation:**

First Identified: September 2007 **2018 est Medicare Utilization:** 2,605

2007 Work RVU: 5.25 **2019 Work RVU:** 5.30
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2019 Fac PE RVU:**3.49
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

54530 Orchiectomy, radical, for tumor; inguinal approach

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

Most Recent **Tab** 65 **Specialty Developing** AUA
RUC Meeting: October 2010 **Recommendation:**

First Identified: September 2007 **2018 est Medicare Utilization:** 1,175

2007 Work RVU: 9.31 **2019 Work RVU:** 8.46
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.72 **2019 Fac PE RVU:**5.21
Result: Decrease

RUC Recommendation: 8.46

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

55700 Biopsy, prostate; needle or punch, single or multiple, any approach

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

Most Recent **Tab** 36 **Specialty Developing** AUA
RUC Meeting: January 2016 **Recommendation:**

First Identified: July 2015 **2018 est Medicare Utilization:** 150,638

2007 Work RVU: 2.58 **2019 Work RVU:** 2.50
2007 NF PE RVU: 4.08 **2019 NF PE RVU:** 4.35
2007 Fac PE RVU 0.82 **2019 Fac PE RVU:**1.00
Result: Decrease

RUC Recommendation: 2.50

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

55706 Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

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

First Identified: January 2014 **2018 est Medicare Utilization:** 1,614

2007 Work RVU: **2019 Work RVU:** 6.28
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**3.83
Result: Maintain

RUC Recommendation: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

55840 Prostatectomy, retropubic radical, with or without nerve sparing;

Global: 090

Issue:

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab 31

Specialty Developing Recommendation: AUA

First Identified: October 2013

2018 est Medicare Utilization: 1,694

2007 Work RVU: 24.45

2019 Work RVU: 21.36

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 10.19

2019 Fac PE RVU:10.16

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 est Medicare Utilization: 208

2007 Work RVU: 26.31

2019 Work RVU: 21.36

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 10.83

2019 Fac PE RVU:10.17

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 est Medicare Utilization: 1,190

2007 Work RVU: 30.52

2019 Work RVU: 25.18

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 12.01

2019 Fac PE RVU:11.49

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 est Medicare Utilization: 19,413	2007 Work RVU: 32.25 2007 NF PE RVU: NA 2007 Fac PE RVU: 12.87 Result: Decrease	2019 Work RVU: 26.80 2019 NF PE RVU: NA 2019 Fac PE RVU: 12.02
RUC Recommendation: 26.80		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 1,609	2007 Work RVU: 20.25 2007 NF PE RVU: NA 2007 Fac PE RVU: 9.59 Result: Decrease	2019 Work RVU: 13.60 2019 NF PE RVU: 161.42 2019 Fac PE RVU: 7.00
RUC Recommendation: 13.45		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 6,171	2007 Work RVU: 13.31 2007 NF PE RVU: NA 2007 Fac PE RVU: 6.38 Result: Not Part of RAW	2019 Work RVU: 13.46 2019 NF PE RVU: NA 2019 Fac PE RVU: 7.32
RUC Recommendation: Review data at RAW		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 **Tab** 16 **Specialty Developing** ACOG
RUC Meeting: September 2007 **Recommendation:**

First Identified: September 2007 **2018 est Medicare Utilization:** 3,259

2007 Work RVU: 3.03 **2019 Work RVU:** 3.08
2007 NF PE RVU: 2.5 **2019 NF PE RVU:** 3.22
2007 Fac PE RVU: 1.79 **2019 Fac PE RVU:** 2.30
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

56620 Vulvectomy simple; partial

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** D **Specialty Developing** ACOG
RUC Meeting: February 2008 **Recommendation:**

First Identified: September 2007 **2018 est Medicare Utilization:** 2,994

2007 Work RVU: 8.44 **2019 Work RVU:** 7.53
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 4.7 **2019 Fac PE RVU:** 6.59
Result: Decrease

RUC Recommendation: 7.35

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

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 **Tab** 15 **Specialty Developing** ACOG
RUC Meeting: April 2017 **Recommendation:**

First Identified: July 2016 **2018 est Medicare Utilization:** 25,522

2007 Work RVU: 0.55 **2019 Work RVU:** 0.50
2007 NF PE RVU: 0.97 **2019 NF PE RVU:** 0.82
2007 Fac PE RVU: 0.2 **2019 Fac PE RVU:** 0.19
Result: Decrease

RUC Recommendation: 0.50

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

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 est Medicare Utilization: 3,053	2007 Work RVU: 6.79	2019 Work RVU: 5.15	
RUC Recommendation: 5.40			Referred to CPT October 2009		2007 NF PE RVU: NA	2019 NF PE RVU: 5.08	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Fac PE RVU 4.3	2019 Fac PE RVU: 2.49	
					Result: Decrease		
<hr/>							
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 est Medicare Utilization: 14,031	2007 Work RVU:	2019 Work RVU: 2.69	
RUC Recommendation: 2.69			Referred to CPT October 2009		2007 NF PE RVU:	2019 NF PE RVU: 3.03	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Fac PE RVU	2019 Fac PE RVU: 1.38	
					Result: Decrease		
<hr/>							
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 est Medicare Utilization: 87,224	2007 Work RVU: 0.89	2019 Work RVU: 0.89	
RUC Recommendation: 0.89			Referred to CPT		2007 NF PE RVU: 1.02	2019 NF PE RVU: 0.80	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2007 Fac PE RVU 0.32	2019 Fac PE RVU: 0.34	
					Result: Maintain		
<hr/>							

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 est Medicare Utilization:** 9,485 **2007 Work RVU:** 11.42 **2019 Work RVU:** 10.08 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 4.22 **2019 Fac PE RVU:** 5.74 **Result:** Decrease

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **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 est Medicare Utilization:** 8,307 **2007 Work RVU:** 11.42 **2019 Work RVU:** 10.08 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 3.93 **2019 Fac PE RVU:** 5.77 **Result:** Decrease

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **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 est Medicare Utilization:** 9,314 **2007 Work RVU:** 14.36 **2019 Work RVU:** 13.25 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 5.08 **2019 Fac PE RVU:** 6.96 **Result:** Decrease

RUC Recommendation: 13.25 **Referred to CPT** September 2016 **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 est Medicare Utilization:** 4,256 **2007 Work RVU:** 15.86 **2019 Work RVU:** 15.00 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 6.1 **2019 Fac PE RVU:** 7.65 **Result:** Decrease

RUC Recommendation: 15.00 **Referred to CPT** September 2016 **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:** **Issue:** RAW **Screen:** Site of Service Anomaly - 2019 **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU Result:** **2019 Fac PE RVU:**

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

57283 Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy) **Global:** **Issue:** RAW **Screen:** Site of Service Anomaly - 2019 **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU Result:** **2019 Fac PE RVU:**

RUC Recommendation: Survey **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 est Medicare Utilization:** 1,885 **2007 Work RVU:** 11.49 **2019 Work RVU:** 11.15 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU Result:** 5.73 **2019 Fac PE RVU:** 7.53

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 est Medicare Utilization:** 25,632 **2007 Work RVU:** 14.01 **2019 Work RVU:** 12.13 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU Result:** 6.21 **2019 Fac PE RVU:** 7.12

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:	Issue: RAW	Screen: Site of Service Anomaly - 2019	Complete? No
Most Recent RUC Meeting: October 2019	Tab 17	Specialty Developing Recommendation:	First Identified: October 2019	2018 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Survey			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 68,755	2007 Work RVU: 1.53 2007 NF PE RVU: 1.27 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 1.21 2019 NF PE RVU: 1.28 2019 Fac PE RVU: 0.65
RUC Recommendation: 1.21			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 689	2007 Work RVU: 0.77 2007 NF PE RVU: 0.51 2007 Fac PE RVU Result: Maintain 2019 Work RVU: 0.77 2019 NF PE RVU: 0.57 2019 Fac PE RVU: 0.30
RUC Recommendation: 0.77			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:** 1,584 **2007 Work RVU:** 3.33 **2019 Work RVU:** 2.65 **2007 NF PE RVU:** 2.32 **2019 NF PE RVU:** 5.42 **2007 Fac PE RVU:** 1.47 **2019 Fac PE RVU:** 1.37 **Result:** Decrease

RUC Recommendation: 3.07 **Referred to CPT** **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 est Medicare Utilization:** 46,887 **2007 Work RVU:** 4.74 **2019 Work RVU:** 4.17 **2007 NF PE RVU:** 2.52 **2019 NF PE RVU:** 34.18 **2007 Fac PE RVU:** 2.05 **2019 Fac PE RVU:** 1.95 **Result:** Decrease

RUC Recommendation: 4.37 **Referred to CPT** **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 est Medicare Utilization:** 221 **2007 Work RVU:** 6.16 **2019 Work RVU:** 5.20 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 2.56 **2019 Fac PE RVU:** 2.35 **Result:** Decrease

RUC Recommendation: 5.54 **Referred to CPT** **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 est Medicare Utilization: 50

2007 Work RVU: 6.99

2019 Work RVU: 5.75

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 2.88

2019 Fac PE RVU:2.53

Result: Decrease

RUC Recommendation: 6.15

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

58561 Hysteroscopy, surgical; with removal of leiomyomata

Global: 000

Issue: Hysteroscopy

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 37 Specialty Developing Recommendation: ACOG

First Identified: July 2015

2018 est Medicare Utilization: 2,425

2007 Work RVU: 9.99

2019 Work RVU: 6.60

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 4

2019 Fac PE RVU:2.87

Result: Decrease

RUC Recommendation: 7.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 226

2007 Work RVU: 5.20

2019 Work RVU: 4.00

2007 NF PE RVU: 2.63

2019 NF PE RVU: 5.92

2007 Fac PE RVU 2.21

2019 Fac PE RVU:1.87

Result: Decrease

RUC Recommendation: 4.17

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 3,176

2007 Work RVU: 6.16 **2019 Work RVU:** 4.47
2007 NF PE RVU: 51.38 **2019 NF PE RVU:** 45.22
2007 Fac PE RVU: 2.58 **2019 Fac PE RVU:** 2.06
Result: Decrease

RUC Recommendation: 4.62

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

58660 Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure) **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007

Tab 16 Specialty Developing Recommendation: AUA, ACOG

First Identified: September 2007

2018 est Medicare Utilization: 850

2007 Work RVU: 11.54 **2019 Work RVU:** 11.59
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 5.07 **2019 Fac PE RVU:** 5.98
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

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 est Medicare Utilization: 12,303

2007 Work RVU: 11.30 **2019 Work RVU:** 11.35
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 4.84 **2019 Fac PE RVU:** 5.57
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

58823 Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic) **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab 04

Specialty Developing Recommendation:

First Identified: January 2012

2018 est Medicare Utilization:

2007 Work RVU: 3.37

2019 Work RVU:

2007 NF PE RVU: 20.75

2019 NF PE RVU:

2007 Fac PE RVU 1.08

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

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 est Medicare Utilization: 3,224

2007 Work RVU: 26.80

2019 Work RVU: 32.16

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 15.06

2019 Fac PE RVU:20.60

Result: Increase

RUC Recommendation: 32.69

Referred to CPT

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 est Medicare Utilization: 1,748

2007 Work RVU: 13.48

2019 Work RVU: 14.37

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 4.91

2019 Fac PE RVU:5.60

Result: Increase

RUC Recommendation: 14.37

Referred to CPT

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 est Medicare Utilization: 900

2007 Work RVU: 15.29

2019 Work RVU: 18.01

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 5.96

2019 Fac PE RVU:7.66

Result: Increase

RUC Recommendation: 18.54

Referred to CPT

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 est Medicare Utilization:** 27 **2007 Work RVU:** 1.71 **2019 Work RVU:** 1.71 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 0.77 **2019 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 est Medicare Utilization:** 65 **2007 Work RVU:** 1.61 **2019 Work RVU:** 1.61 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 0.59 **2019 Fac PE RVU:** 0.62 **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 est Medicare Utilization:** 672 **2007 Work RVU:** 6.22 **2019 Work RVU:** 6.31 **2007 NF PE RVU:** 4.21 **2019 NF PE RVU:** 5.41 **2007 Fac PE RVU:** 1.81 **2019 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 est Medicare Utilization:** 712 **2007 Work RVU:** 11.04 **2019 Work RVU:** 11.16 **2007 NF PE RVU:** 7.6 **2019 NF PE RVU:** 9.85 **2007 Fac PE RVU:** 3.17 **2019 Fac PE RVU:** 4.32 **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 est
Medicare
Utilization: 1,108

2007 Work RVU: 2.13
2007 NF PE RVU: 1.19
2007 Fac PE RVU 0.88
Result: Increase

2019 Work RVU: 2.47
2019 NF PE RVU: 2.55
2019 Fac PE RVU:0.95

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 est
Medicare
Utilization: 2,624

2007 Work RVU: 30.34
2007 NF PE RVU: NA
2007 Fac PE RVU 16.92
Result: Increase

2019 Work RVU: 35.64
2019 NF PE RVU: NA
2019 Fac PE RVU:22.26

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 est
Medicare
Utilization: 1,311

2007 Work RVU: 15.95
2007 NF PE RVU: NA
2007 Fac PE RVU 5.78
Result: Increase

2019 Work RVU: 16.13
2019 NF PE RVU: NA
2019 Fac PE RVU:6.21

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 est
Medicare
Utilization: 855

2007 Work RVU: 18.26
2007 NF PE RVU: NA
2007 Fac PE RVU 7.43
Result: Increase

2019 Work RVU: 21.47
2019 NF PE RVU: NA
2019 Fac PE RVU:9.48

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 est Medicare Utilization: 88	2007 Work RVU: 28.21 2007 NF PE RVU: NA 2007 Fac PE RVU 15.52 Result: Increase	2019 Work RVU: 33.87 2019 NF PE RVU: NA 2019 Fac PE RVU: 21.09
RUC Recommendation: 34.40		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 66	2007 Work RVU: 15.04 2007 NF PE RVU: NA 2007 Fac PE RVU 5.6 Result: Increase	2019 Work RVU: 16.09 2019 NF PE RVU: NA 2019 Fac PE RVU: 6.11
RUC Recommendation: 16.09		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 39	2007 Work RVU: 16.59 2007 NF PE RVU: NA 2007 Fac PE RVU 6.49 Result: Increase	2019 Work RVU: 19.73 2019 NF PE RVU: NA 2019 Fac PE RVU: 7.93
RUC Recommendation: 20.26		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 28

2007 Work RVU: 31.78
2007 NF PE RVU: NA
2007 Fac PE RVU 17.74
Result: Increase

2019 Work RVU: 36.16
2019 NF PE RVU: NA
2019 Fac PE RVU:22.39

RUC Recommendation: 36.69

Referred to CPT
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 est Medicare Utilization: 13

2007 Work RVU: 17.50
2007 NF PE RVU: NA
2007 Fac PE RVU 6.27
Result: Decrease

2019 Work RVU: 16.66
2019 NF PE RVU: NA
2019 Fac PE RVU:6.32

RUC Recommendation: 16.66

Referred to CPT
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 est Medicare Utilization: 8

2007 Work RVU: 19.70
2007 NF PE RVU: NA
2007 Fac PE RVU 8.14
Result: Increase

2019 Work RVU: 22.00
2019 NF PE RVU: NA
2019 Fac PE RVU:9.83

RUC Recommendation: 22.53

Referred to CPT
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 est Medicare Utilization: 7,919

2007 Work RVU: 12.29
2007 NF PE RVU: NA
2007 Fac PE RVU 5.96
Result: Maintain

2019 Work RVU: 11.19
2019 NF PE RVU: NA
2019 Fac PE RVU:7.06

RUC Recommendation: 12.29

Referred to CPT
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 est Medicare Utilization: 310

2007 Work RVU: 14.67

2019 Work RVU: 14.79

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 7.22

2019 Fac PE RVU: 9.22

Result: Maintain

RUC Recommendation: 14.67

Referred to CPT

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 est Medicare Utilization: 414

2007 Work RVU: 17.07

2019 Work RVU: 17.16

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 7.95

2019 Fac PE RVU: 9.09

Result: Remove from Screen

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 292

2007 Work RVU: 19.11

2019 Work RVU: 19.18

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 9.22

2019 Fac PE RVU: 8.83

Result: Remove from Screen

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 109	2007 Work RVU: 23.37 2007 NF PE RVU: NA 2007 Fac PE RVU: 10.89 Result: Remove from Screen	2019 Work RVU: 23.48 2019 NF PE RVU: NA 2019 Fac PE RVU: 10.66
RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.		Referred to CPT			
		Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 329	2007 Work RVU: 2.10 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.37 Result: Remove from screen	2019 Work RVU: 2.10 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.08
RUC Recommendation: Editorial change		Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 15,626	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 3.75 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.71
RUC Recommendation: 3.75		Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>		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
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Most Recent RUC Meeting: February 2010

Tab 13

Specialty Developing Recommendation: NASS, AANS/CNS, AAO-HNS

First Identified: October 2009

2018 est Medicare Utilization: 16,528

2007 Work RVU:

2019 Work RVU: 3.18

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:1.37

RUC Recommendation: 3.18

Referred to CPT October 2009

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

Result: Decrease

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
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Most Recent RUC Meeting: February 2010

Tab 13

Specialty Developing Recommendation: NASS, AANS/CNS

First Identified: October 2009

2018 est Medicare Utilization: 15,096

2007 Work RVU:

2019 Work RVU: 3.75

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:1.75

RUC Recommendation: 3.75

Referred to CPT October 2009

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

Result: Decrease

61793	Deleted from CPT	Global: 090	Issue: Stereotactic Radiosurgery	Screen: CMS Fastest Growing, Site of Service Anomaly (99238-Only)	Complete? Yes
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Most Recent RUC Meeting: October 2008

Tab 26

Specialty Developing Recommendation: AANS

First Identified: September 2007

2018 est Medicare Utilization:

2007 Work RVU: 17.75

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 10.08

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2008

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

61795 Deleted from CPT **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS **First Identified:** October 2008 **2018 est Medicare Utilization:** **2007 Work RVU:** 4.03 **2019 Work RVU:** **2007 NF PE RVU:** NA **2019 NF PE RVU:** **2007 Fac PE RVU:** 1.87 **2019 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

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 est Medicare Utilization:** 6,424 **2007 Work RVU:** **2019 Work RVU:** 13.93 **2007 NF PE RVU:** **2019 NF PE RVU:** NA **2007 Fac PE RVU:** **2019 Fac PE RVU:** 10.13 **RUC Recommendation:** 15.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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 est Medicare Utilization:** 7,578 **2007 Work RVU:** **2019 Work RVU:** 3.48 **2007 NF PE RVU:** **2019 NF PE RVU:** NA **2007 Fac PE RVU:** **2019 Fac PE RVU:** 1.59 **RUC Recommendation:** 3.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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 est Medicare Utilization:** 3,581 **2007 Work RVU:** **2019 Work RVU:** 19.85 **2007 NF PE RVU:** **2019 NF PE RVU:** NA **2007 Fac PE RVU:** **2019 Fac PE RVU:** 12.74 **RUC Recommendation:** 19.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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 est Medicare Utilization: 770

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

2019 Work RVU: 4.81
2019 NF PE RVU: NA
2019 Fac PE RVU: 2.20

RUC Recommendation: 4.81

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

61800 Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab 16 **Specialty Developing Recommendation:**

First Identified: February 2008

2018 est Medicare Utilization: 5,782

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

2019 Work RVU: 2.25
2019 NF PE RVU: NA
2019 Fac PE RVU: 1.35

RUC Recommendation: 2.25

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

61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array **Global:** 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007

2018 est Medicare Utilization: 5,650

2007 Work RVU: 7.37
2007 NF PE RVU: NA
2007 Fac PE RVU Result: Decrease

2019 Work RVU: 6.05
2019 NF PE RVU: NA
2019 Fac PE RVU: 6.66

RUC Recommendation: 6.44

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

Status Report: CMS Requests and Relativity Assessment Issues

62263 Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days **Global:** 010 **Issue:** Epidural 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 est Medicare Utilization: 380

2007 Work RVU: 6.41

2019 Work RVU: 5.00

2007 NF PE RVU: 11.78

2019 NF PE RVU: 11.72

2007 Fac PE RVU 3.11

2019 Fac PE RVU:3.52

Result: Maintain

RUC Recommendation: 6.54

Referred to CPT

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

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 est Medicare Utilization: 80,256

2007 Work RVU: 1.37

2019 Work RVU: 1.37

2007 NF PE RVU: 2.82

2019 NF PE RVU: 2.67

2007 Fac PE RVU 0.55

2019 Fac PE RVU:0.68

Result: Increase

RUC Recommendation: 1.44

Referred to CPT September 2018

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

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 est Medicare Utilization: 6,243

2007 Work RVU: 1.35

2019 Work RVU: 1.35

2007 NF PE RVU: 3.47

2019 NF PE RVU: 3.92

2007 Fac PE RVU 0.68

2019 Fac PE RVU:0.76

Result: Increase

RUC Recommendation: 1.80

Referred to CPT September 2018

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

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 est Medicare Utilization: 535	2007 Work RVU: 2.66 2007 NF PE RVU: 5.16 2007 Fac PE RVU: 0.89 Result: PE Only	2019 Work RVU: 2.66 2019 NF PE RVU: 4.04 2019 Fac PE RVU: 1.68
RUC Recommendation: Remove 99238		Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization: 15,068	2007 Work RVU: 1.54 2007 NF PE RVU: 4.62 2007 Fac PE RVU: 0.67 Result: Maintain	2019 Work RVU: 1.54 2019 NF PE RVU: 3.86 2019 Fac PE RVU: 0.79
RUC Recommendation: 1.54		Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/>	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 Discectomy	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 est Medicare Utilization: 160	2007 Work RVU: 8.88 2007 NF PE RVU: NA 2007 Fac PE RVU: 5.18 Result: PE Only	2019 Work RVU: 9.03 2019 NF PE RVU: NA 2019 Fac PE RVU: 6.52
RUC Recommendation: Reduce 99238 to 0.5		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est
Medicare
Utilization:** 7,568

2007 Work RVU: 3.00

2019 Work RVU: 3.00

2007 NF PE RVU: 6.43

2019 NF PE RVU: 6.36

2007 Fac PE RVU 1.31

2019 Fac PE RVU:1.55

RUC Recommendation: 3.00, CPT Assistant article published.

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Mar 2011

Result: Maintain

622X0

Global:

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 est
Medicare
Utilization:**

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

RUC Recommendation: 1.95

Referred to CPT September 2018

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Increase

622X1

Global:

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 est
Medicare
Utilization:**

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

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

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 est Medicare Utilization: 4,653	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 2.29 2019 NF PE RVU: 4.64 2019 Fac PE RVU: 1.02
RUC Recommendation: 2.29			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 418	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 2.29 2019 NF PE RVU: 4.80 2019 Fac PE RVU: 1.02
RUC Recommendation: 2.29			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 20,730	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 2.25 2019 NF PE RVU: 4.59 2019 Fac PE RVU: 1.00
RUC Recommendation: 2.25			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

62305 Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical) **Global:** 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab 17 Specialty Developing Recommendation: ACR, ASNR

First Identified: October 2012

2018 est Medicare Utilization: 7,036

2007 Work RVU:

2019 Work RVU: 2.35

2007 NF PE RVU:

2019 NF PE RVU: 5.09

2007 Fac PE RVU

2019 Fac PE RVU: 1.04

Result: Decrease

RUC Recommendation: 2.35

Referred to CPT October 2013

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

62310 Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic

Global: 000

Issue: Epidural Injections

Screen: CMS High Expenditure Procedural Codes1 / Final Rule for 2015

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab 10 Specialty Developing Recommendation: AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP

First Identified: January 2012

2018 est Medicare Utilization:

2007 Work RVU: 1.91

2019 Work RVU:

2007 NF PE RVU: 4.35

2019 NF PE RVU:

2007 Fac PE RVU 0.63

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT May 2015

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

Result: Deleted from CPT

62311 Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)

Global: 000

Issue: Epidural Injections

Screen: CMS High Expenditure Procedural Codes1 / Final Rule for 2015

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab 10 Specialty Developing Recommendation: AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 1.54

2019 Work RVU:

2007 NF PE RVU: 4.35

2019 NF PE RVU:

2007 Fac PE RVU 0.58

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT May 2015

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	Global: 000	Issue: Epidural Injections	Screen: CMS High Expenditure Procedural Codes1 / Final Rule for 2015	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab 10	Specialty Developing Recommendation: AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	First Identified: January 2012	2018 est Medicare Utilization:	2007 Work RVU: 2.04 2007 NF PE RVU: 5.09 2007 Fac PE RVU: 0.61 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT May 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	Result: Deleted from CPT	

62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	Global: 000	Issue: Epidural Injections	Screen: CMS High Expenditure Procedural Codes1 / Final Rule for 2015	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab 10	Specialty Developing Recommendation: AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP	First Identified: January 2012	2018 est Medicare Utilization:	2007 Work RVU: 1.87 2007 NF PE RVU: 4.45 2007 Fac PE RVU: 0.58 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT May 2015 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	Result: Deleted from CPT	

Status Report: CMS Requests and Relativity Assessment Issues

62320 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab 10

Specialty Developing Recommendation:

AANS,
AANEM,
AAPM,
AAPM&R,
ACR, ASIPP,
ASA, ASNR,
CNS, ISIS,
NASS

First Identified: May 2015

2018 est Medicare Utilization: 6,882

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 1.80
2019 NF PE RVU: 2.72
2019 Fac PE RVU: 0.89

RUC Recommendation: 1.80

Referred to CPT May 2015

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

Result: Decrease

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 est Medicare Utilization: 213,550

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 1.95
2019 NF PE RVU: 5.08
2019 Fac PE RVU: 0.96

RUC Recommendation: 1.95

Referred to CPT May 2015

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62322 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab 10

Specialty Developing Recommendation:

AANS,
AANEM,
AAPM,
AAPM&R,
ACR, ASIPP,
ASA, ASNR,
CNS, ISIS,
NASS

First Identified: May 2015

2018 est Medicare Utilization: 47,537

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 1.55
2019 NF PE RVU: 2.67
2019 Fac PE RVU: 0.77

RUC Recommendation: 1.55

Referred to CPT May 2015

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

Result: Decrease

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 est Medicare Utilization: 702,624

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 1.80
2019 NF PE RVU: 5.15
2019 Fac PE RVU: 0.88

RUC Recommendation: 1.80

Referred to CPT May 2015

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62324 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent
RUC Meeting: October 2015

Tab 10

Specialty Developing
Recommendation:

AANS,
AANEM,
AAPM,
AAPM&R,
ACR, ASIPP,
ASA, ASNR,
CNS, ISIS,
NASS

First
Identified: May 2015

2018 est
Medicare
Utilization: 22,693

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 1.89
2019 NF PE RVU: 2.08
2019 Fac PE RVU: 0.56

RUC Recommendation: 1.89

Referred to CPT May 2015

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

Result: Decrease

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 est
Medicare
Utilization: 1,309

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 2.20
2019 NF PE RVU: 4.29
2019 Fac PE RVU: 0.70

RUC Recommendation: 2.20

Referred to CPT May 2015

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62326 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent
RUC Meeting: October 2015

Tab 10

Specialty Developing Recommendation: AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2018 est Medicare Utilization: 6,403

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 1.78
2019 NF PE RVU: 2.35
2019 Fac PE RVU: 0.63

RUC Recommendation: 1.78

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

Result: Decrease

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 est Medicare Utilization: 2,353

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 1.90
2019 NF PE RVU: 4.63
2019 Fac PE RVU: 0.72

RUC Recommendation: 1.90

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

Result: Decrease

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 est Medicare Utilization: 5,574

2007 Work RVU: 8.04

2019 Work RVU: 6.05

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 4

2019 Fac PE RVU:4.30

RUC Recommendation: 6.05

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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 est Medicare Utilization: 1,047

2007 Work RVU: 6.60

2019 Work RVU: 3.55

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 3.27

2019 Fac PE RVU:3.43

RUC Recommendation: 4.35

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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 est Medicare Utilization: 294

2007 Work RVU: 3.68

2019 Work RVU: 4.33

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 2.87

2019 Fac PE RVU:3.81

RUC Recommendation: 4.33

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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 est Medicare Utilization: 34	2007 Work RVU: 6.59 2007 NF PE RVU: NA 2007 Fac PE RVU 3.94 2019 Work RVU: 5.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 5.42
RUC Recommendation: 5.65			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
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 est Medicare Utilization: 7,808	2007 Work RVU: 8.58 2007 NF PE RVU: NA 2007 Fac PE RVU 4.46 2019 Work RVU: 5.60 2019 NF PE RVU: NA 2019 Fac PE RVU: 4.25
RUC Recommendation: 6.10			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
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 est Medicare Utilization: 1,155	2007 Work RVU: 6.57 2007 NF PE RVU: NA 2007 Fac PE RVU 3.65 2019 Work RVU: 3.93 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.67
RUC Recommendation: 4.65			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

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 est Medicare Utilization: 10,372

2007 Work RVU: 0.48

2019 Work RVU: 0.48

2007 NF PE RVU: 0.56

2019 NF PE RVU: 0.61

2007 Fac PE RVU: 0.1

2019 Fac PE RVU: 0.19

RUC Recommendation: New PE inputs. 0.48

Referred to CPT October 2010

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

Result: Maintain

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 est Medicare Utilization: 42,072

2007 Work RVU: 0.75

2019 Work RVU: 0.67

2007 NF PE RVU: 0.67

2019 NF PE RVU: 0.83

2007 Fac PE RVU: 0.17

2019 Fac PE RVU: 0.27

RUC Recommendation: New PE inputs. 0.67

Referred to CPT October 2010

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

Result: Decrease

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 est Medicare Utilization: 31,995

2007 Work RVU:

2019 Work RVU: 0.67

2007 NF PE RVU:

2019 NF PE RVU: 2.60

2007 Fac PE RVU

2019 Fac PE RVU: 0.27

RUC Recommendation: New PE inputs. 0.67

Referred to CPT October 2010

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

Result: Decrease

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 est Medicare Utilization:** 97,771 **2007 Work RVU:** **2019 Work RVU:** 0.90 **2007 NF PE RVU:** **2019 NF PE RVU:** 2.49 **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** 0.35

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 est Medicare Utilization:** 30,103 **2007 Work RVU:** 13.03 **2019 Work RVU:** 13.18 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU Result:** Maintain **2019 Fac PE RVU:** 10.92

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 est Medicare Utilization:** 12,051 **2007 Work RVU:** 18.61 **2019 Work RVU:** 18.76 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU Result:** Maintain **2019 Fac PE RVU:** 13.50

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 est Medicare Utilization: 10,707	2007 Work RVU: 17.82 2007 NF PE RVU: NA 2007 Fac PE RVU: 10.4 Result: Maintain	2019 Work RVU: 17.95 2019 NF PE RVU: NA 2019 Fac PE RVU: 13.30
RUC Recommendation: 17.95		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 3,854	2007 Work RVU: 17.12 2007 NF PE RVU: NA 2007 Fac PE RVU: 10.13 Result: Maintain	2019 Work RVU: 17.25 2019 NF PE RVU: NA 2019 Fac PE RVU: 12.89
RUC Recommendation: 17.25		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 101,669	2007 Work RVU: 15.22 2007 NF PE RVU: NA 2007 Fac PE RVU: 9.79 Result: Maintain	2019 Work RVU: 15.37 2019 NF PE RVU: NA 2019 Fac PE RVU: 11.93
RUC Recommendation: 15.37		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 130,729	2007 Work RVU: 3.47 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.58 Result: Maintain 2019 Work RVU: 3.47 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.66
RUC Recommendation: 3.47			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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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 est Medicare Utilization: 6,220	2007 Work RVU: 21.73 2007 NF PE RVU: NA 2007 Fac PE RVU: 12.31 Result: Maintain 2019 Work RVU: 21.86 2019 NF PE RVU: NA 2019 Fac PE RVU: 14.60
RUC Recommendation: Review action plan at RAW Oct 2015. Maintain			Referred to CPT February 2010 Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Oct 2009	
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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 est Medicare Utilization: 507	2007 Work RVU: 19.47 2007 NF PE RVU: NA 2007 Fac PE RVU: 11.87 Result: Maintain 2019 Work RVU: 19.60 2019 NF PE RVU: NA 2019 Fac PE RVU: 13.69
RUC Recommendation: 19.60			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 339	2007 Work RVU: 4.04 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.93 Result: Maintain 2019 Work RVU: 4.04 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.92
RUC Recommendation: 4.04			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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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 est Medicare Utilization: 805	2007 Work RVU: 30.78 2007 NF PE RVU: NA 2007 Fac PE RVU: 15.58 Result: 2019 Work RVU: 30.93 2019 NF PE RVU: NA 2019 Fac PE RVU: 18.28
RUC Recommendation: Review action plan and additional data			Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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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 est Medicare Utilization: 381	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease 2019 Work RVU: 15.60 2019 NF PE RVU: NA 2019 Fac PE RVU: 10.91
RUC Recommendation: 15.50			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 80	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 4.00 2019 NF PE RVU: NA 2019 Fac PE RVU:1.83
RUC Recommendation: 4.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
63650	Percutaneous implantation of neurostimulator electrode array, epidural			Global: 010	Issue: Percutaneous implantation of neurostimulator	Screen: Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting:	April 2013	Tab 22	Specialty Developing Recommendation: AAPM, AANS/CNS, ASA, ISIS, NASS	First Identified: September 2007	2018 est Medicare Utilization: 90,454	2007 Work RVU: 7.57 2007 NF PE RVU: NA 2007 Fac PE RVU 3.11	2019 Work RVU: 7.15 2019 NF PE RVU: 38.15 2019 Fac PE RVU:3.99
RUC Recommendation: 7.20. New PE Inputs				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 9,495	2007 Work RVU: 11.43 2007 NF PE RVU: NA 2007 Fac PE RVU 7.15	2019 Work RVU: 10.92 2019 NF PE RVU: NA 2019 Fac PE RVU:9.53
RUC Recommendation: 11.43				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	

Status Report: CMS Requests and Relativity Assessment Issues

63660 Deleted from CPT

Global: 090

Issue: Neurostimulator (Spinal)

Screen: Site of Service Anomaly / CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab 17

Specialty Developing Recommendation:

AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: September 2007

2018 est Medicare Utilization:

2007 Work RVU: 6.87

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 3.54

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008

Result: Deleted from CPT

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

63661 Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed

Global: 010

Issue: Neurostimulator (Spinal)

Screen: Site of Service Anomaly / CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab 17

Specialty Developing Recommendation:

ISIS, NASS, AANS/CNS, ASA, AAPM

First Identified:

2018 est Medicare Utilization: 3,850

2007 Work RVU:

2019 Work RVU: 5.08

2007 NF PE RVU:

2019 NF PE RVU: 11.60

2007 Fac PE RVU

2019 Fac PE RVU: 3.41

RUC Recommendation: 5.03

Referred to CPT

Result: Decrease

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

63662 Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed

Global: 090

Issue: Neurostimulator (Spinal)

Screen: Site of Service Anomaly / CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab 17

Specialty Developing Recommendation:

ISIS, NASS, AANS/CNS, ASA, AAPM

First Identified:

2018 est Medicare Utilization: 2,171

2007 Work RVU:

2019 Work RVU: 11.00

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU: 9.68

RUC Recommendation: 10.87

Referred to CPT

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

63663 Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed **Global:** 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009

Tab 17

Specialty Developing Recommendation: ISIS, NASS, AANS/CNS, ASA, AAPM

First Identified:

2018 est Medicare Utilization: 1,702

2007 Work RVU:

2019 Work RVU: 7.75

2007 NF PE RVU:

2019 NF PE RVU: 14.73

2007 Fac PE RVU

2019 Fac PE RVU:4.24

Result: Decrease

RUC Recommendation: 70

Referred to CPT

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 est Medicare Utilization: 815

2007 Work RVU:

2019 Work RVU: 11.52

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:9.87

Result: Decrease

RUC Recommendation: 11.39

Referred to CPT

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 est Medicare Utilization: 29,732

2007 Work RVU: 7.87

2019 Work RVU: 5.19

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 4.03

2019 Fac PE RVU:4.15

Result: Decrease

RUC Recommendation: 6.05

Referred to CPT

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** 1 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2018 est Medicare Utilization:** 8,181 **2007 Work RVU:** 6.10 **2019 Work RVU:** 5.30 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 3.56 **2019 Fac PE RVU:** 4.27

RUC Recommendation: 5.25

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

Result: Decrease

64405 Injection, anesthetic agent; greater occipital nerve **Global:** 000 **Issue:** Injection - Greater Occipital Nerve **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 17 **Specialty Developing Recommendation:** AAN, AAPM, AAPMR, ASA **First Identified:** July 2016 **2018 est Medicare Utilization:** 129,605 **2007 Work RVU:** 1.32 **2019 Work RVU:** 0.94 **2007 NF PE RVU:** 1.39 **2019 NF PE RVU:** 1.23 **2007 Fac PE RVU:** 0.47 **2019 Fac PE RVU:** 0.40

RUC Recommendation: 0.94

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

Result: Maintain

64412 Injection, anesthetic agent; spinal accessory nerve **Global:** 000 **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2018 est Medicare Utilization:** **2007 Work RVU:** 1.18 **2019 Work RVU:** **2007 NF PE RVU:** 2.5 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.46 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☒ **Published in CPT Asst:** FAQ Sept 2015

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

64415	Injection, anesthetic agent; brachial plexus, single			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 est Medicare Utilization: 186,267	2007 Work RVU: 1.48 2007 NF PE RVU: 2.47 2007 Fac PE RVU: 0.43	2019 Work RVU: 1.48 2019 NF PE RVU: 1.78 2019 Fac PE RVU: 0.27
RUC Recommendation: Refer to CPT for bundling. 1.48				Referred to CPT February 2020	Referred to CPT Asst <input checked="" type="checkbox"/>	Result: Maintain	Published in CPT Asst: Dec 2011 & Apr 2012

64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	Global: 000	Issue: Anesthetic Agent Nerve Injection	Screen: Site of Service Anomaly / High Volume Growth2	Complete? No
Most Recent RUC Meeting: October 2018	Tab 09 Specialty Developing Recommendation: ASA	First Identified: September 2007	2018 est Medicare Utilization: 19,697	2007 Work RVU: 3.85 2007 NF PE RVU: NA 2007 Fac PE RVU 0.74	2019 Work RVU: 1.81 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.33
RUC Recommendation: Refer to CPT for bundling. Remove from screen. 1.81		Referred to CPT February 2020		Result: Decrease	
		Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

64417	Injection, anesthetic agent; 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:	First Identified: October 2018	2018 est Medicare Utilization: 13,794	2007 Work RVU: 1.44 2019 Work RVU: 1.44 2007 NF PE RVU: 2.65 2019 NF PE RVU: 2.20 2007 Fac PE RVU: 0.46 2019 Fac PE RVU: 0.46
RUC Recommendation: Refer to CPT			Referred to CPT February 2020	Result:	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

64418	Injection, anesthetic agent; suprascapular nerve			Global: 000	Issue: Injection, Anesthetic Agent	Screen: Harvard Valued - Utilization over 30,000-Part2	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab 28	Specialty Developing Recommendation: AAPM, AAPMR, ASA	First Identified: October 2015	2018 est Medicare Utilization: 30,446	2007 Work RVU: 1.32	2019 Work RVU: 1.10	
					2007 NF PE RVU: 2.43	2019 NF PE RVU: 1.49	
					2007 Fac PE RVU 0.46	2019 Fac PE RVU:0.42	
RUC Recommendation: 1.10			Referred to CPT		Result: Decrease		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
64445	Injection, anesthetic agent; sciatic nerve, single			Global: 000	Issue: RAW	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2017	Tab 19	Specialty Developing Recommendation: AAPM, ASA	First Identified: October 2008	2018 est Medicare Utilization: 120,673	2007 Work RVU: 1.48	2019 Work RVU: 1.48	
					2007 NF PE RVU: 2.42	2019 NF PE RVU: 2.26	
					2007 Fac PE RVU 0.51	2019 Fac PE RVU:0.46	
RUC Recommendation: 1.48			Referred to CPT		Result: Maintain		
			Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Dec 2011 & Apr 2012			
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)			Global: 000	Issue: Anesthetic Agent Nerve Injection	Screen: Site of Service Anomaly / High Volume Growth1	Complete? No
Most Recent RUC Meeting: October 2018	Tab 09	Specialty Developing Recommendation: ASA	First Identified: February 2008	2018 est Medicare Utilization: 5,891	2007 Work RVU: 3.61	2019 Work RVU: 1.81	
					2007 NF PE RVU: NA	2019 NF PE RVU: NA	
					2007 Fac PE RVU 0.9	2019 Fac PE RVU:0.33	
RUC Recommendation: Refer to CPT for bundling. 1.81			Referred to CPT February 2020		Result: Decrease		
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:			
64447	Injection, anesthetic agent; femoral nerve, single			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 est Medicare Utilization: 249,913	2007 Work RVU: 1.50	2019 Work RVU: 1.50	
					2007 NF PE RVU: NA	2019 NF PE RVU: 1.84	
					2007 Fac PE RVU 0.38	2019 Fac PE RVU:0.29	
RUC Recommendation: Refer to CPT for bundling. 1.50			Referred to CPT February 2020		Result: Maintain		
			Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Dec 2011 & Apr 2012			

Status Report: CMS Requests and Relativity Assessment Issues

64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)	Global: 000	Issue: Anesthetic Agent Nerve Injection	Screen: Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2	Complete? No
Most Recent RUC Meeting: October 2018	Tab 09 Specialty Developing Recommendation: ASA	First Identified: February 2008	2018 est Medicare Utilization: 40,473	2007 Work RVU: 3.36 2007 NF PE RVU: NA 2007 Fac PE RVU: 0.73 Result: Decrease	2019 Work RVU: 1.63 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.29
RUC Recommendation: Refer to CPT for Bundling. Remove from screen. 1.63		Referred to CPT February 2020	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	Global: 000	Issue: Anesthetic Agent Nerve Injection	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab 19 Specialty Developing Recommendation: ASA	First Identified: September 2007	2018 est Medicare Utilization: 2,132	2007 Work RVU: 3.24 2007 NF PE RVU: NA 2007 Fac PE RVU: 0.84 Result: Decrease	2019 Work RVU: 1.81 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.45
RUC Recommendation: 1.81		Referred to CPT February 2008	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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64450	Injection, anesthetic agent; 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 est Medicare Utilization: 411,612	2007 Work RVU: 1.27 2007 NF PE RVU: 1.25 2007 Fac PE RVU: 0.49 Result: Maintain	2019 Work RVU: 0.75 2019 NF PE RVU: 1.37 2019 Fac PE RVU: 0.46
RUC Recommendation: 0.75		Referred to CPT	Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Jan 2013	

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 72,511	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain 2019 Work RVU: 0.75 2019 NF PE RVU: 0.55 2019 Fac PE RVU: 0.19
RUC Recommendation: 0.75			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 3,193	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Not Part of RAW 2019 Work RVU: 1.75 2019 NF PE RVU: 2.07 2019 Fac PE RVU: 0.44
RUC Recommendation: CPT Assistant article published Jan 2016			Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Jan 2016	
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Paravertebral Block Injection	Screen: New code for CPT 2016.	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 10	Specialty Developing Recommendation: ASA	First Identified: April 2015	2018 est Medicare Utilization: 1,279	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Not Part of RAW 2019 Work RVU: 1.10 2019 NF PE RVU: 1.01 2019 Fac PE RVU: 0.28
RUC Recommendation: CPT Assistant article published Jan 2016			Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Jan 2016	

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 1,251 **2007 Work RVU:** **2019 Work RVU:** 1.90 **2007 NF PE RVU:** **2019 NF PE RVU:** 3.08 **2007 Fac PE RVU:** **2019 Fac PE RVU:** 0.37

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jan 2016 **Result:** Not Part of RAW

64470 Deleted from CPT **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2018 est Medicare Utilization:** **2007 Work RVU:** 1.85 **2019 Work RVU:** **2007 NF PE RVU:** 6.37 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.71 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

64472 Deleted from CPT **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2018 est Medicare Utilization:** **2007 Work RVU:** 1.29 **2019 Work RVU:** **2007 NF PE RVU:** 2.05 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.34 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

64475 Deleted from CPT **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2018 est Medicare Utilization:** **2007 Work RVU:** 1.41 **2019 Work RVU:** **2007 NF PE RVU:** 6.07 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.62 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

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64476 Deleted from CPT **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent **Tab** 57 **Specialty Developing** ASA, NASS, **First** **2018 est** **2007 Work RVU:** 0.98 **2019 Work RVU:**
RUC Meeting: April 2008 **Recommendation:** AAPM **Identified:** April 2008 **Medicare** **2007 NF PE RVU:** 1.86 **2019 NF PE RVU:**
Utilization: **2007 Fac PE RVU** 0.24 **2019 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 **Tab** 05 **Specialty Developing** AAPM, ISIS, **First** **2018 est** **2007 Work RVU:** 2.20 **2019 Work RVU:** 2.29
RUC Meeting: October 2009 **Recommendation:** ASA, NASS, **Identified:** October 2008 **Medicare** **2007 NF PE RVU:** 6.55 **2019 NF PE RVU:** 4.46
Utilization: 44,282 **2007 Fac PE RVU** 0.87 **2019 Fac PE RVU:** 1.27
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 **Tab** 05 **Specialty Developing** AAPM, ISIS, **First** **2018 est** **2007 Work RVU:** 1.54 **2019 Work RVU:** 1.20
RUC Meeting: October 2009 **Recommendation:** ASA, NASS, **Identified:** October 2008 **Medicare** **2007 NF PE RVU:** 2.5 **2019 NF PE RVU:** 2.10
Utilization: 19,578 **2007 Fac PE RVU** 0.45 **2019 Fac PE RVU:** 0.48
RUC Recommendation: 1.20 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64483 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level **Global:** 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 05 **Specialty Developing** AAPM, ISIS, **First** **2018 est** **2007 Work RVU:** 1.90 **2019 Work RVU:** 1.90
RUC Meeting: October 2009 **Recommendation:** ASA, NASS, **Identified:** October 2008 **Medicare** **2007 NF PE RVU:** 6.86 **2019 NF PE RVU:** 4.39
Utilization: 1,023,084 **2007 Fac PE RVU** 0.81 **2019 Fac PE RVU:** 1.14
RUC Recommendation: 1.90 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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 est Medicare Utilization: 427,634

2007 Work RVU: 1.33
2007 NF PE RVU: 2.86
2007 Fac PE RVU: 0.36
Result: Decrease

2019 Work RVU: 1.00
2019 NF PE RVU: 1.71
2019 Fac PE RVU: 0.41

RUC Recommendation: 1.00

Referred to CPT June 2009
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 est Medicare Utilization: 252,926

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU:

2019 Work RVU: 1.82
2019 NF PE RVU: 3.41
2019 Fac PE RVU: 1.05

RUC Recommendation: 1.82

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

Result: Decrease

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 est Medicare Utilization: 228,550

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU:

2019 Work RVU: 1.16
2019 NF PE RVU: 1.42
2019 Fac PE RVU: 0.46

RUC Recommendation: 1.16

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

Result: Decrease

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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 est Medicare Utilization: 153,286	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 1.16 2019 NF PE RVU: 1.44 2019 Fac PE RVU:0.48
RUC Recommendation: 1.16			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
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 est Medicare Utilization: 871,550	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 1.52 2019 NF PE RVU: 3.26 2019 Fac PE RVU:0.93
RUC Recommendation: 1.52			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
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 est Medicare Utilization: 780,144	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 1.00 2019 NF PE RVU: 1.40 2019 Fac PE RVU:0.40
RUC Recommendation: 1.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

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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 est Medicare Utilization: 452,257	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 1.00 2019 NF PE RVU: 1.40 2019 Fac PE RVU:0.42
RUC Recommendation: 1.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
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 est Medicare Utilization: 6,639	2007 Work RVU: 1.22 2007 NF PE RVU: 3.06 2007 Fac PE RVU 0.49	2019 Work RVU: 1.22 2019 NF PE RVU: 2.46 2019 Fac PE RVU:0.81
RUC Recommendation: New PE inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: PE Only	
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 est Medicare Utilization: 19,485	2007 Work RVU: 1.35 2007 NF PE RVU: 4.5 2007 Fac PE RVU 0.54	2019 Work RVU: 1.35 2019 NF PE RVU: 4.27 2019 Fac PE RVU:0.86
RUC Recommendation: PE Review - no change			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: PE Only	

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64550	Application of surface (transcutaneous) neurostimulator (eg, TENS unit)	Global: 000	Issue: Percutaneous NeurostimulatorPlacement	Screen: Final Rule for 2015	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 29	Specialty Developing Recommendation: AANS, CNS, AOTA	First Identified: January 2017	2018 est Medicare Utilization: 6,039	2007 Work RVU: 0.18 2007 NF PE RVU: 0.26 2007 Fac PE RVU: 0.05 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
<hr/>					
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 est Medicare Utilization: 854	2007 Work RVU: 2.33 2007 NF PE RVU: 2.75 2007 Fac PE RVU: 1.73 Result: Increase
RUC Recommendation: 6.13			Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 6.13 2019 NF PE RVU: 41.91 2019 Fac PE RVU: 3.28
<hr/>					
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 est Medicare Utilization: 1,965	2007 Work RVU: 2.29 2007 NF PE RVU: 2.96 2007 Fac PE RVU: 1.23 Result: Increase
RUC Recommendation: 5.76. Article published Jan2016 and addressed issues.			Referred to CPT September 2016 Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Jan 2016	2019 Work RVU: 5.76 2019 NF PE RVU: 37.80 2019 Fac PE RVU: 3.34

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 14,649	2007 Work RVU: 7.07 2007 NF PE RVU: 27.51 2007 Fac PE RVU: 3.05 Result: Decrease	2019 Work RVU: 5.44 2019 NF PE RVU: 14.86 2019 Fac PE RVU: 2.69
RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen.		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
64565	Percutaneous implantation of neurostimulator electrode array; neuromuscular	Global: 010	Issue: Percutaneous NeurostimulatorPlacement	Screen: Final Rule for 2015	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 15 Specialty Developing Recommendation: AANS, CNS	First Identified: January 2017	2018 est Medicare Utilization:	2007 Work RVU: 1.78 2007 NF PE RVU: 3.08 2007 Fac PE RVU: 1.27 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
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 est Medicare Utilization: 194,332	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Maintain	2019 Work RVU: 0.60 2019 NF PE RVU: 2.96 2019 Fac PE RVU: 0.21
RUC Recommendation: 0.60		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

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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 **Tab** 14 **Specialty Developing** AANS/CNS **First** **2018 est** **2007 Work RVU:** **2019 Work RVU:** 9.00
RUC Meeting: February 2010 **Recommendation:** **Identified:** **Medicare** **2007 NF PE RVU:** **2019 NF PE RVU:** NA
Utilization: 871 **2007 Fac PE RVU** **2019 Fac PE RVU:** 6.78
RUC Recommendation: 11.19 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64573 Deleted from CPT **Global:** 090 **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab** 28 **Specialty Developing** AANS/CNS **First** **2018 est** **2007 Work RVU:** 8.15 **2019 Work RVU:**
RUC Meeting: February 2009 **Recommendation:** **Identified:** September 2007 **Medicare** **2007 NF PE RVU:** NA **2019 NF PE RVU:**
Utilization: **2007 Fac PE RVU** 5.31 **2019 Fac PE RVU:**
RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64581 Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent **Tab** 54 **Specialty Developing** AUA **First** **2018 est** **2007 Work RVU:** 14.15 **2019 Work RVU:** 12.20
RUC Meeting: January 2016 **Recommendation:** **Identified:** September 2007 **Medicare** **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA
Utilization: 10,150 **2007 Fac PE RVU** 5.73 **2019 Fac PE RVU:** 5.47
RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen. **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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 est Medicare Utilization: 11,396	2007 Work RVU: 2.42 2007 NF PE RVU: 6.95 2007 Fac PE RVU: 2.33 Result: Remove from screen 2019 Work RVU: 2.45 2019 NF PE RVU: 4.83 2019 Fac PE RVU: 1.87
RUC Recommendation:					Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
<hr/>							
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)			Global:	Issue:	Screen: High Volume Growth6	Complete? No
Most Recent RUC Meeting:		Tab	Specialty Developing Recommendation:		First Identified: October 2019	2018 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation:	Review action plan				Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
<hr/>							
64622	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level			Global: 010	Issue: Fluroscopy	Screen: CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting:	April 2009	Tab 27	Specialty Developing Recommendation:	ASA, ISIS, AAPM, APM&R	First Identified: April 2008	2018 est Medicare Utilization:	2007 Work RVU: 3.02 2007 NF PE RVU: 6.82 2007 Fac PE RVU: 1.34 Result: Deleted from CPT 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation:	PE Review - no change				Referred to CPT June 2008 and Feb 2011	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

64623 Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab 57

Specialty Developing Recommendation: ASA, NASS, AAPM

First Identified: February 2008

2018 est Medicare Utilization:

2007 Work RVU: 0.99

2019 Work RVU:

2007 NF PE RVU: 2.62

2019 NF PE RVU:

2007 Fac PE RVU 0.22

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT June 2008 and Feb 2011

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

64626 Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level

Global: 010

Issue: Fluroscopy

Screen: CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab 27

Specialty Developing Recommendation: ASA, ISIS, AAPM, APM&R

First Identified: April 2008

2018 est Medicare Utilization:

2007 Work RVU: 3.82

2019 Work RVU:

2007 NF PE RVU: 6.99

2019 NF PE RVU:

2007 Fac PE RVU 1.93

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: PE Review - no change

Referred to CPT June 2008 and Feb 2011

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

64627 Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Destruction by Neurolytic Agent

Screen: High Volume Growth1/ CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2008

Tab 57

Specialty Developing Recommendation: ASA, NASS, AAPM

First Identified: April 2008

2018 est Medicare Utilization:

2007 Work RVU: 1.16

2019 Work RVU:

2007 NF PE RVU: 3.98

2019 NF PE RVU:

2007 Fac PE RVU 0.26

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT June 2008 and Feb 2011

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

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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 est Medicare Utilization:** 80,195 **2007 Work RVU:** **2019 Work RVU:** 3.84 **2007 NF PE RVU:** **2019 NF PE RVU:** 7.74 **2007 Fac PE RVU:** **2019 Fac PE RVU:** 2.28 **RUC Recommendation:** Survey April 2020 **Referred to CPT** May 2015 **Referred to CPT Asst** ☒ **Published in CPT Asst:** February 2015 **Result:**

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 est Medicare Utilization:** 127,465 **2007 Work RVU:** **2019 Work RVU:** 1.32 **2007 NF PE RVU:** **2019 NF PE RVU:** 3.91 **2007 Fac PE RVU:** **2019 Fac PE RVU:** 0.52 **RUC Recommendation:** Survey April 2020 **Referred to CPT** May 2015 **Referred to CPT Asst** ☒ **Published in CPT Asst:** February 2015 **Result:**

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 est Medicare Utilization:** 339,660 **2007 Work RVU:** **2019 Work RVU:** 3.78 **2007 NF PE RVU:** **2019 NF PE RVU:** 7.68 **2007 Fac PE RVU:** **2019 Fac PE RVU:** 2.26 **RUC Recommendation:** Survey April 2020 **Referred to CPT** May 2015 **Referred to CPT Asst** ☒ **Published in CPT Asst:** February 2015 **Result:**

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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 est Medicare Utilization:** 515,580 **2007 Work RVU:** **2019 Work RVU:** 1.16 **2007 NF PE RVU:** **2019 NF PE RVU:** 3.60 **2007 Fac PE RVU:** **2019 Fac PE RVU:** 0.46 **RUC Recommendation:** Survey April 2020 **Referred to CPT** May 2015 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Feb 2015 **2007 Fac PE RVU Result:**

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 est Medicare Utilization:** 157,499 **2007 Work RVU:** 2.78 **2019 Work RVU:** 1.23 **2007 NF PE RVU:** 3.75 **2019 NF PE RVU:** 2.53 **2007 Fac PE RVU:** 1.75 **2019 Fac PE RVU:** 1.36 **RUC Recommendation:** 1.23. Remove 99238. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **2007 Fac PE RVU Result:** Decrease

64708 Neuroplasty, major peripheral nerve, arm or leg, open; other than specified **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2018 est Medicare Utilization:** 4,459 **2007 Work RVU:** 6.22 **2019 Work RVU:** 6.36 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 4.73 **2019 Fac PE RVU:** 6.85 **RUC Recommendation:** 6.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **2007 Fac PE RVU Result:** Maintain

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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 est Medicare Utilization:** 750 **2007 Work RVU:** 7.98 **2019 Work RVU:** 8.07 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 4.86 **2019 Fac PE RVU:** 7.15 **Result:** Remove from Screen

RUC Recommendation: Remove from screen **Referred to CPT** February 2010 **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 est Medicare Utilization:** 840 **2007 Work RVU:** 10.23 **2019 Work RVU:** 9.16 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 7 **2019 Fac PE RVU:** 8.99 **Result:** Decrease

RUC Recommendation: 9.16 **Referred to CPT** **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 est Medicare Utilization:** 806 **2007 Work RVU:** 9.70 **2019 Work RVU:** 9.93 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 10.13 **2019 Fac PE RVU:** 13.83 **Result:** PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 est Medicare Utilization:** 26,709 **2007 Work RVU:** 0.71 **2019 Work RVU:** 0.49 **2007 NF PE RVU:** 0.63 **2019 NF PE RVU:** 0.79 **2007 Fac PE RVU:** 0.3 **2019 Fac PE RVU:** 0.50 **Result:** Decrease

RUC Recommendation: 0.49 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 23,922

2007 Work RVU: 0.84

2019 Work RVU: 0.61

2007 NF PE RVU: 0.79

2019 NF PE RVU: 0.95

2007 Fac PE RVU 0.39

2019 Fac PE RVU:0.57

Result: Decrease

RUC Recommendation: 0.75

Referred to CPT

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 est Medicare Utilization: 25,729

2007 Work RVU: 0.93

2019 Work RVU: 0.84

2007 NF PE RVU: 0.87

2019 NF PE RVU: 1.04

2007 Fac PE RVU 0.4

2019 Fac PE RVU:0.59

Result: Maintain

RUC Recommendation: 0.93

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

65285 Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue

Global: 090

Issue: Repair of Eye Wound

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab 8

Specialty Developing Recommendation: AAO

First Identified: September 2007

2018 est Medicare Utilization: 711

2007 Work RVU: 14.43

2019 Work RVU: 15.36

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 9.12

2019 Fac PE RVU:15.09

Result: Decrease

RUC Recommendation: 16.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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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 est Medicare Utilization: 1,918	2007 Work RVU: 10.43 2007 NF PE RVU: NA 2007 Fac PE RVU: 10.04 Result: Decrease	2019 Work RVU: 7.81 2019 NF PE RVU: NA 2019 Fac PE RVU: 10.58
RUC Recommendation: 8.80		Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Jun 2009		
<hr/>					
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 est Medicare Utilization: 19,933	2007 Work RVU: 1.91 2007 NF PE RVU: 1.71 2007 Fac PE RVU: 1.16 Result: Decrease	2019 Work RVU: 1.53 2019 NF PE RVU: 1.78 2019 Fac PE RVU: 0.95
RUC Recommendation: 1.53		Referred to CPT October 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
65805	Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous	Global: 000	Issue: Paracentesis of the Eye	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 21 Specialty Developing Recommendation: AAO	First Identified: April 2011	2018 est Medicare Utilization:	2007 Work RVU: 1.91 2007 NF PE RVU: 2.07 2007 Fac PE RVU: 1.16 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est
Medicare
Utilization: 144,233

2007 Work RVU: 3.90

2019 Work RVU: 3.00

2007 NF PE RVU: 4.14

2019 NF PE RVU: 3.79

2007 Fac PE RVU 3.01

2019 Fac PE RVU:2.69

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 est
Medicare
Utilization: 7,791

2007 Work RVU: 14.57

2019 Work RVU: 13.94

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 12.17

2019 Fac PE RVU:16.17

RUC Recommendation: 13.94

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

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 est
Medicare
Utilization: 3,359

2007 Work RVU: 18.26

2019 Work RVU: 14.84

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 15.21

2019 Fac PE RVU:17.98

RUC Recommendation: 14.81

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

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 est Medicare Utilization: 962	2007 Work RVU:	2019 Work RVU: 14.00
RUC Recommendation: 14.00		Referred to CPT October 2013	Referred to CPT Asst <input type="checkbox"/>	2007 NF PE RVU:	2019 NF PE RVU: NA
			Published in CPT Asst:	2007 Fac PE RVU	2019 Fac PE RVU: 15.65
				Result: Decrease	
<hr/>					
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 Visits	Complete? No
Most Recent RUC Meeting: January 2014	Tab 12 Specialty Developing Recommendation: AAO	First Identified: October 2012	2018 est Medicare Utilization: 10,631	2007 Work RVU: 16.02	2019 Work RVU: 15.00
RUC Recommendation: Review action plan. 15.00		Referred to CPT October 2013	Referred to CPT Asst <input type="checkbox"/>	2007 NF PE RVU: NA	2019 NF PE RVU: NA
			Published in CPT Asst:	2007 Fac PE RVU 10.62	2019 Fac PE RVU: 16.26
				Result: Decrease	
<hr/>					
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 Visits	Complete? No
Most Recent RUC Meeting: January 2014	Tab 12 Specialty Developing Recommendation: AAO	First Identified: January 2014	2018 est Medicare Utilization: 2,406	2007 Work RVU:	2019 Work RVU: 13.20
RUC Recommendation: Review action plan. 13.20		Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	2007 NF PE RVU:	2019 NF PE RVU: NA
			Published in CPT Asst:	2007 Fac PE RVU	2019 Fac PE RVU: 15.13
				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 est Medicare Utilization: 611	2007 Work RVU:	2019 Work RVU: 9.58
RUC Recommendation: 9.58		Referred to CPT October 2013	Referred to CPT Asst <input type="checkbox"/>	2007 NF PE RVU:	2019 NF PE RVU: NA
			Published in CPT Asst:	2007 Fac PE RVU	2019 Fac PE RVU: 12.07
				Result: Decrease	
<hr/>					
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 Visits	Complete? No
Most Recent RUC Meeting: January 2014	Tab 12 Specialty Developing Recommendation: AAO	First Identified: October 2012	2018 est Medicare Utilization: 1,714	2007 Work RVU: 9.35	2019 Work RVU: 10.58
RUC Recommendation: Review action plan. 10.58		Referred to CPT October 2013	Referred to CPT Asst <input type="checkbox"/>	2007 NF PE RVU: NA	2019 NF PE RVU: NA
			Published in CPT Asst:	2007 Fac PE RVU 7.37	2019 Fac PE RVU: 12.71
				Result: Increase	
<hr/>					
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic	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 est Medicare Utilization: 8,607	2007 Work RVU: 7.70	2019 Work RVU: 7.93
RUC Recommendation: 6.36		Referred to CPT May 2018	Referred to CPT Asst <input type="checkbox"/>	2007 NF PE RVU: NA	2019 NF PE RVU: NA
			Published in CPT Asst:	2007 Fac PE RVU 6.49	2019 Fac PE RVU: 9.78
				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 Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2018 est Medicare Utilization:** 72,189

2007 Work RVU: 4.87 **2019 Work RVU:** 3.00
2007 NF PE RVU: 5.49 **2019 NF PE RVU:** 5.28
2007 Fac PE RVU: 4.32 **2019 Fac PE RVU:** 3.49
Result: Decrease

RUC Recommendation: Review action plan. 3.00

Referred to CPT February 2010
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 est Medicare Utilization:** 674,989

2007 Work RVU: 3.32 **2019 Work RVU:** 3.42
2007 NF PE RVU: 4.05 **2019 NF PE RVU:** 5.75
2007 Fac PE RVU: 3.6 **2019 Fac PE RVU:** 5.18
Result: Maintain

RUC Recommendation: Maintain

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

66982 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage **Global:** 090 **Issue:** 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 est Medicare Utilization:** 160,837

2007 Work RVU: 14.83 **2019 Work RVU:** 11.08
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU: 9.75 **2019 Fac PE RVU:** 10.69
Result: Decrease

RUC Recommendation: 10.25

Referred to CPT
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 est Medicare Utilization: 116

2007 Work RVU: 10.20

2019 Work RVU: 10.43

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:10.04

Result: Contractor Price

RUC Recommendation: Contractor Price

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification) **Global:** 090 **Issue:** 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 est Medicare Utilization: 1,707,148

2007 Work RVU: 10.36

2019 Work RVU: 8.52

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 7.24

2019 Fac PE RVU:9.04

Result: Decrease

RUC Recommendation: 7.35

Referred to CPT May 2018

Referred to CPT Asst ☐

Published in CPT Asst:

66X01

Global:

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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Decrease

RUC Recommendation: 13.15

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

66X02				Global:	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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 10.25				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 3,644,368	2007 Work RVU: 2.52 2007 NF PE RVU: 2.59 2007 Fac PE RVU 1.42 Result: Maintain	2019 Work RVU: 1.44 2019 NF PE RVU: 1.34 2019 Fac PE RVU: 1.28
RUC Recommendation: 1.44				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
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 est Medicare Utilization: 17,021	2007 Work RVU: 13.09 2007 NF PE RVU: NA 2007 Fac PE RVU 8.96 Result: Decrease	2019 Work RVU: 12.13 2019 NF PE RVU: NA 2019 Fac PE RVU: 12.60
RUC Recommendation: 12.13				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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67038 Deleted from CPT

Global: 090

Issue: Ophthalmological Procedures

Screen: Site of Service Anomaly

Complete? Yes

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

First Identified: September 2007

2018 est Medicare Utilization:

2007 Work RVU: 23.30

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU: 15.16

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2007

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

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 est Medicare Utilization: 3,282

2007 Work RVU: 16.39

2019 Work RVU: 13.20

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 11.94

2019 Fac PE RVU: 13.27

Result: Decrease

RUC Recommendation: 13.20

Referred to CPT

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

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 est Medicare Utilization: 8,856

2007 Work RVU: 19.23

2019 Work RVU: 14.50

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 13.41

2019 Fac PE RVU: 14.09

Result: Decrease

RUC Recommendation: 14.50

Referred to CPT

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

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 est Medicare Utilization:** 13,556

2007 Work RVU: **2019 Work RVU:** 16.33
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**15.23
Result: Decrease

RUC Recommendation: 16.33

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

67042 Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) **Global:** 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2018 est Medicare Utilization:** 26,275

2007 Work RVU: **2019 Work RVU:** 16.33
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**15.23
Result: Decrease

RUC Recommendation: 16.33

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

67043 Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation **Global:** 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2018 est Medicare Utilization:** 447

2007 Work RVU: **2019 Work RVU:** 17.40
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**15.90
Result: Decrease

RUC Recommendation: 17.40

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

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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 est Medicare Utilization: 368	2007 Work RVU: 8.60 2007 NF PE RVU: 9.04 2007 Fac PE RVU: 6.51 Result: Decrease	2019 Work RVU: 3.50 2019 NF PE RVU: 5.64 2019 Fac PE RVU: 4.34
RUC Recommendation: 3.50		Referred to CPT May 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 3,781	2007 Work RVU: 8.35 2007 NF PE RVU: 7.99 2007 Fac PE RVU: 6.13 Result: Decrease	2019 Work RVU: 3.39 2019 NF PE RVU: 4.81 2019 Fac PE RVU: 4.18
RUC Recommendation: 3.84		Referred to CPT May 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 668	2007 Work RVU: 16.35 2007 NF PE RVU: NA 2007 Fac PE RVU: 11.19 Result: Decrease	2019 Work RVU: 16.00 2019 NF PE RVU: NA 2019 Fac PE RVU: 15.03
RUC Recommendation: 16.00. Reduce 99238 to 0.5		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 16,489	2007 Work RVU: 22.49 2007 NF PE RVU: NA 2007 Fac PE RVU: 14.22 Result: Decrease	2019 Work RVU: 17.13 2019 NF PE RVU: NA 2019 Fac PE RVU: 15.73
RUC Recommendation: 17.13		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 2,437	2007 Work RVU: 10.02 2007 NF PE RVU: 9.99 2007 Fac PE RVU: 7.37 Result: Maintain	2019 Work RVU: 10.25 2019 NF PE RVU: 14.10 2019 Fac PE RVU: 12.13
RUC Recommendation: 10.25. Remove 99238		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
67112	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques	Global: 090	Issue: Retinal Detachment Repair	Screen: 090-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 12 Specialty Developing Recommendation: AAO	First Identified: April 2014	2018 est Medicare Utilization:	2007 Work RVU: 18.45 2007 NF PE RVU: NA 2007 Fac PE RVU: 11.71 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 12,810

2007 Work RVU:

2019 Work RVU: 19.00

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU: 17.70

Result: Decrease

RUC Recommendation: 19.00

Referred to CPT October 2014

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:** **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** No

Most Recent RUC Meeting: October 2019

Tab 17 **Specialty Developing Recommendation:**

First Identified: October 2019

2018 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result:

RUC Recommendation: Review action plan

Referred to CPT

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

67210 Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation **Global:** 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2018 est Medicare Utilization: 60,269

2007 Work RVU: 9.35

2019 Work RVU: 6.36

2007 NF PE RVU: 6.48

2019 NF PE RVU: 7.90

2007 Fac PE RVU 5.84

2019 Fac PE RVU: 7.39

Result: Decrease

RUC Recommendation: 6.36

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	Global: 090	Issue: Treatment of Retinal Lesion or Choroid	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab 13 Specialty Developing Recommendation: AAO	First Identified: February 2008	2018 est Medicare Utilization: 4,090	2007 Work RVU: 14.19 2007 NF PE RVU: 10.23 2007 Fac PE RVU 8.9 Result: Decrease	2019 Work RVU: 6.36 2019 NF PE RVU: 8.36 2019 Fac PE RVU: 7.39
RUC Recommendation: 6.36		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 236	2007 Work RVU: 0.47 2007 NF PE RVU: 0.25 2007 Fac PE RVU 0.2 Result: Maintain	2019 Work RVU: 0.47 2019 NF PE RVU: 0.34 2019 Fac PE RVU: 0.30
RUC Recommendation: 0.47		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 64,029	2007 Work RVU: 13.67 2007 NF PE RVU: 11.2 2007 Fac PE RVU 8.43 Result: Remove from Screen	2019 Work RVU: 4.39 2019 NF PE RVU: 5.02 2019 Fac PE RVU: 4.01
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

67255 Scleral reinforcement (separate procedure); with graft

Global: 090

Issue: Aqueous Shunt

Screen: Harvard-Valued Annual
Allowed Charges
Greater than \$10 million

Complete? Yes

**Most Recent
RUC Meeting:** January 2014

Tab 12

**Specialty Developing
Recommendation:** AAO

**First
Identified:** January 2014

**2018 est
Medicare
Utilization:** 930

2007 Work RVU: 9.97

2019 Work RVU: 8.38

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 9.61

2019 Fac PE RVU:10.44

RUC Recommendation: 10.17

Referred to CPT October 2013

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

Result: Maintain

67320 Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)

Global:

Issue:

Screen: ZZZ Global Post-
Operative Visits

Complete? No

**Most Recent
RUC Meeting:**

Tab

**Specialty Developing
Recommendation:**

**First
Identified:** October 2019

**2018 est
Medicare
Utilization:**

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

RUC Recommendation: Review action plan

Referred to CPT

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

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:

Issue:

Screen: ZZZ Global Post-
Operative Visits

Complete? No

**Most Recent
RUC Meeting:**

Tab

**Specialty Developing
Recommendation:**

**First
Identified:** October 2019

**2018 est
Medicare
Utilization:**

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

RUC Recommendation: Review action plan

Referred to CPT

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

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:** **Issue:** **Screen:** ZZZ Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU Result:** **2019 Fac PE RVU:**

RUC Recommendation: Review action plan **Referred to CPT Referred to CPT Asst** ☐ **Published in CPT Asst:**

67334 Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure) **Global:** **Issue:** **Screen:** ZZZ Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU Result:** **2019 Fac PE RVU:**

RUC Recommendation: Review action plan **Referred to CPT Referred to CPT Asst** ☐ **Published in CPT Asst:**

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:** **Issue:** **Screen:** ZZZ Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU Result:** **2019 Fac PE RVU:**

RUC Recommendation: Review action plan **Referred to CPT Referred to CPT Asst** ☐ **Published in CPT Asst:**

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:** **Issue:** **Screen:** ZZZ Global Post-Operative Visits **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU Result:** **2019 Fac PE RVU:**

RUC Recommendation: Review action plan **Referred to CPT** **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 est Medicare Utilization:** 8,807 **2007 Work RVU:** 1.44 **2019 Work RVU:** 1.18 **2007 NF PE RVU:** 0.66 **2019 NF PE RVU:** 0.75 **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** 0.46

RUC Recommendation: 1.18 **Referred to CPT** **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 est Medicare Utilization:** 198 **2007 Work RVU:** 1.27 **2019 Work RVU:** 1.18 **2007 NF PE RVU:** 0.65 **2019 NF PE RVU:** 1.11 **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** 0.76

RUC Recommendation: 1.18 **Referred to CPT** **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 est Medicare Utilization: 25,679	2007 Work RVU: 1.40 2007 NF PE RVU: 0.65 2007 Fac PE RVU: 0.45 Result: Decrease 2019 Work RVU: 0.75 2019 NF PE RVU: 1.44 2019 Fac PE RVU: 1.26
RUC Recommendation: 0.84			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 228,406	2007 Work RVU: 0.71 2007 NF PE RVU: 0.57 2007 Fac PE RVU: 0.54 Result: Decrease 2019 Work RVU: 0.32 2019 NF PE RVU: 0.59 2019 Fac PE RVU: 0.65
RUC Recommendation: 0.32			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 1,583	2007 Work RVU: 3.70 2007 NF PE RVU: 5.98 2007 Fac PE RVU: 2.99 Result: Maintain 2019 Work RVU: 3.75 2019 NF PE RVU: 9.50 2019 Fac PE RVU: 5.26
RUC Recommendation: 3.75			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est
Medicare
Utilization:** 385

2007 Work RVU: 3.21

2019 Work RVU: 2.03

2007 NF PE RVU: 5.62

2019 NF PE RVU: 6.34

2007 Fac PE RVU 2.75

2019 Fac PE RVU:3.44

Result: Decrease

RUC Recommendation: 2.03

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est
Medicare
Utilization:** 1,947

2007 Work RVU: 5.37

2019 Work RVU: 5.48

2007 NF PE RVU: 7.68

2019 NF PE RVU: 11.14

2007 Fac PE RVU 4.65

2019 Fac PE RVU:6.33

Result: Maintain

RUC Recommendation: 5.48

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est
Medicare
Utilization:** 24,903

2007 Work RVU: 6.08

2019 Work RVU: 5.93

2007 NF PE RVU: 8.08

2019 NF PE RVU: 10.97

2007 Fac PE RVU 4.95

2019 Fac PE RVU:6.62

Result: Decrease

RUC Recommendation: 5.93

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 3,576	2007 Work RVU: 3.42 2007 NF PE RVU: 5.83 2007 Fac PE RVU 2.84 Result: Maintain	2019 Work RVU: 3.47 2019 NF PE RVU: 9.55 2019 Fac PE RVU: 5.09
RUC Recommendation: 3.47				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
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 est Medicare Utilization: 121	2007 Work RVU: 3.09 2007 NF PE RVU: 5.55 2007 Fac PE RVU 2.7 Result: Decrease	2019 Work RVU: 2.03 2019 NF PE RVU: 6.19 2019 Fac PE RVU: 3.42
RUC Recommendation: 2.03				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
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 est Medicare Utilization: 1,386	2007 Work RVU: 5.94 2007 NF PE RVU: 7.76 2007 Fac PE RVU 4.86 Result: Decrease	2019 Work RVU: 5.48 2019 NF PE RVU: 11.15 2019 Fac PE RVU: 6.35
RUC Recommendation: 5.48				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 10,843	2007 Work RVU: 5.84 2007 NF PE RVU: 8.48 2007 Fac PE RVU: 4.57 Result: Maintain	2019 Work RVU: 5.93 2019 NF PE RVU: 11.78 2019 Fac PE RVU: 6.63
RUC Recommendation: 5.93		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 5,560	2007 Work RVU: 0.85 2007 NF PE RVU: 0.69 2007 Fac PE RVU: 0.42 Result: Maintain	2019 Work RVU: 0.85 2019 NF PE RVU: 0.88 2019 Fac PE RVU: 0.51
RUC Recommendation: Revised parenthetical		Referred to CPT February 2013 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 8,800	2007 Work RVU: 0.49 2007 NF PE RVU: 0.52 2007 Fac PE RVU: 0.32 Result: Maintain	2019 Work RVU: 0.49 2019 NF PE RVU: 0.65 2019 Fac PE RVU: 0.46
RUC Recommendation: 0.49		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 34,149	2007 Work RVU: 0.96 2007 NF PE RVU: 1.91 2007 Fac PE RVU: 1.48 Result: Maintain	2019 Work RVU: 0.82 2019 NF PE RVU: 1.70 2019 Fac PE RVU: 1.35
RUC Recommendation: 1.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 27,511	2007 Work RVU: 2.63 2007 NF PE RVU: 3.62 2007 Fac PE RVU: 2.7 Result: Decrease	2019 Work RVU: 1.54 2019 NF PE RVU: 2.82 2019 Fac PE RVU: 1.99
RUC Recommendation: 1.54				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization: 475	2007 Work RVU: 2.39 2007 NF PE RVU: NA 2007 Fac PE RVU: 2.36 Result: Decrease	2019 Work RVU: 1.74 2019 NF PE RVU: NA 2019 Fac PE RVU: 1.99
RUC Recommendation: 2.03				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization:** 8,213 **2007 Work RVU:** 3.24 **2019 Work RVU:** 2.70 **2007 NF PE RVU:** 7.82 **2019 NF PE RVU:** 8.30 **2007 Fac PE RVU:** 2.74 **2019 Fac PE RVU:** 3.40 **RUC Recommendation:** 3.00 **Result:** Decrease

Referred to CPT
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 est Medicare Utilization:** 234 **2007 Work RVU:** **2019 Work RVU:** 2.10 **2007 NF PE RVU:** **2019 NF PE RVU:** 18.24 **2007 Fac PE RVU:** **2019 Fac PE RVU:** 2.23 **RUC Recommendation:** 2.35 **Result:** Decrease

Referred to CPT
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 est Medicare Utilization:** 158,116 **2007 Work RVU:** 0.81 **2019 Work RVU:** 0.81 **2007 NF PE RVU:** 1.75 **2019 NF PE RVU:** 1.87 **2007 Fac PE RVU:** 0.4 **2019 Fac PE RVU:** 0.48 **RUC Recommendation:** 0.81 **Result:** Maintain

Referred to CPT
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 est Medicare Utilization:** 53,811 **2007 Work RVU:** 0.77 **2019 Work RVU:** 0.77 **2007 NF PE RVU:** 2.29 **2019 NF PE RVU:** 1.45 **2007 Fac PE RVU:** 0.56 **2019 Fac PE RVU:** 0.48 **RUC Recommendation:** 0.77 **Result:** Maintain

Referred to CPT
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 est Medicare Utilization: 1,577,321

2007 Work RVU: 0.61

2019 Work RVU: 0.61

2007 NF PE RVU: 0.61

2019 NF PE RVU: 0.66

2007 Fac PE RVU 0.21

2019 Fac PE RVU:0.26

Result: Decrease

RUC Recommendation: 0.58.

Referred to CPT October 2012

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

69400 Eustachian tube inflation, transnasal; with catheterization

Global: 000

Issue: Eustachian Tube Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab 18

Specialty Developing Recommendation: AAO-HNS

First Identified: October 2013

2018 est Medicare Utilization:

2007 Work RVU: 0.83

2019 Work RVU:

2007 NF PE RVU: 2.27

2019 NF PE RVU:

2007 Fac PE RVU 0.66

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

69401 Eustachian tube inflation, transnasal; without catheterization

Global: 000

Issue: Eustachian Tube Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab 18

Specialty Developing Recommendation: AAO-HNS

First Identified: April 2013

2018 est Medicare Utilization:

2007 Work RVU: 0.63

2019 Work RVU:

2007 NF PE RVU: 1.3

2019 NF PE RVU:

2007 Fac PE RVU 0.63

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

69405 Eustachian tube catheterization, transtympanic

Global: 010

Issue: Eustachian Tube Procedures

Screen: High Volume Growth2

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab 18

Specialty Developing Recommendation: AAO-HNS

First Identified: October 2013

2018 est Medicare Utilization:

2007 Work RVU: 2.65

2019 Work RVU:

2007 NF PE RVU: 3.48

2019 NF PE RVU:

2007 Fac PE RVU 2.19

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

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 est Medicare Utilization: 48,586	2007 Work RVU: 1.54 2007 NF PE RVU: 3.09 2007 Fac PE RVU: 1.6 Result: Maintain
RUC Recommendation: 1.57			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.57 2019 NF PE RVU: 3.87 2019 Fac PE RVU: 1.95
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 est Medicare Utilization: 22,629	2007 Work RVU: 8.61 2007 NF PE RVU: NA 2007 Fac PE RVU: 9.31 Result: Decrease
RUC Recommendation: Review action plan at RAW Oct 2015. 2.06			Referred to CPT Feb 2010 Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: May 2011	2019 Work RVU: 2.06 2019 NF PE RVU: 3.47 2019 Fac PE RVU: 1.22
69802	Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy	Global: 090	Issue: Labryinthotomy	Screen: CMS Fastest Growing / Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 16	Specialty Developing Recommendation: AAO-HNS	First Identified:	2018 est Medicare Utilization:	2007 Work RVU: 13.39 2007 NF PE RVU: NA 2007 Fac PE RVU: 11.91 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT Feburary 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:

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 est Medicare Utilization: 4,165

2007 Work RVU: 17.60

2019 Work RVU: 17.73

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU: 14.06

2019 Fac PE RVU: 14.59

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:

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 est Medicare Utilization: 185

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result:

RUC Recommendation: Survey for January 2020

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 est Medicare Utilization: 19,484

2007 Work RVU: 0.18

2019 Work RVU: 0.18

2007 NF PE RVU: 0.59

2019 NF PE RVU: 0.77

2007 Fac PE RVU NA

2019 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 est Medicare Utilization: 34,005	2007 Work RVU: 0.17 2007 NF PE RVU: 0.65 2007 Fac PE RVU NA Result: Increase
RUC Recommendation: 0.20			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.17 2019 NF PE RVU: 0.70 2019 Fac PE RVU: NA

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 est Medicare Utilization: 63,246	2007 Work RVU: 0.25 2007 NF PE RVU: 0.82 2007 Fac PE RVU NA Result: Decrease
RUC Recommendation: 0.22			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.25 2019 NF PE RVU: 0.83 2019 Fac PE RVU: NA

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 est Medicare Utilization: 45,360	2007 Work RVU: 0.24 2007 NF PE RVU: 0.7 2007 Fac PE RVU NA Result: Decrease
RUC Recommendation: 0.20			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.24 2019 NF PE RVU: 0.81 2019 Fac PE RVU: NA

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 est Medicare Utilization: 10,252	2007 Work RVU: 0.34 2007 NF PE RVU: 0.96 2007 Fac PE RVU NA Result: Decrease
RUC Recommendation: 0.29			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.34 2019 NF PE RVU: 0.97 2019 Fac PE RVU: NA

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 est Medicare Utilization: 2,244	2007 Work RVU: 0.16 2007 NF PE RVU: 0.58 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.16 2019 NF PE RVU: 0.88 2019 Fac PE RVU: NA
RUC Recommendation: RUC to submit letter to CMS specifying the innappropriate reporting of this service with the hand-held device in Texas.		Referred to CPT			
		Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 66,882	2007 Work RVU: 0.17 2007 NF PE RVU: 0.5 2007 Fac PE RVU NA Result: Increase	2019 Work RVU: 0.17 2019 NF PE RVU: 0.66 2019 Fac PE RVU: NA
RUC Recommendation: 0.20		Referred to CPT			
		Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 3,542	2007 Work RVU: 0.84 2007 NF PE RVU: 2.14 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.84 2019 NF PE RVU: 1.86 2019 Fac PE RVU: NA
RUC Recommendation: CPT Assistant article published, addressed issues identified.		Referred to CPT			
		Referred to CPT Asst <input checked="" type="checkbox"/>		Published in CPT Asst: July 2014	

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70373	Laryngography, contrast, radiological supervision and interpretation			Global: XXX	Issue: Laryngography	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting:	October 2012	Tab	Specialty Developing Recommendation: ACR, AAFP	First Identified: October 2012	2018 est Medicare Utilization:	2007 Work RVU: 0.44 2007 NF PE RVU: 1.83 2007 Fac PE RVU: NA	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: CPT Assistant article published.				Referred to CPT Referred to CPT Asst	<input checked="" type="checkbox"/>	Published in CPT Asst: July 2014	Result: Maintain
70450	Computed tomography, head or brain; without contrast material			Global: XXX	Issue: CT Head/Brain	Screen: CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / 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 est Medicare Utilization: 5,691,122	2007 Work RVU: 0.85 2007 NF PE RVU: 4.91 2007 Fac PE RVU: NA	2019 Work RVU: 0.85 2019 NF PE RVU: 2.35 2019 Fac PE RVU:NA
RUC Recommendation: 0.85				Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	Result: Maintain
70460	Computed tomography, head or brain; with contrast material(s)			Global: XXX	Issue: CT Head/Brain	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting:	April 2019	Tab 15	Specialty Developing Recommendation: ACR, ASNR	First Identified: April 2013	2018 est Medicare Utilization: 30,471	2007 Work RVU: 1.13 2007 NF PE RVU: 6.06 2007 Fac PE RVU: NA	2019 Work RVU: 1.13 2019 NF PE RVU: 3.40 2019 Fac PE RVU:NA
RUC Recommendation: 1.13				Referred to CPT Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	Result: Maintain

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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 est Medicare Utilization: 97,398

2007 Work RVU: 1.27

2019 Work RVU: 1.27

2007 NF PE RVU: 7.49

2019 NF PE RVU: 4.04

2007 Fac PE RVU: NA

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.27

Referred to CPT

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 est Medicare Utilization: 53,179

2007 Work RVU: 1.28

2019 Work RVU: 1.28

2007 NF PE RVU: 5.86

2019 NF PE RVU: 5.19

2007 Fac PE RVU: NA

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.28

Referred to CPT

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 est Medicare Utilization: 9,941

2007 Work RVU: 1.38

2019 Work RVU: 1.38

2007 NF PE RVU: 6.95

2019 NF PE RVU: 6.29

2007 Fac PE RVU: NA

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 1.13

Referred to CPT

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 est Medicare Utilization: 5,005

2007 Work RVU: 1.45

2019 Work RVU: 1.45

2007 NF PE RVU: 8.36

2019 NF PE RVU: 6.90

2007 Fac PE RVU NA

2019 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 est Medicare Utilization: 523,772

2007 Work RVU: 1.14

2019 Work RVU: 0.85

2007 NF PE RVU: 5.42

2019 NF PE RVU: 3.01

2007 Fac PE RVU NA

2019 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 est Medicare Utilization: 28,720

2007 Work RVU: 1.30

2019 Work RVU: 1.13

2007 NF PE RVU: 6.55

2019 NF PE RVU: 3.51

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 1.17

Referred to CPT

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

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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 est Medicare Utilization: 3,499	2007 Work RVU: 1.42 2007 NF PE RVU: 8.11 2007 Fac PE RVU: NA Result: Decrease	2019 Work RVU: 1.27 2019 NF PE RVU: 4.39 2019 Fac PE RVU: NA
RUC Recommendation: 1.30		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 67,714	2007 Work RVU: 1.28 2007 NF PE RVU: 5.39 2007 Fac PE RVU: NA Result: Maintain	2019 Work RVU: 1.28 2019 NF PE RVU: 3.27 2019 Fac PE RVU: NA
RUC Recommendation: 1.28		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 271,399	2007 Work RVU: 1.38 2007 NF PE RVU: 6.48 2007 Fac PE RVU: NA Result: Maintain	2019 Work RVU: 1.38 2019 NF PE RVU: 4.24 2019 Fac PE RVU: NA
RUC Recommendation: 1.38		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 23,838	2007 Work RVU: 1.45 2007 NF PE RVU: 8.04 2007 Fac PE RVU: NA Result: Increase	2019 Work RVU: 1.62 2019 NF PE RVU: 5.16 2019 Fac PE RVU: NA
RUC Recommendation: 1.62		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 436,186

2007 Work RVU: 1.75

2019 Work RVU: 1.75

2007 NF PE RVU: 12.43

2019 NF PE RVU: 6.44

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.75

Referred to CPT

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 est Medicare Utilization: 456,406

2007 Work RVU: 1.75

2019 Work RVU: 1.75

2007 NF PE RVU: 12.45

2019 NF PE RVU: 6.42

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.75

Referred to CPT

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 est Medicare Utilization: 10,536

2007 Work RVU: 1.35

2019 Work RVU: 1.35

2007 NF PE RVU: 12.11

2019 NF PE RVU: 6.04

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.35

Referred to CPT

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 est Medicare Utilization: 1,151	2007 Work RVU: 1.62 2019 Work RVU: 1.62 2007 NF PE RVU: 14.09 2019 NF PE RVU: 7.16 2007 Fac PE RVU: NA 2019 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.62			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 58,337	2007 Work RVU: 2.15 2019 Work RVU: 2.15 2007 NF PE RVU: 23.65 2019 NF PE RVU: 8.88 2007 Fac PE RVU: NA 2019 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 2.15			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 252,995	2007 Work RVU: 1.20 2019 Work RVU: 1.20 2007 NF PE RVU: 12.46 2019 NF PE RVU: 6.55 2007 Fac PE RVU: NA 2019 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.20			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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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 est Medicare Utilization: 3,726	2007 Work RVU: 1.20 2007 NF PE RVU: 12.44 2007 Fac PE RVU NA Result: Maintain
RUC Recommendation: 1.20			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.20 2019 NF PE RVU: 6.49 2019 Fac PE RVU: NA
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 est Medicare Utilization: 17,598	2007 Work RVU: 1.80 2007 NF PE RVU: 22.97 2007 Fac PE RVU NA Result: Decrease
RUC Recommendation: 1.48			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.48 2019 NF PE RVU: 9.91 2019 Fac PE RVU: NA
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 est Medicare Utilization: 79,419	2007 Work RVU: 1.20 2007 NF PE RVU: 12.45 2007 Fac PE RVU NA Result: Maintain
RUC Recommendation: 1.20			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.20 2019 NF PE RVU: 6.58 2019 Fac PE RVU: NA

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 est Medicare Utilization: 19,807	2007 Work RVU: 1.20 2007 NF PE RVU: 12.65 2007 Fac PE RVU NA Result: Increase
RUC Recommendation: 1.50			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.50 2019 NF PE RVU: 7.05 2019 Fac PE RVU: NA

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 est Medicare Utilization: 62,033	2007 Work RVU: 1.80 2007 NF PE RVU: 22.96 2007 Fac PE RVU NA Result: Maintain
RUC Recommendation: 1.80			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.80 2019 NF PE RVU: 10.09 2019 Fac PE RVU: NA

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 est Medicare Utilization: 1,123,695	2007 Work RVU: 1.48 2007 NF PE RVU: 12.2 2007 Fac PE RVU NA Result: Maintain
RUC Recommendation: 1.48			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.48 2019 NF PE RVU: 4.81 2019 Fac PE RVU: NA

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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 est Medicare Utilization: 23,468	2007 Work RVU: 1.78 2007 NF PE RVU: 14.22 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 1.78 2019 NF PE RVU: 6.96 2019 Fac PE RVU:NA
RUC Recommendation: 1.78				Referred to CPT Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 988,496	2007 Work RVU: 2.36 2007 NF PE RVU: 23.53 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 2.29 2019 NF PE RVU: 8.01 2019 Fac PE RVU:NA
RUC Recommendation: 2.36				Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
71010	Radiologic examination, chest; single view, frontal			Global: XXX	Issue: Chest X-Rays	Screen: Low Value-High Volume / CMS High Expenditure Procedural Codes2	Complete? Yes	
Most Recent RUC Meeting:	April 2016	Tab 07	Specialty Developing Recommendation:	ACR	First Identified: October 2010	2018 est Medicare Utilization:	2007 Work RVU: 0.18 2007 NF PE RVU: 0.5 2007 Fac PE RVU NA Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT				Referred to CPT February 2016 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

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71015 Radiologic examination, chest; stereo, frontal **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent **Tab** 07 **Specialty Developing** ACR
RUC Meeting: April 2016 **Recommendation:**

First
Identified: July 2015

2018 est
Medicare
Utilization:

2007 Work RVU: 0.21

2019 Work RVU:

2007 NF PE RVU: 0.58

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 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:** XXX **Issue:** Chest X-Rays **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent **Tab** 07 **Specialty Developing** ACR
RUC Meeting: April 2016 **Recommendation:**

First
Identified: October 2010

2018 est
Medicare
Utilization:

2007 Work RVU: 0.22

2019 Work RVU:

2007 NF PE RVU: 0.66

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 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:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent **Tab** 07 **Specialty Developing** ACR
RUC Meeting: April 2016 **Recommendation:**

First
Identified: July 2015

2018 est
Medicare
Utilization:

2007 Work RVU: 0.27

2019 Work RVU:

2007 NF PE RVU: 0.79

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 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

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71022 Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.31 **2019 Work RVU:** **2007 NF PE RVU:** 0.84 **2019 NF PE RVU:** **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

71023 Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy **Global:** XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.38 **2019 Work RVU:** **2007 NF PE RVU:** 1.06 **2019 NF PE RVU:** **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

71030 Radiologic examination, chest, complete, minimum of 4 views; **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.31 **2019 Work RVU:** **2007 NF PE RVU:** 0.88 **2019 NF PE RVU:** **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

71034 Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.46 **2019 Work RVU:** **2007 NF PE RVU:** 1.69 **2019 NF PE RVU:** **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

71035 Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies) **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2018 est Medicare Utilization:

2007 Work RVU: 0.18

2019 Work RVU:

2007 NF PE RVU: 0.62

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 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 est Medicare Utilization: 16,071,297

2007 Work RVU:

2019 Work RVU: 0.18

2007 NF PE RVU:

2019 NF PE RVU: 0.50

2007 Fac PE RVU

2019 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 est Medicare Utilization: 10,961,151

2007 Work RVU:

2019 Work RVU: 0.22

2007 NF PE RVU:

2019 NF PE RVU: 0.65

2007 Fac PE RVU

2019 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 est Medicare Utilization: 17,891

2007 Work RVU:

2019 Work RVU: 0.27

2007 NF PE RVU:

2019 NF PE RVU: 0.83

2007 Fac PE RVU

2019 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 ACR Recommendation:	First Identified: February 2016	2018 est Medicare Utilization: 13,938	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 0.31 2019 NF PE RVU: 0.88 2019 Fac PE RVU: NA
RUC Recommendation: 0.31		Referred to CPT February 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

71090	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation	Global: XXX	Issue: Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 10 Specialty Developing ACC Recommendation:	First Identified: February 2010	2018 est Medicare Utilization:	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU NA Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/>	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 ACR Recommendation:	First Identified: April 2013	2018 est Medicare Utilization: 180,636	2007 Work RVU: 0.22 2007 NF PE RVU: 0.63 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.22 2019 NF PE RVU: 0.73 2019 Fac PE RVU: NA
RUC Recommendation: 0.22		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 294,736	2007 Work RVU: 0.27 2007 NF PE RVU: 0.75 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.27 2019 NF PE RVU: 0.81 2019 Fac PE RVU: NA
RUC Recommendation: 0.27		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 25,831	2007 Work RVU: 0.27 2007 NF PE RVU: 0.84 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.29 2019 NF PE RVU: 0.85 2019 Fac PE RVU: NA
RUC Recommendation: 0.29		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 30,431	2007 Work RVU: 0.32 2007 NF PE RVU: 1 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.32 2019 NF PE RVU: 1.03 2019 Fac PE RVU: NA
RUC Recommendation: 0.32		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					

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 est
Medicare
Utilization:** 2,195,601

2007 Work RVU: 1.16

2019 Work RVU: 1.16

2007 NF PE RVU: 6.24

2019 NF PE RVU: 3.23

2007 Fac PE RVU NA

2019 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 est
Medicare
Utilization:** 1,781,546

2007 Work RVU: 1.24

2019 Work RVU: 1.24

2007 NF PE RVU: 7.5

2019 NF PE RVU: 4.21

2007 Fac PE RVU NA

2019 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 est
Medicare
Utilization:** 71,783

2007 Work RVU: 1.38

2019 Work RVU: 1.38

2007 NF PE RVU: 9.36

2019 NF PE RVU: 5.09

2007 Fac PE RVU NA

2019 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 est Medicare Utilization: 1,199,167

2007 Work RVU: 1.92

2019 Work RVU: 1.82

2007 NF PE RVU: 12.53

2019 NF PE RVU: 6.56

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 1.82

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Jun 2009

71271

Global:

Issue: Screening CT of Thorax

Screen: CMS-Other - Utilization over 30,000-Part3

Complete? Yes

Most Recent RUC Meeting: October 2019

Tab 07 Specialty Developing Recommendation:

First Identified: May 2019

2018 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 1.16

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 154,041

2007 Work RVU: 0.15

2019 Work RVU: 0.15

2007 NF PE RVU: 0.46

2019 NF PE RVU: 0.48

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 0.16

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

72040 Radiologic examination, spine, cervical; 2 or 3 views

Global: XXX **Issue:** X-Ray Spine

Screen: Low Value-High Volume
/ CMS-Other - Utilization
over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** January 2019

Tab 27

**Specialty Developing
Recommendation:**

AAOS, ACR,
ASNR

**First
Identified:** October 2010

**2018 est
Medicare
Utilization:** 630,487

2007 Work RVU: 0.22

2019 Work RVU: 0.22

2007 NF PE RVU: 0.69

2019 NF PE RVU: 0.79

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.22

Referred to CPT October 2011

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

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 est
Medicare
Utilization:** 379,610

2007 Work RVU: 0.31

2019 Work RVU: 0.31

2007 NF PE RVU: 1

2019 NF PE RVU: 1.08

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 0.27

Referred to CPT October 2011

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

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 est
Medicare
Utilization:** 85,918

2007 Work RVU: 0.36

2019 Work RVU: 0.36

2007 NF PE RVU: 1.27

2019 NF PE RVU: 1.30

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 0.30

Referred to CPT October 2011

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

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 est Medicare Utilization:** 298,966 **2007 Work RVU:** 0.22 **2019 Work RVU:** 0.22 **2007 NF PE RVU:** 0.69 **2019 NF PE RVU:** 0.72 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.20

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

Result: Decrease

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 est Medicare Utilization:** 188,400 **2007 Work RVU:** 0.22 **2019 Work RVU:** 0.22 **2007 NF PE RVU:** 0.78 **2019 NF PE RVU:** 0.78 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.23

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

Result: Increase

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 est Medicare Utilization:** 13,626 **2007 Work RVU:** 0.22 **2019 Work RVU:** 0.22 **2007 NF PE RVU:** 0.96 **2019 NF PE RVU:** 0.88 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.25

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

Result: Increase

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 est Medicare Utilization:** 45,426 **2007 Work RVU:** 0.22 **2019 Work RVU:** 0.22
2007 NF PE RVU: 0.72 **2019 NF PE RVU:** 0.71
2007 Fac PE RVU: NA **2019 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 0.21 **Referred to CPT** **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 est Medicare Utilization:** 1,822,448 **2007 Work RVU:** 0.22 **2019 Work RVU:** 0.22
2007 NF PE RVU: 0.75 **2019 NF PE RVU:** 0.79
2007 Fac PE RVU: NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **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 est Medicare Utilization:** 826,629 **2007 Work RVU:** 0.31 **2019 Work RVU:** 0.31
2007 NF PE RVU: 1.03 **2019 NF PE RVU:** 1.10
2007 Fac PE RVU: NA **2019 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 0.26 **Referred to CPT** October 2010 **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 est Medicare Utilization: 96,576	2007 Work RVU: 0.36 2007 NF PE RVU: 1.36 2007 Fac PE RVU NA Result: Decrease 2019 Work RVU: 0.32 2019 NF PE RVU: 1.29 2019 Fac PE RVU: NA
RUC Recommendation: 0.30			Referred to CPT October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 51,307	2007 Work RVU: 0.22 2007 NF PE RVU: 0.98 2007 Fac PE RVU NA Result: Maintain 2019 Work RVU: 0.22 2019 NF PE RVU: 0.97 2019 Fac PE RVU: NA
RUC Recommendation: 0.22			Referred to CPT October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 1,225,883	2007 Work RVU: 1.16 2007 NF PE RVU: 6.24 2007 Fac PE RVU NA Result: Maintain 2019 Work RVU: 1.07 2019 NF PE RVU: 4.04 2019 Fac PE RVU: NA
RUC Recommendation: 1.07			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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 est Medicare Utilization: 20,635	2007 Work RVU: 1.22 2007 NF PE RVU: 7.49 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.22			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.22 2019 NF PE RVU: 5.10 2019 Fac PE RVU: NA

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 est Medicare Utilization: 1,997	2007 Work RVU: 1.27 2007 NF PE RVU: 9.3 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.27			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.27 2019 NF PE RVU: 6.23 2019 Fac PE RVU: NA

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 est Medicare Utilization: 182,041	2007 Work RVU: 1.16 2007 NF PE RVU: 6.24 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.00 2019 NF PE RVU: 4.01 2019 Fac PE RVU: NA

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 est Medicare Utilization: 23,513	2007 Work RVU: 1.22 2007 NF PE RVU: 7.49 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.22			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.22 2019 NF PE RVU: 5.14 2019 Fac PE RVU: NA

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 est Medicare Utilization: 1,452

2007 Work RVU: 1.27

2019 Work RVU: 1.27

2007 NF PE RVU: 9.29

2019 NF PE RVU: 6.24

2007 Fac PE RVU NA

2019 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 est Medicare Utilization: 490,490

2007 Work RVU: 1.16

2019 Work RVU: 1.00

2007 NF PE RVU: 6.24

2019 NF PE RVU: 3.99

2007 Fac PE RVU NA

2019 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 est Medicare Utilization: 60,088

2007 Work RVU: 1.22

2019 Work RVU: 1.22

2007 NF PE RVU: 7.49

2019 NF PE RVU: 5.11

2007 Fac PE RVU NA

2019 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 est Medicare Utilization:** 4,409 **2007 Work RVU:** 1.27 **2019 Work RVU:** 1.27 **2007 NF PE RVU:** 9.34 **2019 NF PE RVU:** 6.20 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.27 **Referred to CPT** **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 est Medicare Utilization:** 587,674 **2007 Work RVU:** 1.60 **2019 Work RVU:** 1.48 **2007 NF PE RVU:** 11.76 **2019 NF PE RVU:** 4.64 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.48 **Referred to CPT** **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 est Medicare Utilization:** 3,777 **2007 Work RVU:** 1.92 **2019 Work RVU:** 1.78 **2007 NF PE RVU:** 14.26 **2019 NF PE RVU:** 7.12 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.78 **Referred to CPT** **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 est Medicare Utilization: 217,152

2007 Work RVU: 1.60

2019 Work RVU: 1.48

2007 NF PE RVU: 12.69

2019 NF PE RVU: 4.65

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 1.48

Referred to CPT

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 est Medicare Utilization: 3,438

2007 Work RVU: 1.92

2019 Work RVU: 1.78

2007 NF PE RVU: 13.76

2019 NF PE RVU: 7.08

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 1.78

Referred to CPT

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 est Medicare Utilization: 1,327,073

2007 Work RVU: 1.48

2019 Work RVU: 1.48

2007 NF PE RVU: 12.66

2019 NF PE RVU: 4.65

2007 Fac PE RVU NA

2019 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

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 est Medicare Utilization: 6,209

2007 Work RVU: 1.78

2019 Work RVU: 1.78

2007 NF PE RVU: 14.23

2019 NF PE RVU: 7.01

2007 Fac PE RVU: NA

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.78

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

72156 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab 25 Specialty Developing Recommendation:

First Identified: April 2013

2018 est Medicare Utilization: 119,060

2007 Work RVU: 2.57

2019 Work RVU: 2.29

2007 NF PE RVU: 23.52

2019 NF PE RVU: 8.08

2007 Fac PE RVU: NA

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 2.29

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 94,937

2007 Work RVU: 2.57

2019 Work RVU: 2.29

2007 NF PE RVU: 23.12

2019 NF PE RVU: 8.11

2007 Fac PE RVU: NA

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 2.29

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 247,252	2007 Work RVU: 2.36 2007 NF PE RVU: 23.45 2007 Fac PE RVU NA Result: Decrease
RUC Recommendation: 2.29			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2.29 2019 NF PE RVU: 8.06 2019 Fac PE RVU: NA
<hr/>					
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 est Medicare Utilization: 788,301	2007 Work RVU: 0.17 2007 NF PE RVU: 0.56 2007 Fac PE RVU NA Result: Maintain
RUC Recommendation: 0.17			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.17 2019 NF PE RVU: 0.74 2019 Fac PE RVU: NA
<hr/>					
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 est Medicare Utilization: 54,241	2007 Work RVU: 0.21 2007 NF PE RVU: 0.76 2007 Fac PE RVU NA Result: Increase
RUC Recommendation: 0.25			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.21 2019 NF PE RVU: 0.89 2019 Fac PE RVU: NA
<hr/>					

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 est Medicare Utilization: 2,353

2007 Work RVU: 1.81

2019 Work RVU: 1.81

2007 NF PE RVU: 12.15

2019 NF PE RVU: 6.91

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.81

Referred to CPT October 2010

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 est Medicare Utilization: 173,245

2007 Work RVU: 1.09

2019 Work RVU: 1.09

2007 NF PE RVU: 6.12

2019 NF PE RVU: 2.94

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.09

Referred to CPT October 2009

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 est Medicare Utilization: 35,366

2007 Work RVU: 1.16

2019 Work RVU: 1.16

2007 NF PE RVU: 7.2

2019 NF PE RVU: 5.35

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.16

Referred to CPT October 2009

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 est Medicare Utilization: 5,843

2007 Work RVU: 1.22

2019 Work RVU: 1.22

2007 NF PE RVU: 9.06

2019 NF PE RVU: 6.18

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: 1.22

Referred to CPT October 2009

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

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 est Medicare Utilization: 80,670

2007 Work RVU: 1.46

2019 Work RVU: 1.46

2007 NF PE RVU: 12.19

2019 NF PE RVU: 6.07

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: 1.46

Referred to CPT

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

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 est Medicare Utilization: 2,852

2007 Work RVU: 1.73

2019 Work RVU: 1.73

2007 NF PE RVU: 14.18

2019 NF PE RVU: 7.05

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: 1.73

Referred to CPT

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

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 est Medicare Utilization: 182,834	2007 Work RVU: 2.26 2007 NF PE RVU: 23.71 2007 Fac PE RVU: NA Result: Decrease	2019 Work RVU: 2.20 2019 NF PE RVU: 8.89 2019 Fac PE RVU: NA
RUC Recommendation: 2.20		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
72200	Radiologic examination, sacroiliac joints; less than 3 views	Global: XXX	Issue: X-Ray Sacrum	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab 29 Specialty Developing Recommendation: AAOS, ACR	First Identified: October 2016	2018 est Medicare Utilization: 15,590	2007 Work RVU: 0.17 2007 NF PE RVU: 0.58 2007 Fac PE RVU: NA Result: Increase	2019 Work RVU: 0.17 2019 NF PE RVU: 0.68 2019 Fac PE RVU: NA
RUC Recommendation: 0.20		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
72202	Radiologic examination, sacroiliac joints; 3 or more views	Global: XXX	Issue: X-Ray Sacrum	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab 29 Specialty Developing Recommendation: AAOS, ACR	First Identified: October 2016	2018 est Medicare Utilization: 36,116	2007 Work RVU: 0.19 2007 NF PE RVU: 0.69 2007 Fac PE RVU: NA Result: Increase	2019 Work RVU: 0.19 2019 NF PE RVU: 0.77 2019 Fac PE RVU: NA
RUC Recommendation: 0.26		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 116,425	2007 Work RVU: 0.17 2007 NF PE RVU: 0.61 2007 Fac PE RVU: NA Result: Increase	2019 Work RVU: 0.17 2019 NF PE RVU: 0.67 2019 Fac PE RVU: NA
RUC Recommendation: 0.20		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est
Medicare
Utilization:** 730

2007 Work RVU: 0.91

2019 Work RVU: 0.91

2007 NF PE RVU: 4.37

2019 NF PE RVU: 1.97

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.91

Referred to CPT October 2013

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 est
Medicare
Utilization:** 168

2007 Work RVU: 0.91

2019 Work RVU: 0.91

2007 NF PE RVU: 3.98

2019 NF PE RVU: 1.99

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.91

Referred to CPT October 2013

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 est
Medicare
Utilization:** 3,671

2007 Work RVU: 0.83

2019 Work RVU: 0.83

2007 NF PE RVU: 3.83

2019 NF PE RVU: 1.86

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.83

Referred to CPT October 2013

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 est Medicare Utilization: 896

2007 Work RVU: 1.33

2019 Work RVU: 1.33

2007 NF PE RVU: 5.81

2019 NF PE RVU: 2.40

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.33

Referred to CPT October 2013

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: February 2010

Tab 31 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS

First Identified: October 2009

2018 est Medicare Utilization: 70,063

2007 Work RVU: 0.76

2019 Work RVU: 0.76

2007 NF PE RVU: 2.15

2019 NF PE RVU: 2.67

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: Review action plan. 0.76, CPT Assistant article published.

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

72291 Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab 06 **Specialty Developing Recommendation:**

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

72292 Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance **Global:** XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab 06

Specialty Developing Recommendation:

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2007 NF PE RVU: 0

2007 Fac PE RVU: 0

Result: Deleted from CPT

2019 Work RVU:

2019 NF PE RVU:

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

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 est Medicare Utilization: 97,639

2007 Work RVU: 0.16

2007 NF PE RVU: 0.56

2007 Fac PE RVU: NA

Result: Maintain

2019 Work RVU: 0.16

2019 NF PE RVU: 0.64

2019 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT

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

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 est Medicare Utilization: 53,062

2007 Work RVU: 0.17

2007 NF PE RVU: 0.58

2007 Fac PE RVU: NA

Result: Maintain

2019 Work RVU: 0.17

2019 NF PE RVU: 0.71

2019 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT

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

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 est
Medicare
Utilization:** 123,170

2007 Work RVU: 0.15

2019 Work RVU: 0.15

2007 NF PE RVU: 0.5

2019 NF PE RVU: 0.50

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.15

Referred to CPT

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 est
Medicare
Utilization:** 2,672,446

2007 Work RVU: 0.18

2019 Work RVU: 0.18

2007 NF PE RVU: 0.61

2019 NF PE RVU: 0.65

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.18

Referred to CPT

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 est
Medicare
Utilization:** 8,712

2007 Work RVU: 0.20

2019 Work RVU: 0.20

2007 NF PE RVU: 0.73

2019 NF PE RVU: 0.83

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 339,034	2007 Work RVU: 0.17 2007 NF PE RVU: 0.61 2007 Fac PE RVU NA Result: Decrease	2019 Work RVU: 0.16 2019 NF PE RVU: 0.67 2019 Fac PE RVU: NA
RUC Recommendation: 0.16				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 220,808	2007 Work RVU: 0.15 2007 NF PE RVU: 0.56 2007 Fac PE RVU NA Result: Increase	2019 Work RVU: 0.15 2019 NF PE RVU: 0.59 2019 Fac PE RVU: NA
RUC Recommendation: 0.16				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 389,656	2007 Work RVU: 0.17 2007 NF PE RVU: 0.66 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.17 2019 NF PE RVU: 0.65 2019 Fac PE RVU: NA
RUC Recommendation: 0.17				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est
Medicare
Utilization: 228,898

2007 Work RVU: 0.16

2019 Work RVU: 0.16

2007 NF PE RVU: 0.56

2019 NF PE RVU: 0.61

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.16

Referred to CPT

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 est
Medicare
Utilization: 282,566

2007 Work RVU: 0.16

2019 Work RVU: 0.16

2007 NF PE RVU: 0.55

2019 NF PE RVU: 0.72

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.16

Referred to CPT

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 est
Medicare
Utilization: 1,032,349

2007 Work RVU: 0.17

2019 Work RVU: 0.17

2007 NF PE RVU: 0.63

2019 NF PE RVU: 0.84

2007 Fac PE RVU NA

2019 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

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 est
Medicare
Utilization: 274,741

2007 Work RVU: 0.16
2007 NF PE RVU: 0.54
2007 Fac PE RVU NA
Result: Maintain

2019 Work RVU: 0.16
2019 NF PE RVU: 0.64
2019 Fac PE RVU:NA

RUC Recommendation: 0.16

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

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 est
Medicare
Utilization: 1,213,774

2007 Work RVU: 0.17
2007 NF PE RVU: 0.6
2007 Fac PE RVU NA
Result: Maintain

2019 Work RVU: 0.17
2019 NF PE RVU: 0.75
2019 Fac PE RVU:NA

RUC Recommendation: 0.17

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

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 est
Medicare
Utilization: 373,476

2007 Work RVU: 0.13
2007 NF PE RVU: 0.51
2007 Fac PE RVU NA
Result: Maintain

2019 Work RVU: 0.13
2019 NF PE RVU: 0.80
2019 Fac PE RVU:NA

RUC Recommendation: 0.13

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

73200 Computed tomography, upper extremity; without contrast material

Global: XXX

Issue: CT Upper Extremity

Screen: CMS Fastest Growing

Complete? Yes

Most Recent
RUC Meeting: October 2009

Tab 23 Specialty Developing
Recommendation: ACR

First
Identified: October 2008

2018 est
Medicare
Utilization: 113,893

2007 Work RVU: 1.09
2007 NF PE RVU: 5.5
2007 Fac PE RVU NA
Result: Maintain

2019 Work RVU: 1.00
2019 NF PE RVU: 3.98
2019 Fac PE RVU:NA

RUC Recommendation: 1.09

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

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 **Tab** 40 **Specialty Developing** ACR **First** **2018 est**
RUC Meeting: October 2009 **Recommendation:** **Identified:** February 2009 **Medicare**
Utilization: 19,352

2007 Work RVU: 1.16 **2019 Work RVU:** 1.16
2007 NF PE RVU: 6.58 **2019 NF PE RVU:** 5.04
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Remove from Screen

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

73202 Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 40 **Specialty Developing** ACR **First** **2018 est**
RUC Meeting: October 2009 **Recommendation:** **Identified:** February 2009 **Medicare**
Utilization: 1,850

2007 Work RVU: 1.22 **2019 Work RVU:** 1.22
2007 NF PE RVU: 8.38 **2019 NF PE RVU:** 6.52
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Remove from Screen

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

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 **Tab** 12 **Specialty Developing** ACR, SIR **First** **2018 est**
RUC Meeting: October 2013 **Recommendation:** **Identified:** May 2013 **Medicare**
Utilization: 5,927

2007 Work RVU: 1.81 **2019 Work RVU:** 1.81
2007 NF PE RVU: 11.22 **2019 NF PE RVU:** 7.31
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Remove from Screen

RUC Recommendation: Survey with all CTA codes for October 2013. **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **Tab** 18 **Specialty Developing** ACR **First** **2018 est**
RUC Meeting: October 2013 **Recommendation:** **Identified:** October 2008 **Medicare**
Utilization: 31,783

2007 Work RVU: 1.35 **2019 Work RVU:** 1.35
2007 NF PE RVU: 12.24 **2019 NF PE RVU:** 8.67
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: CPT Assistant published. **Referred to CPT**
Referred to CPT Asst ☒ **Published in CPT Asst:** Feb 2011

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 est Medicare Utilization: 463,448

2007 Work RVU: 1.35

2019 Work RVU: 1.35

2007 NF PE RVU: 11.98

2019 NF PE RVU: 5.12

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.35

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

73500 Radiologic examination, hip, unilateral; 1 view

Global: XXX

Issue: Radiologic Exam-Hip and Pelvis

Screen: CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2015

Tab 14

Specialty Developing Recommendation: AAOS, ACR

First Identified: April 2011

2018 est Medicare Utilization:

2007 Work RVU: 0.17

2019 Work RVU:

2007 NF PE RVU: 0.52

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

Referred to CPT Asst ☐

Published in CPT Asst:

73501 Radiologic examination, hip, unilateral, with pelvis when performed; 1 view

Global: XXX

Issue: Radiologic Exam-Hip and Pelvis

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2015

Tab 14

Specialty Developing Recommendation: AAOS, ACR

First Identified: October 2014

2018 est Medicare Utilization: 297,575

2007 Work RVU:

2019 Work RVU: 0.18

2007 NF PE RVU:

2019 NF PE RVU: 0.67

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 0.17

Referred to CPT October 2014

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 2,639,462	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 0.22			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.22 2019 NF PE RVU: 0.97 2019 Fac PE RVU: NA
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 est Medicare Utilization: 45,178	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 0.27			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.27 2019 NF PE RVU: 1.21 2019 Fac PE RVU: NA
73510	Radiologic examination, hip, unilateral; complete, minimum of 2 views	Global: XXX	Issue: Radiologic Exam-Hip and Pelvis	Screen: Havard Valued - Utilization over 1 Million / Low Value-High Volume	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 14	Specialty Developing Recommendation: AAOS, ACR	First Identified: October 2008	2018 est Medicare Utilization:	2007 Work RVU: 0.21 2007 NF PE RVU: 0.67 2007 Fac PE RVU NA Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:

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73520 Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab 14** **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.26 **2019 Work RVU:** **2007 NF PE RVU:** 0.76 **2019 NF PE RVU:** **2007 Fac PE RVU:** NA **2019 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

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 est Medicare Utilization:** 167,870 **2007 Work RVU:** **2019 Work RVU:** 0.22 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.84 **2007 Fac PE RVU:** **2019 Fac PE RVU:** NA **RUC Recommendation:** 0.22 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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 est Medicare Utilization:** 180,834 **2007 Work RVU:** **2019 Work RVU:** 0.29 **2007 NF PE RVU:** **2019 NF PE RVU:** 1.09 **2007 Fac PE RVU:** **2019 Fac PE RVU:** NA **RUC Recommendation:** 0.29 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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 est Medicare Utilization:** 100,635 **2007 Work RVU:** **2019 Work RVU:** 0.31 **2007 NF PE RVU:** **2019 NF PE RVU:** 1.31 **2007 Fac PE RVU** **2019 Fac PE RVU:** NA **RUC Recommendation:** 0.31 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

73540 Radiologic examination, pelvis and hips, infant or child, minimum of 2 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.20 **2019 Work RVU:** **2007 NF PE RVU:** 0.68 **2019 NF PE RVU:** **2007 Fac PE RVU** NA **2019 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

73542 Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation **Global:** XXX **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.59 **2019 Work RVU:** **2007 NF PE RVU:** 1.98 **2019 NF PE RVU:** **2007 Fac PE RVU** NA **2019 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2011 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Deleted from CPT **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

73550 Radiologic examination, femur, 2 views

Global: XXX

Issue: Radiologic Exam-Hip and Pelvis

Screen: CMS-Other - Utilization over 500,000

Complete? Yes

Most Recent RUC Meeting: April 2015

Tab 14

Specialty Developing Recommendation: AAOS, ACR

First Identified: April 2011

2018 est Medicare Utilization:

2007 Work RVU: 0.17

2019 Work RVU:

2007 NF PE RVU: 0.61

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 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

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 est Medicare Utilization: 38,588

2007 Work RVU:

2019 Work RVU: 0.16

2007 NF PE RVU:

2019 NF PE RVU: 0.62

2007 Fac PE RVU

2019 Fac PE RVU:NA

RUC Recommendation: 0.16

Referred to CPT October 2014

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

Result: Decrease

73552 Radiologic examination, femur; minimum 2 views

Global: XXX

Issue: Radiologic Exam-Hip and Pelvis

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2015

Tab 14

Specialty Developing Recommendation: AAOS, ACR

First Identified: October 2014

2018 est Medicare Utilization: 533,067

2007 Work RVU:

2019 Work RVU: 0.18

2007 NF PE RVU:

2019 NF PE RVU: 0.74

2007 Fac PE RVU

2019 Fac PE RVU:NA

RUC Recommendation: 0.18

Referred to CPT October 2014

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

Result: Decrease

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 est Medicare Utilization: 1,828,143	2007 Work RVU: 0.17 2007 NF PE RVU: 0.58 2007 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.16			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.16 2019 NF PE RVU: 0.73 2019 Fac PE RVU: NA

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 est Medicare Utilization: 2,445,335	2007 Work RVU: 0.18 2007 NF PE RVU: 0.65 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.18			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.18 2019 NF PE RVU: 0.85 2019 Fac PE RVU: NA

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 est Medicare Utilization: 1,549,824	2007 Work RVU: 0.22 2007 NF PE RVU: 0.73 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.22			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.22 2019 NF PE RVU: 0.93 2019 Fac PE RVU: NA

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 est Medicare Utilization: 232,907	2007 Work RVU: 0.17 2007 NF PE RVU: 0.57 2007 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.16			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.16 2019 NF PE RVU: 0.87 2019 Fac PE RVU: NA

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 est Medicare Utilization:** 50,501 **2007 Work RVU:** 0.54 **2019 Work RVU:** 0.54 **2007 NF PE RVU:** 2.67 **2019 NF PE RVU:** 2.99 **2007 Fac PE RVU:** NA **2019 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 est Medicare Utilization:** 493,861 **2007 Work RVU:** 0.17 **2019 Work RVU:** 0.16 **2007 NF PE RVU:** 0.57 **2019 NF PE RVU:** 0.65 **2007 Fac PE RVU:** NA **2019 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 est Medicare Utilization:** 243,819 **2007 Work RVU:** 0.16 **2019 Work RVU:** 0.16 **2007 NF PE RVU:** 0.54 **2019 NF PE RVU:** 0.69 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT

Result: Maintain

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

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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 est
Medicare
Utilization:** 1,265,344

2007 Work RVU: 0.17

2019 Work RVU: 0.17

2007 NF PE RVU: 0.61

2019 NF PE RVU: 0.75

2007 Fac PE RVU NA

2019 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 est
Medicare
Utilization:** 602,813

2007 Work RVU: 0.16

2019 Work RVU: 0.16

2007 NF PE RVU: 0.54

2019 NF PE RVU: 0.58

2007 Fac PE RVU NA

2019 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 est
Medicare
Utilization:** 2,741,537

2007 Work RVU: 0.17

2019 Work RVU: 0.17

2007 NF PE RVU: 0.6

2019 NF PE RVU: 0.69

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.17

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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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 est Medicare Utilization: 84,024

2007 Work RVU: 0.16

2019 Work RVU: 0.16

2007 NF PE RVU: 0.53

2019 NF PE RVU: 0.58

2007 Fac PE RVU NA

2019 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 est Medicare Utilization: 118,598

2007 Work RVU: 0.13

2019 Work RVU: 0.13

2007 NF PE RVU: 0.5

2019 NF PE RVU: 0.66

2007 Fac PE RVU NA

2019 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 est Medicare Utilization: 307,250

2007 Work RVU: 1.09

2019 Work RVU: 1.00

2007 NF PE RVU: 5.5

2019 NF PE RVU: 3.99

2007 Fac PE RVU NA

2019 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 est Medicare Utilization: 42,611

2007 Work RVU: 1.16

2019 Work RVU: 1.16

2007 NF PE RVU: 6.6

2019 NF PE RVU: 5.12

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.16

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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73702 Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections		Global: XXX	Issue: CT Lower Extremity	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting: April 2018	Tab 21	Specialty Developing Recommendation: ACR	First Identified: February 2009	2018 est Medicare Utilization: 4,840	2007 Work RVU: 1.22 2007 NF PE RVU: 8.4 2007 Fac PE RVU NA Result: Maintain
RUC Recommendation: 1.22			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.22 2019 NF PE RVU: 6.40 2019 Fac PE RVU: NA
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 est Medicare Utilization: 15,102	2007 Work RVU: 1.90 2007 NF PE RVU: 11.61 2007 Fac PE RVU NA Result: Remove from Screen
RUC Recommendation: Survey for October 2013. Remove from screen			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.90 2019 NF PE RVU: 7.97 2019 Fac PE RVU: NA
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 est Medicare Utilization: 144,312	2007 Work RVU: 1.35 2007 NF PE RVU: 12.14 2007 Fac PE RVU NA Result: Maintain
RUC Recommendation: 1.35			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.35 2019 NF PE RVU: 5.95 2019 Fac PE RVU: NA
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 est Medicare Utilization: 1,498	2007 Work RVU: 1.62 2007 NF PE RVU: 14.12 2007 Fac PE RVU NA Result: Maintain
RUC Recommendation: 1.62			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.62 2019 NF PE RVU: 7.01 2019 Fac PE RVU: NA

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 est Medicare Utilization: 61,615

2007 Work RVU: 2.15

2019 Work RVU: 2.15

2007 NF PE RVU: 23.7

2019 NF PE RVU: 8.92

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 2.15

Referred to CPT

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

73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material **Global:** XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012

Tab 20 Specialty Developing Recommendation: ACR

First Identified: October 2010

2018 est Medicare Utilization: 662,948

2007 Work RVU: 1.35

2019 Work RVU: 1.35

2007 NF PE RVU: 12.05

2019 NF PE RVU: 5.12

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.35

Referred to CPT

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

74000 Radiologic examination, abdomen; single anteroposterior view **Global:** XXX **Issue:** Abdominal X-Ray **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab 08 Specialty Developing Recommendation: ACR

First Identified: October 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.18

2019 Work RVU:

2007 NF PE RVU: 0.55

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

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

Status Report: CMS Requests and Relativity Assessment Issues

74010 Radiologic examination, abdomen; anteroposterior and additional oblique and cone views **Global:** XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2018 est Medicare Utilization:

2007 Work RVU: 0.23

2019 Work RVU:

2007 NF PE RVU: 0.68

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

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

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 est Medicare Utilization: 2,116,670

2007 Work RVU:

2019 Work RVU: 0.18

2007 NF PE RVU:

2019 NF PE RVU: 0.60

2007 Fac PE RVU

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.18

Referred to CPT February 2016

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

74019 Radiologic examination, abdomen; 2 views

Global: XXX **Issue:** Abdominal X-Ray

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: February 2016

2018 est Medicare Utilization: 452,376

2007 Work RVU:

2019 Work RVU: 0.23

2007 NF PE RVU:

2019 NF PE RVU: 0.73

2007 Fac PE RVU

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.23

Referred to CPT February 2016

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

74020 Radiologic examination, abdomen; complete, including decubitus and/or erect views **Global:** XXX **Issue:** Abdominal X-Ray

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2018 est Medicare Utilization:

2007 Work RVU: 0.27

2019 Work RVU:

2007 NF PE RVU: 0.72

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

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

Status Report: CMS Requests and Relativity Assessment Issues

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 ACR
Recommendation:

First
Identified: February 2016

2018 est
Medicare
Utilization: 68,399

2007 Work RVU:

2019 Work RVU: 0.27

2007 NF PE RVU:

2019 NF PE RVU: 0.83

2007 Fac PE RVU

2019 Fac PE RVU:NA

RUC Recommendation: 0.27

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

74022 Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest

Global: XXX Issue: Abdominal X-Ray

Screen: CMS High Expenditure
Procedural Codes2

Complete? Yes

Most Recent
RUC Meeting: April 2016

Tab 08 Specialty Developing ACR
Recommendation:

First
Identified: July 2015

2018 est
Medicare
Utilization: 338,356

2007 Work RVU: 0.32

2019 Work RVU: 0.32

2007 NF PE RVU: 0.85

2019 NF PE RVU: 0.96

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: 0.32

Referred to CPT February 2016

Referred to CPT Asst ☐ Published in CPT Asst:

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 ACR
Recommendation:

First
Identified: February 2008

2018 est
Medicare
Utilization: 80,560

2007 Work RVU: 1.19

2019 Work RVU: 1.19

2007 NF PE RVU: 5.97

2019 NF PE RVU: 2.95

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: Review PE. 0.35

Referred to CPT October 2009

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Maintain

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 est Medicare Utilization: 108,025	2007 Work RVU: 1.27 2007 NF PE RVU: 7.53 2007 Fac PE RVU NA Result: Maintain 2019 Work RVU: 1.27 2019 NF PE RVU: 5.37 2019 Fac PE RVU: NA
RUC Recommendation: 0.42			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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 est Medicare Utilization: 103,040	2007 Work RVU: 1.40 2007 NF PE RVU: 9.6 2007 Fac PE RVU NA Result: Maintain 2019 Work RVU: 1.40 2019 NF PE RVU: 6.13 2019 Fac PE RVU: NA
RUC Recommendation: 1.40			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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 est Medicare Utilization: 258,476	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 2.20 2019 NF PE RVU: 8.81 2019 Fac PE RVU: NA
RUC Recommendation: 2.20			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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 est Medicare Utilization: 38,922

2007 Work RVU: 1.90

2019 Work RVU: 1.82

2007 NF PE RVU: 12.39

2019 NF PE RVU: 6.93

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 1.82

Referred to CPT October 2010

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 est Medicare Utilization: 2,258,330

2007 Work RVU:

2019 Work RVU: 1.74

2007 NF PE RVU:

2019 NF PE RVU: 3.80

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 1.74

Referred to CPT October 2009

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 est Medicare Utilization: 3,166,851

2007 Work RVU:

2019 Work RVU: 1.82

2007 NF PE RVU:

2019 NF PE RVU: 7.06

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 1.82

Referred to CPT October 2009

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** ACR
Recommendation:

First
Identified: October 2009 **2018 est**
Medicare
Utilization: 532,636

2007 Work RVU: **2019 Work RVU:** 2.01
2007 NF PE RVU: **2019 NF PE RVU:** 8.01
2007 Fac PE RVU **2019 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 2.01

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

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** ACR
Recommendation:

First
Identified: July 2015 **2018 est**
Medicare
Utilization: 113,189

2007 Work RVU: 1.46 **2019 Work RVU:** 1.46
2007 NF PE RVU: 11.71 **2019 NF PE RVU:** 5.33
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.46

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

74182 Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)

Global: XXX **Issue:** MRI of Abdomen

Screen: CMS High Expenditure
Procedural Codes2 **Complete?** Yes

Most Recent
RUC Meeting: October 2016 **Tab** 21 **Specialty Developing** ACR
Recommendation:

First
Identified: July 2015 **2018 est**
Medicare
Utilization: 5,105

2007 Work RVU: 1.73 **2019 Work RVU:** 1.73
2007 NF PE RVU: 14.63 **2019 NF PE RVU:** 8.26
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.73

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 316,767	2007 Work RVU: 2.26 2007 NF PE RVU: 23.72 2007 Fac PE RVU NA Result: Decrease	2019 Work RVU: 2.20 2019 NF PE RVU: 8.90 2019 Fac PE RVU: NA
RUC Recommendation: 2.20		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
74210	Radiologic examination; pharynx and/or cervical esophagus	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 est Medicare Utilization: 1,624	2007 Work RVU: 0.36 2007 NF PE RVU: 1.4 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.59 2019 NF PE RVU: 1.86 2019 Fac PE RVU: NA
RUC Recommendation: 0.59		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
74220	Radiologic examination; esophagus	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 est Medicare Utilization: 193,365	2007 Work RVU: 0.46 2007 NF PE RVU: 1.48 2007 Fac PE RVU NA Result: Decrease	2019 Work RVU: 0.67 2019 NF PE RVU: 2.01 2019 Fac PE RVU: NA
RUC Recommendation: 0.60		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					

Status Report: CMS Requests and Relativity Assessment Issues

74230 Swallowing function, with cineradiography/videoradiography **Global:** XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2018 est Medicare Utilization:** 362,455 **2007 Work RVU:** 0.53 **2019 Work RVU:** 0.53 **2007 NF PE RVU:** 1.57 **2019 NF PE RVU:** 3.02 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.53 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

74240 Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2018 est Medicare Utilization:** 54,259 **2007 Work RVU:** 0.69 **2019 Work RVU:** 0.69 **2007 NF PE RVU:** 1.8 **2019 NF PE RVU:** 2.71 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.80 **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

74241 Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2018 est Medicare Utilization:** 25,322 **2007 Work RVU:** 0.69 **2019 Work RVU:** 0.69 **2007 NF PE RVU:** 1.89 **2019 NF PE RVU:** 2.85 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74245 Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent **Tab** 12 **Specialty Developing** ACR
RUC Meeting: January 2019 **Recommendation:**

First Identified: October 2017 **2018 est Medicare Utilization:** 14,179

2007 Work RVU: 0.91 **2019 Work RVU:** 0.91
2007 NF PE RVU: 2.94 **2019 NF PE RVU:** 4.27
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

74246 Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent **Tab** 12 **Specialty Developing** ACR
RUC Meeting: January 2019 **Recommendation:**

First Identified: October 2017 **2018 est Medicare Utilization:** 36,653

2007 Work RVU: 0.69 **2019 Work RVU:** 0.69
2007 NF PE RVU: 2.06 **2019 NF PE RVU:** 3.10
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Increase

RUC Recommendation: 0.90

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

74247 Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent **Tab** 12 **Specialty Developing** ACR
RUC Meeting: January 2019 **Recommendation:**

First Identified: April 2011 **2018 est Medicare Utilization:** 22,583

2007 Work RVU: 0.69 **2019 Work RVU:** 0.69
2007 NF PE RVU: 2.18 **2019 NF PE RVU:** 3.58
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through	Global: XXX	Issue: X-Ray Exam – Upper GI	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab 12 Specialty Developing Recommendation: ACR	First Identified: October 2017	2018 est Medicare Utilization: 15,146	2007 Work RVU: 0.91 2007 NF PE RVU: 3.17 2007 Fac PE RVU NA Result: Deleted from CPT	2019 Work RVU: 0.91 2019 NF PE RVU: 4.65 2019 Fac PE RVU: NA
RUC Recommendation: Deleted from CPT		Referred to CPT May 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
74250	Radiologic examination, small intestine, includes multiple serial images;	Global: XXX	Issue: Lower Gastroinestinal 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 est Medicare Utilization: 51,234	2007 Work RVU: 0.47 2007 NF PE RVU: 1.68 2007 Fac PE RVU NA Result: Increase	2019 Work RVU: 0.47 2019 NF PE RVU: 2.67 2019 Fac PE RVU: NA
RUC Recommendation: 0.81		Referred to CPT May 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
74251	Radiologic examination, small intestine, includes multiple serial images; via enteroclysis tube	Global: XXX	Issue: Lower Gastroinestinal 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 est Medicare Utilization: 219	2007 Work RVU: 0.69 2007 NF PE RVU: 3.52 2007 Fac PE RVU NA Result: Increase	2019 Work RVU: 0.69 2019 NF PE RVU: 11.42 2019 Fac PE RVU: NA
RUC Recommendation: 1.17		Referred to CPT May 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

74260	Duodenography, hypotonic		Global: XXX	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 est Medicare Utilization: 20	2007 Work RVU: 0.50 2007 NF PE RVU: 3.21 2007 Fac PE RVU: NA 2019 Work RVU: 0.50 2019 NF PE RVU: 9.38 2019 Fac PE RVU: NA
RUC Recommendation: Deleted from CPT				Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		Result: Deleted from CPT

74270	Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB		Global: XXX	Issue: Lower Gastrointestinal 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 est Medicare Utilization: 30,760	2007 Work RVU: 0.69 2007 NF PE RVU: 2.29 2007 Fac PE RVU: NA 2019 Work RVU: 0.69 2019 NF PE RVU: 3.80 2019 Fac PE RVU: NA
RUC Recommendation: 1.04				Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		Result: Increase

74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon		Global: XXX	Issue: Lower Gastrointestinal 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 est Medicare Utilization: 9,800	2007 Work RVU: 0.99 2007 NF PE RVU: 3.07 2007 Fac PE RVU: NA 2019 Work RVU: 0.99 2019 NF PE RVU: 5.35 2019 Fac PE RVU: NA
RUC Recommendation: 1.26				Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		Result: Increase

74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation		Global: XXX	Issue: X-Ray Bile Ducts	Screen: CMS-Other - Utilization over 30,000-Part3	Complete? Yes
Most Recent RUC Meeting: April 2019	Tab 16	Specialty Developing Recommendation:	ACR	First Identified: October 2018	2018 est Medicare Utilization: 31,595	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 2019 Work RVU: 0.00 2019 NF PE RVU: 0.00 2019 Fac PE RVU: NA
RUC Recommendation: 0.32				Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		Result: Decrease

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:** **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000-Part3 **Complete?** No

Most Recent **Tab** 37 **Specialty Developing**
RUC Meeting: January 2019 **Recommendation:**

First Identified: October 2018 **2018 est Medicare Utilization:** 104

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

RUC Recommendation: Refer to CPT for deletion

Referred to CPT February 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

74305 Deleted from CPT

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent **Tab** 06 **Specialty Developing** ACR, SIR
RUC Meeting: October 2015 **Recommendation:**

First Identified: October 2012 **2018 est Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

74320 Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent **Tab** 06 **Specialty Developing** ACR, SIR
RUC Meeting: October 2015 **Recommendation:**

First Identified: October 2012 **2018 est Medicare Utilization:**

2007 Work RVU: 0.54 **2019 Work RVU:**
2007 NF PE RVU: 3 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

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: XXX	Issue: Percutaneous Biliary Procedures Bundling	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab 06 Specialty Developing Recommendation: ACR, SIR	First Identified: February 2015	2018 est Medicare Utilization:	2007 Work RVU: 0.70 2007 NF PE RVU: 2.19 2007 Fac PE RVU NA Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	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-Part3	Complete? Yes
Most Recent RUC Meeting: April 2019	Tab 16 Specialty Developing Recommendation: ACR, ACG, AGA, ASGE	First Identified: October 2018	2018 est Medicare Utilization: 60,670	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU NA Result: Decrease	2019 Work RVU: 0.00 2019 NF PE RVU: 0.00 2019 Fac PE RVU: NA
RUC Recommendation: 0.47		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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-Part3	Complete? Yes
Most Recent RUC Meeting: April 2019	Tab 16 Specialty Developing Recommendation: ACR, ACG, AGA, ASGE	First Identified: October 2018	2018 est Medicare Utilization: 2,961	2007 Work RVU: 0.70 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 0.70 2019 NF PE RVU: 0.28 2019 Fac PE RVU: 0.28
RUC Recommendation: 0.50		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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-Part3 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab 16

Specialty Developing Recommendation: ACR, ACG, AGA, ASGE

First Identified: October 2018

2018 est Medicare Utilization: 14,800

2007 Work RVU: 0.90

2019 Work RVU: 0.90

2007 NF PE RVU:

2019 NF PE RVU: 0.34

2007 Fac PE RVU

2019 Fac PE RVU:0.34

Result: Decrease

RUC Recommendation: 0.70

Referred to CPT

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 est Medicare Utilization: 7,100

2007 Work RVU: 0.49

2019 Work RVU: 0.49

2007 NF PE RVU: 2

2019 NF PE RVU: 2.83

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.49

Referred to CPT

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 est Medicare Utilization: 161,641

2007 Work RVU: 0.00

2019 Work RVU: 0.52

2007 NF PE RVU: NA

2019 NF PE RVU: 1.47

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 0.52

Referred to CPT

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 est Medicare Utilization: 4,111

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: NA

2019 NF PE RVU: 0.00

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 0.51, editorially revised

Referred to CPT September 2019

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

74475 Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation

Global: XXX

Issue: Genitourinary Catheter Procedures

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2015

Tab 09

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.54

2019 Work RVU:

2007 NF PE RVU: 3.69

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

74480 Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation

Global: XXX

Issue: Genitourinary Catheter Procedures

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2015

Tab 09

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.54

2019 Work RVU:

2007 NF PE RVU: 3.69

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

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 est Medicare Utilization:** 3,434 **2007 Work RVU:** 0.54 **2019 Work RVU:** 0.83
2007 NF PE RVU: 3.03 **2019 NF PE RVU:** 2.15
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Increase
RUC Recommendation: 0.83 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

74X00 **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**
Result: Increase
RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

74X01 **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**
Result: Increase
RUC Recommendation: 0.70 **Referred to CPT** February 2019-EC **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) **Global:** XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, ACC **First Identified:** May 2013 **2018 est Medicare Utilization:** 68,090 **2007 Work RVU:** **2019 Work RVU:** 2.40 **2007 NF PE RVU:** **2019 NF PE RVU:** 8.49 **2007 Fac PE RVU** **2019 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 **Tab** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2018 est Medicare Utilization:** 97,658 **2007 Work RVU:** 1.14 **2019 Work RVU:** 1.14 **2007 NF PE RVU:** 10.55 **2019 NF PE RVU:** 2.44 **2007 Fac PE RVU** NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.75

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

Result: Increase

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 **Tab** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2018 est Medicare Utilization:** 28,809 **2007 Work RVU:** 1.79 **2019 Work RVU:** 1.79 **2007 NF PE RVU:** 11.24 **2019 NF PE RVU:** 2.70 **2007 Fac PE RVU** NA **2019 Fac PE RVU:** NA

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

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 est Medicare Utilization: 109,641

2007 Work RVU: 2.40

2019 Work RVU: 2.40

2007 NF PE RVU: 15.56

2019 NF PE RVU: 9.88

2007 Fac PE RVU NA

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 2.40

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

75650 Angiography, carotid, cervical, bilateral, radiological supervision and interpretation

Global: XXX

Issue: Carotid Angiography

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.49

2019 Work RVU:

2007 NF PE RVU: 10.66

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

75671 Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation

Global: XXX

Issue: Carotid Angiography

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.66

2019 Work RVU:

2007 NF PE RVU: 11.08

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

75680 Angiography, carotid, cervical, bilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation:

AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.66

2019 Work RVU:

2007 NF PE RVU: 10.96

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 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 est Medicare Utilization: 152,629

2007 Work RVU: 1.14

2019 Work RVU: 1.75

2007 NF PE RVU: 10.72

2019 NF PE RVU: 2.75

2007 Fac PE RVU NA

2019 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:**

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 est Medicare Utilization: 76,252

2007 Work RVU: 1.31

2019 Work RVU: 1.97

2007 NF PE RVU: 10.96

2019 NF PE RVU: 2.86

2007 Fac PE RVU NA

2019 Fac PE RVU: NA

RUC Recommendation: 1.97

Referred to CPT

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

75722 Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation **Global:** XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation:

ACC, ACR, ASNR, AUR, SIR, SVS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.14

2019 Work RVU:

2007 NF PE RVU: 10.7

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

75724 Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation **Global:** XXX **Issue:** Renal Angiography

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation:

ACC, ACR, ASNR, AUR, SIR, SVS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.49

2019 Work RVU:

2007 NF PE RVU: 11.15

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

75726 Angiography, visceral, selective or supraseductive (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 est Medicare Utilization: 41,557

2007 Work RVU: 1.14

2019 Work RVU: 1.14

2007 NF PE RVU: 10.61

2019 NF PE RVU: 2.85

2007 Fac PE RVU NA

2019 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 2.05

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

75774 Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018

Tab 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS

First Identified: October 2017

2018 est Medicare Utilization: 76,193

2007 Work RVU: 0.36

2019 Work RVU: 0.36

2007 NF PE RVU: 10.15

2019 NF PE RVU: 1.93

2007 Fac PE RVU 10.15

2019 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 1.01

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

75790 Deleted from CPT

Global: XXX

Issue: Arteriovenous Shunt Imaging

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab 9 **Specialty Developing Recommendation:** SVS, SIR, ACR

First Identified: February 2008

2018 est Medicare Utilization:

2007 Work RVU: 1.84

2019 Work RVU:

2007 NF PE RVU: 2.2

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009

Referred to CPT Asst ☐

Published in CPT Asst:

75791 Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation

Global: XXX

Issue: Dialysis Circuit -1

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS

First Identified:

2018 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

75820 Venography, extremity, unilateral, radiological supervision and interpretation **Global:** XXX **Issue:** **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 est Medicare Utilization:** 25,093 **2007 Work RVU:** 0.70 **2019 Work RVU:** 0.70
2007 NF PE RVU: **2019 NF PE RVU:** 2.38
2007 Fac PE RVU Result: **2019 Fac PE RVU:** NA

RUC Recommendation: Survey for January 2020 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

75822 Venography, extremity, bilateral, radiological supervision and interpretation **Global:** **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU Result: **2019 Fac PE RVU:**

RUC Recommendation: Survey for January 2020 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

75885 Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation **Global:** XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2018 est Medicare Utilization:** 357 **2007 Work RVU:** 1.44 **2019 Work RVU:** 1.44
2007 NF PE RVU: 10.54 **2019 NF PE RVU:** 2.76
2007 Fac PE RVU Result: NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **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 est Medicare Utilization:** 521 **2007 Work RVU:** 1.44 **2019 Work RVU:** 1.44
2007 NF PE RVU: 10.6 **2019 NF PE RVU:** 2.78
2007 Fac PE RVU Result: NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation			Global: XXX	Issue: Transcatheter Procedures	Screen: Codes Reported Together 75% or More-Part1	Complete? No
Most Recent RUC Meeting:	January 2019	Tab 37	Specialty Developing Recommendation: ACC, ACR, SIR, SVS	First Identified: February 2010	2018 est Medicare Utilization: 8,123	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU NA	2019 Work RVU: 0.00 2019 NF PE RVU: 0.00 2019 Fac PE RVU:NA
RUC Recommendation: Review action plan				Referred to CPT RAW will assess Oct 2018 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst: Result:	
75896	Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation			Global: XXX	Issue: Intracranial Endovascular Intervention	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	April 2015	Tab 09	Specialty Developing Recommendation: AANS/CNS, ACR, ASNR, SCAI, SIR	First Identified: February 2010	2018 est Medicare Utilization:	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU NA	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Code Deleted from CPT				Referred to CPT February 2014 February 2015 May 2015 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst: Result: Deleted from CPT	
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis			Global: XXX	Issue: Intracranial Endovascular Intervention	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	January 2019	Tab 37	Specialty Developing Recommendation: AANS/CNS, ACR, ASNR, SCAI, SIR	First Identified: February 2010	2018 est Medicare Utilization: 10,404	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU NA	2019 Work RVU: 0.00 2019 NF PE RVU: 0.00 2019 Fac PE RVU:NA
RUC Recommendation: Refer to CPT Assistant				Referred to CPT February 2014 February 2015 Referred to CPT Asst <input checked="" type="checkbox"/>		Published in CPT Asst: September 2019 Result: Contractor Price	

Status Report: CMS Requests and Relativity Assessment Issues

75940 Percutaneous placement of IVC filter, radiological supervision and interpretation **Global:** XXX **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

75945 Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel **Global:** XXX **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015

Tab 07

Specialty Developing Recommendation: ACC,SCAI, SIR, SVS

First Identified: July 2014

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

75946 Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015

Tab 07

Specialty Developing Recommendation: ACC,SCAI, SIR, SVS

First Identified: July 2014

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

75952 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation

Global: XXX

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: October 2015

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

75953 Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation

Global: XXX

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: October 2015

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

75954 Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation

Global: XXX

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: January 2017

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

75960 Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab 27

Specialty Developing Recommendation: ACC, ACR, SIR, SVS

First Identified:

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU: NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

75961 Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation **Global:** XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation: ACC, ACR, SIR, SVS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 4.24

2019 Work RVU:

2007 NF PE RVU: 9.99

2019 NF PE RVU:

2007 Fac PE RVU: NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT June 2011

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

75962 Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation **Global:** XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: April 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.54

2019 Work RVU:

2007 NF PE RVU: 12.8

2019 NF PE RVU:

2007 Fac PE RVU: NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

75964	Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Open and Percutaneous Transluminal Angioplasty	Screen: High Volume Growth1	Complete? Yes
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Most Recent RUC Meeting: January 2016

Tab 15 Specialty Developing Recommendation: ACR, SIR, SVS

First Identified:

2018 est Medicare Utilization:

2007 Work RVU: 0.36

2019 Work RVU:

2007 NF PE RVU: 6.96

2019 NF PE RVU:

2007 Fac PE RVU: 6.96

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

75966	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation	Global: XXX	Issue: Open and Percutaneous Transluminal Angioplasty	Screen: Codes Reported Together 75% or More-Part3	Complete? Yes
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Most Recent RUC Meeting: January 2016

Tab 15 Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: January 2015

2018 est Medicare Utilization:

2007 Work RVU: 1.31

2019 Work RVU:

2007 NF PE RVU: 13.18

2019 NF PE RVU:

2007 Fac PE RVU: NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

75968	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Open and Percutaneous Transluminal Angioplasty	Screen: Codes Reported Together 75% or More-Part3	Complete? Yes
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Most Recent RUC Meeting: January 2016

Tab 15 Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: January 2015

2018 est Medicare Utilization:

2007 Work RVU: 0.36

2019 Work RVU:

2007 NF PE RVU: 6.99

2019 NF PE RVU:

2007 Fac PE RVU: 6.99

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

75978 Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation **Global:** XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab 15 Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: April 2013

2018 est Medicare Utilization:

2007 Work RVU: 0.54

2019 Work RVU:

2007 NF PE RVU: 12.72

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

75980 Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation

Global: XXX

Issue: Percutaneous Biliary Procedures Bundling

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab 06 Specialty Developing Recommendation: ACR, SIR

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

75982 Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation

Global: XXX

Issue: Percutaneous Biliary Procedures Bundling

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab 06 Specialty Developing Recommendation: ACR, SIR

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

75984 Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation **Global:** XXX **Issue:** Introduction of Catheter or Stent **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 est Medicare Utilization:** 19,463 **2007 Work RVU:** 0.72 **2019 Work RVU:** 0.72 **2007 NF PE RVU:** 2.18 **2019 NF PE RVU:** 2.12 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **RUC Recommendation:** 0.83 **Result:** Increase

Referred to CPT RAW will assess Oct 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

75992 Deleted from CPT **Global:** XXX **Issue:** Transluminal Arthroctomy **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 est Medicare Utilization:** **2007 Work RVU:** 0.00 **2019 Work RVU:** **2007 NF PE RVU:** NA **2019 NF PE RVU:** **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Result:** Deleted from CPT

Referred to CPT February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

75993 Deleted from CPT **Global:** ZZZ **Issue:** Transluminal Arthroctomy **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 est Medicare Utilization:** **2007 Work RVU:** 0.00 **2019 Work RVU:** **2007 NF PE RVU:** 0 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0 **2019 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Result:** Deleted from CPT

Referred to CPT February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

75994 Revised to Category III **Global:** XXX **Issue:** Transluminal Arthroctomy **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 est Medicare Utilization:** **2007 Work RVU:** 0.00 **2019 Work RVU:** **2007 NF PE RVU:** 0 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0 **2019 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Result:** Deleted from CPT

Referred to CPT February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75995 Revised to Category III **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008	Tab 57	Specialty Developing Recommendation: SIR, ACR, SVS	First Identified: April 2008	2018 est Medicare Utilization:	2007 Work RVU: 0.00	2019 Work RVU:
					2007 NF PE RVU: 0	2019 NF PE RVU:
					2007 Fac PE RVU 0	2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT February 2010		Result: Deleted from CPT	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

75996 Revised to Category III **Global:** ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008	Tab 57	Specialty Developing Recommendation: SIR, ACR, SVS	First Identified: April 2008	2018 est Medicare Utilization:	2007 Work RVU: 0.00	2019 Work RVU:
					2007 NF PE RVU: 0	2019 NF PE RVU:
					2007 Fac PE RVU 0	2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT February 2010		Result: Deleted from CPT	
			Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 120,634	2007 Work RVU: 0.17	2019 Work RVU: 0.30
					2007 NF PE RVU: 1.68	2019 NF PE RVU: 0.99
					2007 Fac PE RVU NA	2019 Fac PE RVU: NA
RUC Recommendation: 0.30			Referred to CPT		Result: Increase	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

76001 Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy) **Global:** XXX **Issue:** Fluoroscopy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent **Tab 27** **Specialty Developing** ACR
RUC Meeting: April 2017 **Recommendation:**

First Identified: October 2016 **2018 est Medicare Utilization:** 4,752

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

76098 Radiological examination, surgical specimen

Global: XXX **Issue:** X-Ray Exam Specimen **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent **Tab 21** **Specialty Developing** ACR
RUC Meeting: October 2018 **Recommendation:**

First Identified: October 2017 **2018 est Medicare Utilization:** 63,686

2007 Work RVU: 0.16 **2019 Work RVU:** 0.16
2007 NF PE RVU: 0.43 **2019 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Increase

RUC Recommendation: 0.31

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

76100 Radiologic examination, single plane body section (eg, tomography), other than with urography **Global:** XXX **Issue:** Fluoroscopy

Screen: CMS Request - Practice Expense Review **Complete?** Yes

Most Recent **Tab 27** **Specialty Developing** ACR, ISIS
RUC Meeting: April 2009 **Recommendation:**

First Identified: April 2009 **2018 est Medicare Utilization:** 5,649

2007 Work RVU: 0.58 **2019 Work RVU:** 0.58
2007 NF PE RVU: 1.93 **2019 NF PE RVU:** 2.03
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE inputs

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

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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 est Medicare Utilization: 1	2007 Work RVU: 0.58 2019 Work RVU: 0.58 2007 NF PE RVU: 2.5 2019 NF PE RVU: 1.94 2007 Fac PE RVU: NA 2019 Fac PE RVU: NA Result: PE Only
RUC Recommendation: New PE inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 2,288	2007 Work RVU: 0.58 2019 Work RVU: 0.58 2007 NF PE RVU: 3.35 2019 NF PE RVU: 4.20 2007 Fac PE RVU: NA 2019 Fac PE RVU: NA Result: PE Only
RUC Recommendation: New PE inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 256,595	2007 Work RVU: 0.20 2019 Work RVU: 0.20 2007 NF PE RVU: 2.95 2019 NF PE RVU: 0.43 2007 Fac PE RVU: NA 2019 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.20			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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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:	Issue:	Screen: CMS Request - NPRM for 2020	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: July 2019	2018 est Medicare Utilization: 175,369	2007 Work RVU:	2019 Work RVU: 0.79	
					2007 NF PE RVU:	2019 NF PE RVU: 1.16	
					2007 Fac PE RVU Result:	2019 Fac PE RVU: NA	
RUC Recommendation:			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter			Global: XXX	Issue: Ophthalmic 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 est Medicare Utilization: 13,866	2007 Work RVU: 1.55	2019 Work RVU: 0.70
						2007 NF PE RVU: 2.73	2019 NF PE RVU: 2.43
						2007 Fac PE RVU NA	2019 Fac PE RVU: NA
RUC Recommendation: 0.70			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only			Global: XXX	Issue: Ophthalmic 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 est Medicare Utilization: 3,975	2007 Work RVU: 0.94	2019 Work RVU: 0.64
						2007 NF PE RVU: 2.17	2019 NF PE RVU: 1.27
						2007 Fac PE RVU NA	2019 Fac PE RVU: NA
RUC Recommendation: 0.64			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

Status Report: CMS Requests and Relativity Assessment Issues

76512 Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan) **Global:** XXX **Issue:** Ophthalmic 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 est Medicare Utilization:** 220,903 **2007 Work RVU:** 0.94 **2019 Work RVU:** 0.56 **2007 NF PE RVU:** 1.97 **2019 NF PE RVU:** 1.15 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.56 **Referred to CPT** **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 **Screen:** High Volume Growth1 / CPT Assistant Analysis 2018 **Complete?** No

Most Recent RUC Meeting: April 2019 **Tab** 18 **Specialty Developing Recommendation:** AAO, AOA (optometric), ASCRS **First Identified:** February 2008 **2018 est Medicare Utilization:** 25,593 **2007 Work RVU:** 0.66 **2019 Work RVU:** 0.66 **2007 NF PE RVU:** 1.75 **2019 NF PE RVU:** 2.10 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:**

RUC Recommendation: Refer to CPT Sept 2019. 0.66 and CPT Assistant article published **Referred to CPT** September 2019 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Apr 2013

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 est Medicare Utilization:** 477,715 **2007 Work RVU:** 0.17 **2019 Work RVU:** 0.14 **2007 NF PE RVU:** 0.15 **2019 NF PE RVU:** 0.20 **2007 Fac PE RVU:** NA **2019 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

76516 Ophthalmic biometry by ultrasound echography, A-scan; **Global:** XXX **Issue:** Ophthalmic 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 est Medicare Utilization:** 2,716

2007 Work RVU: 0.54 **2019 Work RVU:** 0.40
2007 NF PE RVU: 1.39 **2019 NF PE RVU:** 1.11
2007 Fac PE RVU: NA **2019 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 0.40 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

76519 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation **Global:** XXX **Issue:** Ophthalmic 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 est Medicare Utilization:** 218,076

2007 Work RVU: 0.54 **2019 Work RVU:** 0.54
2007 NF PE RVU: 1.49 **2019 NF PE RVU:** 1.31
2007 Fac PE RVU: NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.54 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

76536 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation **Global:** XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2018 est Medicare Utilization:** 900,702

2007 Work RVU: 0.56 **2019 Work RVU:** 0.56
2007 NF PE RVU: 1.83 **2019 NF PE RVU:** 2.65
2007 Fac PE RVU: NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.56 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 est Medicare Utilization:** 96,286

2007 Work RVU: 0.55 **2019 Work RVU:** 0.55
2007 NF PE RVU: 1.54 **2019 NF PE RVU:** 1.92
2007 Fac PE RVU: NA **2019 Fac PE RVU:** NA
Result: Increase

RUC Recommendation: 0.59 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 594,853 **2007 Work RVU:** **2019 Work RVU:** 0.73
2007 NF PE RVU: **2019 NF PE RVU:** 2.24
2007 Fac PE RVU **2019 Fac PE RVU:** NA
Result: Increase

RUC Recommendation: 0.73 **Referred to CPT** October 2013
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 est Medicare Utilization:** 753,308 **2007 Work RVU:** **2019 Work RVU:** 0.68
2007 NF PE RVU: **2019 NF PE RVU:** 1.74
2007 Fac PE RVU **2019 Fac PE RVU:** NA
Result: Increase

RUC Recommendation: 0.68 **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.54 **2019 Work RVU:**
2007 NF PE RVU: 1.41 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

76700 Ultrasound, abdominal, real time with image documentation; complete **Global:** XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2018 est Medicare Utilization:** 919,359 **2007 Work RVU:** 0.81 **2019 Work RVU:** 0.81
2007 NF PE RVU: 2.39 **2019 NF PE RVU:** 2.57
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.81 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 1,078,993	2007 Work RVU: 0.59 2007 NF PE RVU: 1.77 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.59			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.59 2019 NF PE RVU: 1.93 2019 Fac PE RVU: NA
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 est Medicare Utilization: 145,024	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease
RUC Recommendation: 0.55			Referred to CPT May 2015 Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Jan 2017	2019 Work RVU: 0.55 2019 NF PE RVU: 2.61 2019 Fac PE RVU: NA
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 est Medicare Utilization: 1,300,321	2007 Work RVU: 0.74 2007 NF PE RVU: 2.36 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.74			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.74 2019 NF PE RVU: 2.39 2019 Fac PE RVU: NA
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 est Medicare Utilization: 546,500	2007 Work RVU: 0.58 2007 NF PE RVU: 1.81 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.58			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.58 2019 NF PE RVU: 1.03 2019 Fac PE RVU: NA

Status Report: CMS Requests and Relativity Assessment Issues

76819 Fetal biophysical profile; without non-stress testing

Global: XXX Issue: RAW

Screen: High Volume Growth2

Complete? Yes

Most Recent Tab 18 Specialty Developing
RUC Meeting: October 2013 Recommendation:

First
Identified: April 2013

2018 est
Medicare
Utilization: 12,715

2007 Work RVU: 0.77

2019 Work RVU: 0.77

2007 NF PE RVU: 1.81

2019 NF PE RVU: 1.68

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Remove from screen

RUC Recommendation: Remove from screen

Referred to CPT

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 Tab 44 Specialty Developing ACOG, ACR,
RUC Meeting: April 2012 Recommendation: AUA

First
Identified: September 2011

2018 est
Medicare
Utilization: 440,820

2007 Work RVU: 0.69

2019 Work RVU: 0.69

2007 NF PE RVU: 1.97

2019 NF PE RVU: 2.70

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.69

Referred to CPT

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 Tab 13 Specialty Developing ACR
RUC Meeting: October 2013 Recommendation:

First
Identified: April 2011

2018 est
Medicare
Utilization: 434,411

2007 Work RVU: 0.69

2019 Work RVU: 0.69

2007 NF PE RVU: 1.99

2019 NF PE RVU: 2.35

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.69

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

76857 Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

Global: XXX

Issue: Ultrasound

Screen: CMS-Other - Utilization
over 250,000

Complete? Yes

Most Recent Tab 13 Specialty Developing ACR
RUC Meeting: October 2013 Recommendation:

First
Identified: April 2013

2018 est
Medicare
Utilization: 209,033

2007 Work RVU: 0.38

2019 Work RVU: 0.50

2007 NF PE RVU: 1.99

2019 NF PE RVU: 0.84

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 0.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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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 est
Medicare
Utilization: 142,388

2007 Work RVU: 0.64
2007 NF PE RVU: 1.97
2007 Fac PE RVU NA
Result: Maintain

2019 Work RVU: 0.64
2019 NF PE RVU: 2.28
2019 Fac PE RVU: NA

RUC Recommendation: 0.64

Referred to CPT
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 est
Medicare
Utilization: 202,341

2007 Work RVU: 0.69
2007 NF PE RVU: 2.52
2007 Fac PE RVU NA
Result: Maintain

2019 Work RVU: 0.69
2019 NF PE RVU: 2.90
2019 Fac PE RVU: NA

RUC Recommendation: 0.69

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

76880 Deleted from CPT

Global: XXX

Issue: Lower Extremity Ultrasound Screen: CMS Fastest Growing

Complete? Yes

Most Recent
RUC Meeting: October 2009

Tab 26

Specialty Developing
Recommendation: APMA, ACR

First
Identified: October 2008

2018 est
Medicare
Utilization:

2007 Work RVU: 0.59
2007 NF PE RVU: 1.97
2007 Fac PE RVU NA
Result: Deleted from CPT

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ Published in CPT Asst:

76881 Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation

Global: XXX

Issue: Ultrasound of Extremity

Screen: CMS Fastest Growing /
New Technology/New
Services

Complete? No

Most Recent
RUC Meeting: October 2019

Tab 17

Specialty Developing
Recommendation: AAOS, ACR,
ACRrh, APMA

First
Identified: April 2010

2018 est
Medicare
Utilization: 206,685

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result:

2019 Work RVU: 0.63
2019 NF PE RVU: 1.84
2019 Fac PE RVU: NA

RUC Recommendation: Revised PE. RAW review in Oct 2021

Referred to CPT June 2017
Referred to CPT Asst ☒ Published in CPT Asst: Clinical Examples of Radiology Winter 2011; Apr 2016

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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 **Tab** 17 **Specialty Developing** AAOS, ACR, **First** **2018 est** **2007 Work RVU:** **2019 Work RVU:** 0.49
RUC Meeting: October 2019 **Recommendation:** ACRh, APMA **Identified:** April 2010 **Medicare** **2007 NF PE RVU:** **2019 NF PE RVU:** 1.09
Utilization: 268,094 **2007 Fac PE RVU** **2019 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: Revised PE. RAW review in Oct 2021 **Referred to CPT** June 2017
Referred to CPT Asst ☒ **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016

76930 Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation **Global:** XXX **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent **Tab** 04 **Specialty Developing** ACC **First** **2018 est** **2007 Work RVU:** 0.67 **2019 Work RVU:** 0.00
RUC Meeting: January 2019 **Recommendation:** **Identified:** July 2013 **Medicare** **2007 NF PE RVU:** 1.85 **2019 NF PE RVU:** 0.00
Utilization: 2,430 **2007 Fac PE RVU** NA **2019 Fac PE RVU:** NA
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

76932 Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation **Global:** YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent **Tab** 34 **Specialty Developing** ACC **First** **2018 est** **2007 Work RVU:** 0.00 **2019 Work RVU:** 0.00
RUC Meeting: April 2014 **Recommendation:** **Identified:** July 2013 **Medicare** **2007 NF PE RVU:** NA **2019 NF PE RVU:** 0.00
Utilization: 1,273 **2007 Fac PE RVU** NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.67 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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 est Medicare Utilization: 991	2007 Work RVU: 1.99 2007 NF PE RVU: 6.67 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 1.99 2019 NF PE RVU: 5.37 2019 Fac PE RVU: NA
RUC Recommendation: Maintain		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 695,004	2007 Work RVU: 0.30 2007 NF PE RVU: 0.51 2007 Fac PE RVU 0.51 Result:	2019 Work RVU: 0.30 2019 NF PE RVU: 0.64 2019 Fac PE RVU: NA
RUC Recommendation: Review in 2 years (Oct 2021)		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	Global: YYY	Issue: Ultrasound Guidance	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 29 Specialty Developing Recommendation: ACS, ACR, SIR	First Identified: July 2013	2018 est Medicare Utilization: 1,269	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.00 2019 NF PE RVU: 0.00 2019 Fac PE RVU: NA
RUC Recommendation: 2.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Global: XXX	Issue: Ultrasound Guidance for Needle Placement	Screen: CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3	Complete? 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 est Medicare Utilization: 1,239,851	2007 Work RVU: 0.67 2007 NF PE RVU: 3.43 2007 Fac PE RVU NA 2019 Work RVU: 0.67 2019 NF PE RVU: 0.90 2019 Fac PE RVU: NA
RUC Recommendation: Refer to CPT. 0.67			Referred to CPT February 2020 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		Result: Maintain
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	Global: XXX	Issue: Echo Guidance for Ova Aspiration	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 25	Specialty Developing Recommendation: ACOG	First Identified: July 2013	2018 est Medicare Utilization: 17	2007 Work RVU: 0.38 2007 NF PE RVU: 1.34 2007 Fac PE RVU NA 2019 Work RVU: 0.67 2019 NF PE RVU: 1.38 2019 Fac PE RVU: NA
RUC Recommendation: 0.85			Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		Result: Increase
76950	Ultrasonic guidance for placement of radiation therapy fields	Global: XXX	Issue: Ultrasound Guidance	Screen: Codes Reported Together 75% or More- Part1 / CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 34	Specialty Developing Recommendation:	First Identified: February 2010	2018 est Medicare Utilization:	2007 Work RVU: 0.58 2007 NF PE RVU: 1.43 2007 Fac PE RVU NA 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2013 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

76965 Ultrasonic guidance for interstitial radioelement application **Global:** XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent **Tab** 21 **Specialty Developing** NO **First** **2018 est** **2007 Work RVU:** 1.34 **2019 Work RVU:** 1.34
RUC Meeting: September 2014 **Recommendation:** INTERESET **Identified:** July 2013 **Medicare** **2007 NF PE RVU:** 4.8 **2019 NF PE RVU:** 1.22
Utilization: 6,434 **2007 Fac PE RVU** NA **2019 Fac PE RVU:**NA
RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **Tab** 17 **Specialty Developing** ACS, ACR, **First** **2018 est** **2007 Work RVU:** 0.40 **2019 Work RVU:** 0.40
RUC Meeting: October 2019 **Recommendation:** AACE **Identified:** February 2008 **Medicare** **2007 NF PE RVU:** 1.41 **2019 NF PE RVU:** 2.10
Utilization: 26,940 **2007 Fac PE RVU** NA **2019 Fac PE RVU:**NA
RUC Recommendation: Refer to CPT for deletion. **Referred to CPT** February 2020 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

76998 Ultrasonic guidance, intraoperative **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 **Complete?** No

Most Recent **Tab** 17 **Specialty Developing** **First** **2018 est** **2007 Work RVU:** 1.20 **2019 Work RVU:** 1.20
RUC Meeting: October 2019 **Recommendation:** **Identified:** January 2019 **Medicare** **2007 NF PE RVU:** **2019 NF PE RVU:** 0.39
Utilization: 29,510 **2007 Fac PE RVU** **2019 Fac PE RVU:**0.39
RUC Recommendation: Refer to CPT **Referred to CPT** February 2020 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 402,771

2007 Work RVU: 0.38

2019 Work RVU: 0.38

2007 NF PE RVU: 1.73

2019 NF PE RVU: 2.13

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: 0.38

Referred to CPT October 2015

Result: Maintain

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

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 est Medicare Utilization: 474,947

2007 Work RVU: 0.54

2019 Work RVU: 0.54

2007 NF PE RVU: 1.4

2019 NF PE RVU: 2.28

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: 0.54

Referred to CPT October 2015

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 75,470	2007 Work RVU: 0.60 2007 NF PE RVU: 1.28 2007 Fac PE RVU NA 2019 Work RVU: 0.60 2019 NF PE RVU: 2.12 2019 Fac PE RVU: NA
RUC Recommendation: 0.60			Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain
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 est Medicare Utilization: 4,680	2007 Work RVU: 1.21 2007 NF PE RVU: 11.38 2007 Fac PE RVU NA 2019 Work RVU: 1.21 2019 NF PE RVU: 5.17 2019 Fac PE RVU: NA
RUC Recommendation: New PE inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: PE Only
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 est Medicare Utilization: 208,846	2007 Work RVU: 1.16 2007 NF PE RVU: 7.02 2007 Fac PE RVU NA 2019 Work RVU: 1.50 2019 NF PE RVU: 2.67 2019 Fac PE RVU: NA
RUC Recommendation: Bundled 32405 and 77012. 1.50			Referred to CPT February 2019 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 2,166,144	2007 Work RVU: 0.85 2007 NF PE RVU: 3.53 2007 Fac PE RVU NA 2019 Work RVU: 0.85 2019 NF PE RVU: 2.51 2019 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 <input type="checkbox"/>		Published in CPT Asst:

77031	Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	Global: XXX	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation:	First Identified: January 2012	2018 est Medicare Utilization:	2007 Work RVU: 1.59 2007 NF PE RVU: 6.19 2007 Fac PE RVU NA 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2012		Result: Deleted from CPT
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:

77032	Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation	Global: XXX	Issue: Breast Biopsy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 04	Specialty Developing Recommendation:	First Identified: January 2012	2018 est Medicare Utilization:	2007 Work RVU: 0.56 2007 NF PE RVU: 1.26 2007 Fac PE RVU NA 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2012		Result: Deleted from CPT
			Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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** ACR
Recommendation:

First
Identified: June 2017

2018 est
Medicare
Utilization:

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

2019 Work RVU: 1.45
2019 NF PE RVU: 5.48
2019 Fac PE RVU: NA

RUC Recommendation: 1.45

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

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** ACR
Recommendation:

First
Identified: June 2017

2018 est
Medicare
Utilization:

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

2019 Work RVU: 1.60
2019 NF PE RVU: 5.51
2019 Fac PE RVU: NA

RUC Recommendation: 1.60

Referred to CPT June 2017
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** ACR
Recommendation:

First
Identified: June 2017

2018 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Increase

2019 Work RVU: 2.10
2019 NF PE RVU: 8.91
2019 Fac PE RVU: NA

RUC Recommendation: 2.10

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: Increase

2019 Work RVU: 2.30
2019 NF PE RVU: 8.94
2019 Fac PE RVU: NA

RUC Recommendation: 2.30

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

77051 Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab 20 **Specialty Developing Recommendation:** ACR

First Identified:

2018 est Medicare Utilization:

2007 Work RVU: 0.06
2007 NF PE RVU: 0.38
2007 Fac PE RVU Result: Deleted from CPT

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
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:** ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.06
2007 NF PE RVU: 0.38
2007 Fac PE RVU Result: Deleted from CPT

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

77055 Mammography; unilateral

Global: XXX

Issue: Mammography-Computer Aided Detection Bundling

Screen: CMS-Other - Utilization over 250,000 / Final Rule for 2015

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 20

Specialty Developing Recommendation: ACR

First Identified: January 2014

2018 est Medicare Utilization:

2007 Work RVU: 0.70

2019 Work RVU:

2007 NF PE RVU: 1.34

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

77056 Mammography; bilateral

Global: XXX

Issue: Mammography-Computer Aided Detection Bundling

Screen: CMS-Other - Utilization over 250,000 / Final Rule for 2015

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 20

Specialty Developing Recommendation: ACR

First Identified: January 2014

2018 est Medicare Utilization:

2007 Work RVU: 0.87

2019 Work RVU:

2007 NF PE RVU: 1.68

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

77057 Screening mammography, bilateral (2-view study of each breast)

Global: XXX

Issue: Mammography-Computer Aided Detection Bundling

Screen: CMS-Other - Utilization over 250,000 / Final Rule for 2015

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 20

Specialty Developing Recommendation: ACR

First Identified: January 2014

2018 est Medicare Utilization:

2007 Work RVU: 0.70

2019 Work RVU:

2007 NF PE RVU: 1.43

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral **Global:** XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent **Tab** 06 **Specialty Developing** ACR
RUC Meeting: October 2017 **Recommendation:**

First Identified: July 2015

2018 est Medicare Utilization: 1,469

2007 Work RVU: 1.63
2007 NF PE RVU: 18.76
2007 Fac PE RVU NA
Result: Deleted from CPT

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Code Deleted from CPT

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

77059 Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral **Global:** XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent **Tab** 06 **Specialty Developing** ACR
RUC Meeting: October 2017 **Recommendation:**

First Identified: July 2015

2018 est Medicare Utilization: 80,804

2007 Work RVU: 1.63
2007 NF PE RVU: 23.46
2007 Fac PE RVU NA
Result: Deleted from CPT

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Code Deleted from CPT

Referred to CPT June 2017
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 **Tab** 20 **Specialty Developing** ACR
RUC Meeting: January 2016 **Recommendation:**

First Identified: October 2015

2018 est Medicare Utilization: 763,550

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Increase

2019 Work RVU: 0.81
2019 NF PE RVU: 2.90
2019 Fac PE RVU: NA

RUC Recommendation: 0.81

Referred to CPT October 2015
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 **Tab** 20 **Specialty Developing** ACR
RUC Meeting: January 2016 **Recommendation:**

First Identified: October 2015

2018 est Medicare Utilization: 602,444

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Increase

2019 Work RVU: 1.00
2019 NF PE RVU: 3.70
2019 Fac PE RVU: NA

RUC Recommendation: 1.00

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 5,957,384	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 0.76 2019 NF PE RVU: 3.03 2019 Fac PE RVU: NA
RUC Recommendation: 0.76		Referred to CPT October 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 54,242	2007 Work RVU: 0.27 2007 NF PE RVU: 0.81 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 0.27 2019 NF PE RVU: 0.76 2019 Fac PE RVU: NA
RUC Recommendation: 0.26		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 5,994	2007 Work RVU: 0.45 2007 NF PE RVU: 1.2 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 0.45 2019 NF PE RVU: 1.42 2019 Fac PE RVU: NA
RUC Recommendation: 0.44		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 46,223	2007 Work RVU: 0.54 2007 NF PE RVU: 1.76 2007 Fac PE RVU Result: Increase	2019 Work RVU: 0.54 2019 NF PE RVU: 2.02 2019 Fac PE RVU: NA
RUC Recommendation: 0.55		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 51	2007 Work RVU: 0.70 2007 NF PE RVU: 1.2 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.70 2019 NF PE RVU: 2.10 2019 Fac PE RVU:NA
RUC Recommendation: 0.70				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
77077 Joint survey, single view, 2 or more joints (specify)				Global: XXX	Issue: X-Ray Exam - Bone	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: April 2018	Tab 25	Specialty Developing Recommendation:	ACR	First Identified: October 2017	2018 est Medicare Utilization: 36,830	2007 Work RVU: 0.31 2007 NF PE RVU: 1.07 2007 Fac PE RVU NA Result: Increase	2019 Work RVU: 0.31 2019 NF PE RVU: 0.75 2019 Fac PE RVU:NA
RUC Recommendation: 0.33				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
77079 Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)				Global: XXX	Issue: CT Bone Density Study	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 31	Specialty Developing Recommendation:	ACR, AAFP, ACP	First Identified: October 2009	2018 est Medicare Utilization:	2007 Work RVU: 0.22 2007 NF PE RVU: 2.45 2007 Fac PE RVU NA Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT				Referred to CPT October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

77080 Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab 07

Specialty Developing Recommendation:

AACE, ACNM, ACR, ACRh, SNMMI, TES

First Identified: September 2011

2018 est Medicare Utilization: 2,479,440

2007 Work RVU: 0.20

2019 Work RVU: 0.20

2007 NF PE RVU: 2.59

2019 NF PE RVU: 0.91

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: 0.20

Referred to CPT May 2013

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

Result: Maintain

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 est Medicare Utilization: 44,877

2007 Work RVU: 0.22

2019 Work RVU: 0.20

2007 NF PE RVU: 0.8

2019 NF PE RVU: 0.72

2007 Fac PE RVU NA

2019 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: 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 est Medicare Utilization:

2007 Work RVU: 0.17

2019 Work RVU:

2007 NF PE RVU: 0.71

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 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

Status Report: CMS Requests and Relativity Assessment Issues

77083 Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites **Global:** XXX **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab 31 **Specialty Developing Recommendation:** ACR, ACP

First Identified: October 2009

2018 est Medicare Utilization:

2007 Work RVU: 0.20

2019 Work RVU:

2007 NF PE RVU: 0.71

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

77085 Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment **Global:** XXX **Issue:** Dual Energy X-Ray

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

First Identified:

2018 est Medicare Utilization: 108,962

2007 Work RVU:

2019 Work RVU: 0.30

2007 NF PE RVU:

2019 NF PE RVU: 1.21

2007 Fac PE RVU

2019 Fac PE RVU:NA

RUC Recommendation: 0.30

Referred to CPT May 2013

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

Result: Decrease

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 est Medicare Utilization: 2,498

2007 Work RVU:

2019 Work RVU: 0.17

2007 NF PE RVU:

2019 NF PE RVU: 0.80

2007 Fac PE RVU

2019 Fac PE RVU:NA

RUC Recommendation: 0.17

Referred to CPT May 2013

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77261 Therapeutic radiology treatment planning; simple

Global: XXX

Issue: Radiation Therapy Planning Screen: CMS High Expenditure
Procedural Codes2

Complete? Yes

Most Recent
RUC Meeting: April 2016

Tab 37 Specialty Developing
Recommendation: ASTRO

First
Identified: July 2015

2018 est
Medicare
Utilization: 8,128

2007 Work RVU: 1.39
2007 NF PE RVU: 0.51
2007 Fac PE RVU 0.51
Result: Decrease

2019 Work RVU: 1.30
2019 NF PE RVU: 0.64
2019 Fac PE RVU:0.64

RUC Recommendation: 1.30

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

77262 Therapeutic radiology treatment planning; intermediate

Global: XXX

Issue: Radiation Therapy Planning Screen: CMS High Expenditure
Procedural Codes2

Complete? Yes

Most Recent
RUC Meeting: April 2016

Tab 37 Specialty Developing
Recommendation: ASTRO

First
Identified: July 2015

2018 est
Medicare
Utilization: 3,470

2007 Work RVU: 2.11
2007 NF PE RVU: 0.74
2007 Fac PE RVU 0.74
Result: Decrease

2019 Work RVU: 2.00
2019 NF PE RVU: 0.92
2019 Fac PE RVU:0.92

RUC Recommendation: 2.00

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

77263 Therapeutic radiology treatment planning; complex

Global: XXX

Issue: Radiation Therapy Planning Screen: CMS High Expenditure
Procedural Codes2

Complete? Yes

Most Recent
RUC Meeting: April 2016

Tab 37 Specialty Developing
Recommendation: ASTRO

First
Identified: July 2015

2018 est
Medicare
Utilization: 287,940

2007 Work RVU: 3.14
2007 NF PE RVU: 1.1
2007 Fac PE RVU 1.1
Result: Maintain

2019 Work RVU: 3.14
2019 NF PE RVU: 1.41
2019 Fac PE RVU:1.41

RUC Recommendation: 3.14

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

Status Report: CMS Requests and Relativity Assessment Issues

77280 Therapeutic radiology simulation-aided field setting; simple **Global:** XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2011 **2018 est Medicare Utilization:** 335,638 **2007 Work RVU:** 0.70 **2019 Work RVU:** 0.70 **2007 NF PE RVU:** 3.89 **2019 NF PE RVU:** 7.10 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.70 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 est Medicare Utilization:** 4,785 **2007 Work RVU:** 1.05 **2019 Work RVU:** 1.05 **2007 NF PE RVU:** 6.45 **2019 NF PE RVU:** 11.87 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.05 **Referred to CPT** October 2012 **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 est Medicare Utilization:** 217,952 **2007 Work RVU:** 1.56 **2019 Work RVU:** 1.56 **2007 NF PE RVU:** 8.63 **2019 NF PE RVU:** 12.79 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.56 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77293 Respiratory motion management simulation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab 14 Specialty Developing Recommendation: ASTRO

First Identified:

2018 est Medicare Utilization: 27,231

2007 Work RVU:

2019 Work RVU: 2.00

2007 NF PE RVU:

2019 NF PE RVU: 10.95

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 2.00

Referred to CPT October 2012

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

77295 3-dimensional radiotherapy plan, including dose-volume histograms **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab 14 Specialty Developing Recommendation: ASTRO

First Identified: September 2011

2018 est Medicare Utilization: 143,565

2007 Work RVU: 4.56

2019 Work RVU: 4.29

2007 NF PE RVU: 23.92

2019 NF PE RVU: 9.42

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 4.29

Referred to CPT October 2012, October 2014

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 est Medicare Utilization: 1,327,669

2007 Work RVU: 0.62

2019 Work RVU: 0.62

2007 NF PE RVU: 1.45

2019 NF PE RVU: 1.23

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.62

Referred to CPT February 2014, October 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	Global: XXX	Issue: IMRT - PE Only	Screen: CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 28 Specialty Developing Recommendation: ASTRO	First Identified: October 2008	2018 est Medicare Utilization: 129,927	2007 Work RVU: 7.99 2007 NF PE RVU: 37.25 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 7.99 2019 NF PE RVU: 46.48 2019 Fac PE RVU: NA
RUC Recommendation: New PE Inputs. 7.99. CPT Assistant article published.		Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>		Published in CPT Asst: Nov 2009	
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)	Global: XXX	Issue: Isodose Calculation with Isodose Planning Bundle	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab 20 Specialty Developing Recommendation: ASTRO	First Identified: October 2010	2018 est Medicare Utilization:	2007 Work RVU: 0.70 2007 NF PE RVU: 1.79 2007 Fac PE RVU NA Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT February 2014 Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 2,414	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 1.40 2019 NF PE RVU: 2.77 2019 Fac PE RVU: NA
RUC Recommendation: 1.40		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

77307 Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab 20

Specialty Developing Recommendation:

First Identified: October 2010

2018 est Medicare Utilization: 43,889

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

2019 Work RVU: 2.90
2019 NF PE RVU: 5.17
2019 Fac PE RVU: NA

RUC Recommendation: 2.90

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

77310 Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab 20

Specialty Developing Recommendation: ASTRO

First Identified: October 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.05
2007 NF PE RVU: 2.32
2007 Fac PE RVU NA
Result: Deleted from CPT

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

77315 Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab 20

Specialty Developing Recommendation: ASTRO

First Identified: October 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.56
2007 NF PE RVU: 2.9
2007 Fac PE RVU NA
Result: Deleted from CPT

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77316 Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab 20

Specialty Developing Recommendation:

First Identified: October 2012

2018 est Medicare Utilization: 4,274

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

2019 Work RVU: 1.40
2019 NF PE RVU: 4.29
2019 Fac PE RVU: NA

RUC Recommendation: 1.50

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

77317 Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab 20

Specialty Developing Recommendation:

First Identified: October 2012

2018 est Medicare Utilization: 3,032

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

2019 Work RVU: 1.83
2019 NF PE RVU: 5.62
2019 Fac PE RVU: NA

RUC Recommendation: 1.83

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

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 est Medicare Utilization: 6,076

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

2019 Work RVU: 2.90
2019 NF PE RVU: 7.80
2019 Fac PE RVU: NA

RUC Recommendation: 2.90

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77326 Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab 20

Specialty Developing Recommendation:

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.93

2019 Work RVU:

2007 NF PE RVU: 2.75

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

77327 Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)

Global: XXX

Issue: Isodose Calculation with Isodose Planning Bundle

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab 20

Specialty Developing Recommendation: ASTRO

First Identified: October 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.39

2019 Work RVU:

2007 NF PE RVU: 3.97

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

77328 Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)

Global: XXX

Issue: Isodose Calculation with Isodose Planning Bundle

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab 20

Specialty Developing Recommendation:

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 2.09

2019 Work RVU:

2007 NF PE RVU: 5.54

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

77332	Treatment devices, design and construction; simple (simple block, simple bolus)	Global: XXX	Issue: RAW	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab 40	Specialty Developing Recommendation: ASTRO	First Identified: April 2015	2018 est Medicare Utilization: 71,800	2007 Work RVU: 0.54 2007 NF PE RVU: 1.53 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.54			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.45 2019 NF PE RVU: 1.01 2019 Fac PE RVU: NA

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 est Medicare Utilization: 11,712	2007 Work RVU: 0.84 2007 NF PE RVU: 1.75 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.84			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.75 2019 NF PE RVU: 2.31 2019 Fac PE RVU: NA

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 est Medicare Utilization: 839,085	2007 Work RVU: 1.24 2007 NF PE RVU: 3.43 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.24			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.15 2019 NF PE RVU: 2.43 2019 Fac PE RVU: NA

Status Report: CMS Requests and Relativity Assessment Issues

77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	Global: XXX	Issue: Continuing Medical Physics Consultation-PE Only	Screen: CMS Request - Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 31 Specialty Developing Recommendation: ASTRO	First Identified: October 2012	2018 est Medicare Utilization: 413,555	2007 Work RVU: 0.00 2007 NF PE RVU: 2.52 2007 Fac PE RVU Result: NA PE Only	2019 Work RVU: 0.00 2019 NF PE RVU: 2.20 2019 Fac PE RVU: NA
RUC Recommendation: New PE Inputs		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	Global: XXX	Issue: IMRT - PE Only	Screen: Services with Stand-Alone PE Procedure Time	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 28 Specialty Developing Recommendation:	First Identified: October 2012	2018 est Medicare Utilization: 151,378	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: PE Only	2019 Work RVU: 4.29 2019 NF PE RVU: 9.63 2019 Fac PE RVU: NA
RUC Recommendation: New PE Inputs		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Global: XXX	Issue: Radiation Treatment Delivery, Stereotactic Radiosurgery	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab 30 Specialty Developing Recommendation: ASTRO	First Identified: NA	2018 est Medicare Utilization: 138	2007 Work RVU: 0.00 2007 NF PE RVU: 30.25 2007 Fac PE RVU Result: NA PE Only	2019 Work RVU: 0.00 2019 NF PE RVU: 0.00 2019 Fac PE RVU: 0.00
RUC Recommendation: New PE inputs		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

77372 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab 18

Specialty Developing Recommendation:

First Identified:

2018 est Medicare Utilization: 806

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: 22.93

2019 NF PE RVU: 30.08

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

77373 Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab 18

Specialty Developing Recommendation: ACR, ASTRO, ACRO

First Identified: July 2012

2018 est Medicare Utilization: 28,888

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: 42.87

2019 NF PE RVU: 36.41

2007 Fac PE RVU NA

2019 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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: PE Only

RUC Recommendation: PE Only, revised introductory guidelines

Referred to CPT October 2013

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

77386 Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab 14

Specialty Developing Recommendation: ACRO, ASTRO

First Identified: January 2014

2018 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: PE Only

RUC Recommendation: PE Only, revised introductory guidelines

Referred to CPT October 2013

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

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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Decrease

RUC Recommendation: 0.58

Referred to CPT October 2013

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

77401 Radiation treatment delivery, superficial and/or ortho voltage, per day **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth5 **Complete?** No

Most Recent RUC Meeting: October 2019

Tab 17

Specialty Developing Recommendation:

First Identified: October 2018

2018 est Medicare Utilization: 176,357

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: 1.45

2019 NF PE RVU: 0.69

2007 Fac PE RVU NA

2019 Fac PE RVU: NA

Result:

RUC Recommendation: Review PE for January 2020

Referred to CPT May 2019

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

Status Report: CMS Requests and Relativity Assessment Issues

77402	Radiation treatment delivery, >=1 MeV; simple	Global: XXX	Issue: Radiation Treatment Delivery - PE Only	Screen: Services with Stand-Alone PE Procedure Time	Complete? Yes
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Most Recent RUC Meeting: January 2014	Tab 14	Specialty Developing Recommendation: ACRO, ASTRO
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First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 2.37

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: PE Only

RUC Recommendation: PE Only, revised introductory guidelines

Referred to CPT October 2013 and February 2014

Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:
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77403	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV
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Global: XXX

Issue: Radiation Treatment Delivery - PE Only
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Screen: Services with Stand-Alone PE Procedure Time
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Complete? Yes

Most Recent RUC Meeting: January 2014	Tab 14	Specialty Developing Recommendation: ACRO, ASTRO
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First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 2.27

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:
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77404	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV
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Global: XXX

Issue: Radiation Treatment Delivery - PE Only
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Screen: Services with Stand-Alone PE Procedure Time
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Complete? Yes

Most Recent RUC Meeting: January 2014	Tab 14	Specialty Developing Recommendation: ACRO, ASTRO
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First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 2.38

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:
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Status Report: CMS Requests and Relativity Assessment Issues

77406 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab 14

Specialty Developing Recommendation: ACRO, ASTRO

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 2.38

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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

77407 Radiation treatment delivery, >=1 MeV; intermediate

Global: XXX

Issue: Radiation Treatment Delivery - PE Only

Screen: Services with Stand-Alone PE Procedure Time

Complete? Yes

Most Recent RUC Meeting: January 2014

Tab 14

Specialty Developing Recommendation: ACRO, ASTRO

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 2.93

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: PE Only

RUC Recommendation: PE Only, revised introductory guidelines

Referred to CPT October 2013

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

77408 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV

Global: XXX

Issue: Radiation Treatment Delivery - PE Only

Screen: Services with Stand-Alone PE Procedure Time

Complete? Yes

Most Recent RUC Meeting: January 2014

Tab 14

Specialty Developing Recommendation: ACRO, ASTRO

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 2.87

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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

Status Report: CMS Requests and Relativity Assessment Issues

77409 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab 14

Specialty Developing Recommendation: ACRO, ASTRO

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 3.02

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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

77411 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab 14

Specialty Developing Recommendation: ACRO, ASTRO

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 3.01

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 3.46

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

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

77413 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab 14

Specialty Developing Recommendation: ACRO, ASTRO

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 3.46

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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

77414 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab 14

Specialty Developing Recommendation: ACRO, ASTRO

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 3.68

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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

77416 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab 14

Specialty Developing Recommendation: ACRO, ASTRO

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 3.68

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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

Status Report: CMS Requests and Relativity Assessment Issues

77418 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab 14

Specialty Developing Recommendation: ACRO, ASTRO

First Identified: October 2008

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 16.8

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

Referred to CPT Asst ☒

Published in CPT Asst: Nov 2009 and Q&A - Mar 2010

Result: Deleted from CPT

77421 Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab 14

Specialty Developing Recommendation: ACRO, ASTRO

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.39

2019 Work RVU:

2007 NF PE RVU: 3.11

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 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

77422 High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking **Global:** XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab 35

Specialty Developing Recommendation: AAOS, ASPS, ASSH

First Identified: November 2014

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 4.58

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

RUC Recommendation: Contractor Price

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77423 High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s) **Global:** XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH

First Identified: November 2014

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: 3.84

2019 NF PE RVU: 0.00

2007 Fac PE RVU NA

2019 Fac PE RVU:0.00

Result: Maintain

RUC Recommendation: Contractor Price

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

77427 Radiation treatment management, 5 treatments

Global: XXX

Issue: Radiation Treatment Management

Screen: Site of Service Anomaly / High Level E/M in Global Period

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 54 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2007

2018 est Medicare Utilization: 1,039,115

2007 Work RVU: 3.70

2019 Work RVU: 3.37

2007 NF PE RVU: 1.15

2019 NF PE RVU: 1.76

2007 Fac PE RVU 1.15

2019 Fac PE RVU:1.76

Result: Decrease

RUC Recommendation: 3.45. Remove from high E/M screen.

Referred to CPT June 2009

Referred to CPT Asst ☐

Published in CPT Asst:

77435 Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

Global: XXX

Issue: RAW

Screen: High Volume Growth4

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 30 **Specialty Developing Recommendation:**

First Identified: October 2016

2018 est Medicare Utilization: 33,429

2007 Work RVU: 13.00

2019 Work RVU: 11.87

2007 NF PE RVU: 4.63

2019 NF PE RVU: 5.46

2007 Fac PE RVU NA

2019 Fac PE RVU:5.46

Result: Remove from screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

77470 Special treatment procedure (eg, total body irradiation, hemibody radiation, per Global: XXX Issue: Special Radiation Treatment Screen: CMS High Expenditure Procedural Codes2 Complete? Yes
oral or endocavitary irradiation)

Most Recent Tab 41 Specialty Developing Recommendation: ASTRO
RUC Meeting: January 2016

First Identified: July 2015 2018 est Medicare Utilization: 90,049

2007 Work RVU: 2.09 2019 Work RVU: 2.03
2007 NF PE RVU: 9.35 2019 NF PE RVU: 1.62
2007 Fac PE RVU NA 2019 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.03

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

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 Tab 19 Specialty Developing Recommendation: ASTRO
RUC Meeting: April 2019

First Identified: October 2018 2018 est Medicare Utilization: 1,918

2007 Work RVU: 0.00 2019 Work RVU: 0.00
2007 NF PE RVU: 0 2019 NF PE RVU:
2007 Fac PE RVU 0 2019 Fac PE RVU:
Result: PE Only

RUC Recommendation: New PE Inputs

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

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 Tab 19 Specialty Developing Recommendation: ASTRO
RUC Meeting: April 2019

First Identified: January 2018 2018 est Medicare Utilization: 21,619

2007 Work RVU: 0.00 2019 Work RVU: 0.00
2007 NF PE RVU: 0 2019 NF PE RVU: 0.00
2007 Fac PE RVU 0 2019 Fac PE RVU: 0.00
Result: PE Only

RUC Recommendation: New PE Inputs

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est
Medicare
Utilization:** 47,633

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: 0

2019 NF PE RVU: 0.00

2007 Fac PE RVU 0

2019 Fac PE RVU:0.00

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est
Medicare
Utilization:** 14,532

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: 0

2019 NF PE RVU: 0.00

2007 Fac PE RVU 0

2019 Fac PE RVU:0.00

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est
Medicare
Utilization:** 4,736

2007 Work RVU: 1.56

2019 Work RVU: 1.31

2007 NF PE RVU: 5.09

2019 NF PE RVU: 11.35

2007 Fac PE RVU NA

2019 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

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 est Medicare Utilization: 4,216

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

2019 Work RVU: 1.05
2019 NF PE RVU: 5.48
2019 Fac PE RVU: NA

RUC Recommendation: 1.05

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

77768 Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015

Tab 16

Specialty Developing Recommendation: ASTRO, ACRO

First Identified: October 2014

2018 est Medicare Utilization: 7,592

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

2019 Work RVU: 1.40
2019 NF PE RVU: 8.63
2019 Fac PE RVU: NA

RUC Recommendation: 1.40

Referred to CPT October 2014
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 est Medicare Utilization: 16,226

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

2019 Work RVU: 1.95
2019 NF PE RVU: 7.29
2019 Fac PE RVU: NA

RUC Recommendation: 1.95

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	Global: XXX	Issue: Surface Radionuclide High Does Rate Brachytherapy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 16	Specialty Developing Recommendation: ASTRO, ACRO	First Identified: October 2014	2018 est Medicare Utilization: 20,428	2007 Work RVU: 3.80 2007 NF PE RVU: 13.05 2007 Fac PE RVU: NA 2019 Work RVU: 3.80 2019 NF PE RVU: 13.05 2019 Fac PE RVU: NA
RUC Recommendation: 3.80			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	Global: XXX	Issue: Surface Radionuclide High Does Rate Brachytherapy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab 16	Specialty Developing Recommendation: ASTRO, ACRO	First Identified: October 2014	2018 est Medicare Utilization: 4,326	2007 Work RVU: 5.40 2007 NF PE RVU: 20.13 2007 Fac PE RVU: NA 2019 Work RVU: 5.40 2019 NF PE RVU: 20.13 2019 Fac PE RVU: NA
RUC Recommendation: 5.40			Referred to CPT October 2014 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
77776	Interstitial radiation source application; simple	Global: 090	Issue: Interstitial Radiation Source Codes	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab 17	Specialty Developing Recommendation: ACR, ASTRO	First Identified: February 2015	2018 est Medicare Utilization:	2007 Work RVU: 4.67 2007 NF PE RVU: 4.23 2007 Fac PE RVU: 4.23 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

77777 Interstitial radiation source application; intermediate

Global: 090

Issue: Interstitial Radiation Source Codes

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2015

Tab 17

Specialty Developing Recommendation: ACR, ASTRO

First Identified: February 2015

2018 est Medicare Utilization:

2007 Work RVU: 7.49

2019 Work RVU:

2007 NF PE RVU: 6.92

2019 NF PE RVU:

2007 Fac PE RVU 6.92

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

77778 Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed

Global: 000

Issue: Interstitial Radiation Source Codes

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab 21

Specialty Developing Recommendation: ACR, ASTRO

First Identified: October 2012

2018 est Medicare Utilization: 4,908

2007 Work RVU: 11.23

2019 Work RVU: 8.78

2007 NF PE RVU: 9.38

2019 NF PE RVU: 14.80

2007 Fac PE RVU 9.38

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 8.78

Referred to CPT February 2015

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

77781 Deleted from CPT

Global: XXX

Issue: Brachytherapy

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab 26

Specialty Developing Recommendation: ASTRO

First Identified: October 2008

2018 est Medicare Utilization:

2007 Work RVU: 1.21

2019 Work RVU:

2007 NF PE RVU: 16.73

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2008

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

Status Report: CMS Requests and Relativity Assessment Issues

77782 Deleted from CPT

Global: XXX **Issue:** Brachytherapy

Screen: High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

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

First **2018 est**
Identified: February 2008 **Medicare**
Utilization:

2007 Work RVU: 2.04 **2019 Work RVU:**
2007 NF PE RVU: 18.94 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 Deleted from CPT

Global: XXX **Issue:** Brachytherapy

Screen: CMS Fastest Growing **Complete?** Yes

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

First **2018 est**
Identified: February 2008 **Medicare**
Utilization:

2007 Work RVU: 5.15 **2019 Work RVU:**
2007 NF PE RVU: 28.04 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

77785 Remote afterloading high dose rate radionuclide brachytherapy; 1 channel

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy

Screen: High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** ASTRO
RUC Meeting: January 2015 **Recommendation:**

First **2018 est**
Identified: **Medicare**
Utilization:

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

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77786 Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015

Tab 16 **Specialty Developing Recommendation:** ASTRO

First Identified:

2018 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 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

77787 Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy

Screen: High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2015

Tab 16 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 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

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 est Medicare Utilization: 204

2007 Work RVU: 1.05

2019 Work RVU: 0.00

2007 NF PE RVU: 1

2019 NF PE RVU: 0.42

2007 Fac PE RVU NA

2019 Fac PE RVU: NA

RUC Recommendation: 0.00

Referred to CPT February 2015

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

78000 Thyroid uptake; single determination

Global: XXX

Issue: Thyroid Uptake/Imaging

Screen: Harvard Valued -
Utilization over 30,000

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 22

Specialty Developing
Recommendation:

ACR, ACNM,
SNM

First
Identified:

2018 est
Medicare
Utilization:

2007 Work RVU: 0.19

2019 Work RVU:

2007 NF PE RVU: 1.21

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

78001 Thyroid uptake; multiple determinations

Global: XXX

Issue: Thyroid Uptake/Imaging

Screen: Harvard Valued -
Utilization over 30,000

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 22

Specialty Developing
Recommendation:

ACR, ACNM,
SNM

First
Identified:

2018 est
Medicare
Utilization:

2007 Work RVU: 0.26

2019 Work RVU:

2007 NF PE RVU: 1.59

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

78003 Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)

Global: XXX

Issue: Thyroid Uptake/Imaging

Screen: Harvard Valued -
Utilization over 30,000

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 22

Specialty Developing
Recommendation:

ACR, ACNM,
SNM

First
Identified:

2018 est
Medicare
Utilization:

2007 Work RVU: 0.33

2019 Work RVU:

2007 NF PE RVU: 1.26

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

78006 Thyroid imaging, with uptake; single determination

Global: XXX

Issue: Thyroid Uptake/Imaging

Screen: Harvard Valued -
Utilization over 30,000

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 22

Specialty Developing
Recommendation:

ACR, ACNM,
SNM

First
Identified:

2018 est
Medicare
Utilization:

2007 Work RVU: 0.49

2019 Work RVU:

2007 NF PE RVU: 3.38

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

78007 Thyroid imaging, with uptake; multiple determinations

Global: XXX

Issue: Thyroid Uptake/Imaging

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 22

Specialty Developing
Recommendation:

ACR, ACNM,
SNM

First
Identified: April 2011

2018 est
Medicare
Utilization:

2007 Work RVU: 0.50

2019 Work RVU:

2007 NF PE RVU: 2.76

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

78010 Thyroid imaging; only

Global: XXX

Issue: Thyroid Uptake/Imaging

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 22

Specialty Developing
Recommendation:

ACR, ACNM,
SNM

First
Identified:

2018 est
Medicare
Utilization:

2007 Work RVU: 0.39

2019 Work RVU:

2007 NF PE RVU: 2.45

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

78011 Thyroid imaging; with vascular flow

Global: XXX

Issue: Thyroid Uptake/Imaging

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 22

Specialty Developing
Recommendation:

ACR, ACNM,
SNM

First
Identified:

2018 est
Medicare
Utilization:

2007 Work RVU: 0.45

2019 Work RVU:

2007 NF PE RVU: 2.99

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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 est
Medicare
Utilization: 1,839

2007 Work RVU:

2019 Work RVU: 0.19

2007 NF PE RVU:

2019 NF PE RVU: 2.12

2007 Fac PE RVU

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.19

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

78013	Thyroid imaging (including vascular flow, when performed);	Global: XXX	Issue: Thyroid Uptake/Imaging	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 22	Specialty Developing Recommendation: ACR, ACNM, SNM	First Identified:	2018 est Medicare Utilization: 1,884	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 0.37			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	2019 Work RVU: 0.37 2019 NF PE RVU: 5.12 2019 Fac PE RVU: NA	
<hr/>					
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 est Medicare Utilization: 20,724	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease
RUC Recommendation: 0.50			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:	2019 Work RVU: 0.50 2019 NF PE RVU: 6.39 2019 Fac PE RVU: NA	
<hr/>					
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 est Medicare Utilization: 13,097	2007 Work RVU: 0.82 2007 NF PE RVU: 4.21 2007 Fac PE RVU NA Result: Maintain
RUC Recommendation: 0.80			Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/> Published in CPT Asst: Dec 2016	2019 Work RVU: 0.80 2019 NF PE RVU: 7.74 2019 Fac PE RVU: NA	

Status Report: CMS Requests and Relativity Assessment Issues

78071 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT) **Global:** XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab 54

Specialty Developing Recommendation:

ACR, ACNM, SNM

First Identified: April 2011

2018 est Medicare Utilization: 8,419

2007 Work RVU:

2019 Work RVU: 1.20

2007 NF PE RVU:

2019 NF PE RVU: 8.97

2007 Fac PE RVU

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.20

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Dec 2016

78072 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization **Global:** XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab 54

Specialty Developing Recommendation:

ACR, ACNM, SNM

First Identified: April 2011

2018 est Medicare Utilization: 9,852

2007 Work RVU:

2019 Work RVU: 1.60

2007 NF PE RVU:

2019 NF PE RVU: 9.49

2007 Fac PE RVU

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.60

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Dec 2016

78223 Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function **Global:** XXX **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011

Tab 12

Specialty Developing Recommendation:

ACR, SNM

First Identified: October 2009

2018 est Medicare Utilization:

2007 Work RVU: 0.84

2019 Work RVU:

2007 NF PE RVU: 4.95

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

78226	Hepatobiliary system imaging, including gallbladder when present;			Global: XXX	Issue: Hepatobiliary System Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 12	Specialty Developing Recommendation:	ACR, SNM, ACNM	First Identified:	2018 est Medicare Utilization: 68,039	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 0.74 2019 NF PE RVU: 8.70 2019 Fac PE RVU: NA
RUC Recommendation: 0.74				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed			Global: XXX	Issue: Hepatobiliary System Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab 12	Specialty Developing Recommendation:	ACR, SNM, ACNM	First Identified:	2018 est Medicare Utilization: 61,450	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 0.90 2019 NF PE RVU: 11.87 2019 Fac PE RVU: NA
RUC Recommendation: 0.90				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 1,219	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Not Part of RAW	2019 Work RVU: 0.98 2019 NF PE RVU: 10.37 2019 Fac PE RVU: NA
RUC Recommendation: CPT Assistant article published				Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization: 263	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Not Part of RAW	2019 Work RVU: 1.08 2019 NF PE RVU: 12.39 2019 Fac PE RVU: NA
RUC Recommendation: CPT Assistant article published				Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Dec 2015		

Status Report: CMS Requests and Relativity Assessment Issues

78278 Acute gastrointestinal blood loss imaging

Global: XXX

Issue: Acute GI Blood Loss Imaging

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent
RUC Meeting: September 2011

Tab 34

Specialty Developing
Recommendation: ACR, SNM, ACNM

First
Identified: April 2011

2018 est
Medicare
Utilization: 28,759

2007 Work RVU: 0.99

2019 Work RVU: 0.99

2007 NF PE RVU: 5.92

2019 NF PE RVU: 8.98

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.99

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

78300 Bone and/or joint imaging; limited area

Global: XXX

Issue: Bone Imaging

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent
RUC Meeting: April 2016

Tab 38

Specialty Developing
Recommendation: ACNM, ACR, SNMMI

First
Identified: July 2015

2018 est
Medicare
Utilization: 7,685

2007 Work RVU: 0.62

2019 Work RVU: 0.62

2007 NF PE RVU: 3

2019 NF PE RVU: 5.95

2007 Fac PE RVU NA

2019 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 est
Medicare
Utilization: 1,557

2007 Work RVU: 0.83

2019 Work RVU: 0.83

2007 NF PE RVU: 4.24

2019 NF PE RVU: 7.17

2007 Fac PE RVU NA

2019 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 est
Medicare
Utilization: 265,137

2007 Work RVU: 0.86

2019 Work RVU: 0.86

2007 NF PE RVU: 4.84

2019 NF PE RVU: 7.78

2007 Fac PE RVU NA

2019 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

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 est Medicare Utilization: 37,081	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase 2019 Work RVU: 1.38 2019 NF PE RVU: 8.29 2019 Fac PE RVU: NA
RUC Recommendation: 1.40			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 1,804,487	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 1.62 2019 NF PE RVU: 11.86 2019 Fac PE RVU: NA
RUC Recommendation: 1.75			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 1,447	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 1.00 2019 NF PE RVU: 7.69 2019 Fac PE RVU: NA
RUC Recommendation: 1.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:** 10,884 **2007 Work RVU:** **2019 Work RVU:** 1.34 **2007 NF PE RVU:** **2019 NF PE RVU:** 11.10 **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** NA

RUC Recommendation: 1.34 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78459 Myocardial imaging, positron emission tomography (PET), metabolic evaluation **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 est Medicare Utilization:** 2,630 **2007 Work RVU:** 0.00 **2019 Work RVU:** 0.00 **2007 NF PE RVU:** 0 **2019 NF PE RVU:** 1.50 **2007 Fac PE RVU Result:** Increase **2019 Fac PE RVU:** NA

RUC Recommendation: 1.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78460 Deleted from CPT **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2018 est Medicare Utilization:** **2007 Work RVU:** 0.86 **2019 Work RVU:** **2007 NF PE RVU:** 3.1 **2019 NF PE RVU:** **2007 Fac PE RVU** NA **2019 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78461 Deleted from CPT

Global: XXX

Issue: Myocardial Perfusion Imaging

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: February 2009

Tab 16

Specialty Developing Recommendation: SNM, ACR, ASNC, ACC

First Identified:

2018 est Medicare Utilization:

2007 Work RVU: 1.23

2019 Work RVU:

2007 NF PE RVU: 4.81

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008

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

78464 Deleted from CPT

Global: XXX

Issue: Myocardial Perfusion Imaging

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: February 2009

Tab 16

Specialty Developing Recommendation: SNM, ACR, ASNC, ACC

First Identified:

2018 est Medicare Utilization:

2007 Work RVU: 1.09

2019 Work RVU:

2007 NF PE RVU: 7.03

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008

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

78465 Deleted from CPT

Global: XXX

Issue: Myocardial Perfusion Imaging

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: February 2009

Tab 16

Specialty Developing Recommendation: SNM, ACR, ASNC, ACC

First Identified: February 2008

2018 est Medicare Utilization:

2007 Work RVU: 1.46

2019 Work RVU:

2007 NF PE RVU: 12.08

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008

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

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
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Most Recent RUC Meeting: September 2011

Tab 35

Specialty Developing Recommendation: ACC, ACR, SNM, ACNM

First Identified: April 2011

2018 est Medicare Utilization: 20,093

2007 Work RVU: 0.98

2019 Work RVU: 0.98

2007 NF PE RVU: 5.87

2019 NF PE RVU: 5.53

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.98

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

78478 Deleted from CPT

Global: XXX

Issue: Myocardial Perfusion Imaging

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: February 2009

Tab 16

Specialty Developing Recommendation: SNM, ACR, ASNC, ACC

First Identified: February 2008

2018 est Medicare Utilization:

2007 Work RVU: 0.50

2019 Work RVU:

2007 NF PE RVU: 1.54

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008

Referred to CPT Asst ☐

Published in CPT Asst:

78480 Deleted from CPT

Global: XXX

Issue: Myocardial Perfusion Imaging

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: February 2009

Tab 16

Specialty Developing Recommendation: SNM, ACR, ASNC, ACC

First Identified: February 2008

2018 est Medicare Utilization:

2007 Work RVU: 0.30

2019 Work RVU:

2007 NF PE RVU: 1.51

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	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 est Medicare Utilization: 1,303	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU 0 Result: Increase 2019 Work RVU: 0.00 2019 NF PE RVU: 1.50 2019 Fac PE RVU: NA
RUC Recommendation: 1.56			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	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 est Medicare Utilization: 151,726	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU 0 Result: Increase 2019 Work RVU: 0.00 2019 NF PE RVU: 1.87 2019 Fac PE RVU: NA
RUC Recommendation: 1.80			Referred to CPT May 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 498	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease 2019 Work RVU: 0.49 2019 NF PE RVU: 4.83 2019 Fac PE RVU: NA
RUC Recommendation: 0.49			Referred to CPT October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 11,095	2007 Work RVU: 0.74 2007 NF PE RVU: 3.97 2007 Fac PE RVU NA Result: Maintain 2019 Work RVU: 0.74 2019 NF PE RVU: 6.06 2019 Fac PE RVU: NA
RUC Recommendation: 0.74			Referred to CPT October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 181,337 **2007 Work RVU:** **2019 Work RVU:** 1.07 **2007 NF PE RVU:** **2019 NF PE RVU:** 8.47 **2007 Fac PE RVU** **2019 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.07 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

78584 Pulmonary perfusion imaging, particulate, with ventilation; single breath **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.99 **2019 Work RVU:** **2007 NF PE RVU:** 3.34 **2019 NF PE RVU:** **2007 Fac PE RVU** NA **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

78585 Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2018 est Medicare Utilization:** **2007 Work RVU:** 1.09 **2019 Work RVU:** **2007 NF PE RVU:** 6.53 **2019 NF PE RVU:** **2007 Fac PE RVU** NA **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

78586 Pulmonary ventilation imaging, aerosol; single projection **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.40 **2019 Work RVU:** **2007 NF PE RVU:** 3.02 **2019 NF PE RVU:** **2007 Fac PE RVU** NA **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

78587 Deleted from CPT

Global: XXX

Issue: Pulmonary Perfusion Imaging

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: SNM, ACR

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.49

2019 Work RVU:

2007 NF PE RVU: 3.51

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

78588 Deleted from CPT

Global: XXX

Issue: Pulmonary Perfusion Imaging

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: SNM, ACR

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.09

2019 Work RVU:

2007 NF PE RVU: 4.7

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

78591 Deleted from CPT

Global: XXX

Issue: Pulmonary Perfusion Imaging

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: SNM, ACR

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.40

2019 Work RVU:

2007 NF PE RVU: 3.21

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

78593 Deleted from CPT

Global: XXX

Issue: Pulmonary Perfusion Imaging

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: SNM, ACR

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.49

2019 Work RVU:

2007 NF PE RVU: 3.84

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

Status Report: CMS Requests and Relativity Assessment Issues

78594 Deleted from CPT

Global: XXX

Issue: Pulmonary Perfusion Imaging

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: SNM, ACR

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.53

2019 Work RVU:

2007 NF PE RVU: 5.12

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

78596 Deleted from CPT

Global: XXX

Issue: Pulmonary Perfusion Imaging

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 31

Specialty Developing Recommendation: SNM, ACR

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 1.27

2019 Work RVU:

2007 NF PE RVU: 7.7

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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 est Medicare Utilization: 1,500

2007 Work RVU:

2019 Work RVU: 0.75

2007 NF PE RVU:

2019 NF PE RVU: 4.99

2007 Fac PE RVU

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.75

Referred to CPT October 2010

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

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 est Medicare Utilization: 3,640

2007 Work RVU:

2019 Work RVU: 0.85

2007 NF PE RVU:

2019 NF PE RVU: 7.87

2007 Fac PE RVU

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.85

Referred to CPT October 2010

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

Status Report: CMS Requests and Relativity Assessment Issues

78803 Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT) **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 est Medicare Utilization:** 9,120 **2007 Work RVU:** 1.09 **2019 Work RVU:** 1.09 **2007 NF PE RVU:** 8.73 **2019 NF PE RVU:** 8.63 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.20

Referred to CPT
Referred to CPT Asst ☒ **Published in CPT Asst:** Dec 2016

Result: Increase

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 est Medicare Utilization:** 585,596 **2007 Work RVU:** 0.00 **2019 Work RVU:** 0.00 **2007 NF PE RVU:** 0 **2019 NF PE RVU:** 0.00 **2007 Fac PE RVU:** 0 **2019 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

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

Result: Maintain

78X29 **Global:** **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 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU:** **2019 Fac PE RVU:**

RUC Recommendation: 1.76

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

Result: Increase

78X31 **Global:** **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 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU:** **2019 Fac PE RVU:**

RUC Recommendation: 1.67

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

78X32

Most Recent RUC Meeting: January 2019

Tab 13

Specialty Developing Recommendation: ACC, ACR, ACNM, SNMMI

First Identified: May 2018

Global:

Issue: Myocardial PET

2018 est Medicare Utilization:

Screen: High Volume Growth4

Complete? Yes

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 1.90

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

78X33

Most Recent RUC Meeting: January 2019

Tab 13

Specialty Developing Recommendation: ACC, ACR, ACNM, SNMMI

First Identified: May 2018

Global:

Issue: Myocardial PET

2018 est Medicare Utilization:

Screen: High Volume Growth4

Complete? Yes

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 2.07

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

78X34

Most Recent RUC Meeting: January 2019

Tab 13

Specialty Developing Recommendation: ACC, ACR, ACNM, SNMMI

First Identified: May 2018

Global:

Issue: Myocardial PET

2018 est Medicare Utilization:

Screen: High Volume Growth4

Complete? Yes

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 2.26

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

78X35

Most Recent RUC Meeting: January 2019

Tab 13

Specialty Developing Recommendation: ACC, ACR, ACNM, SNMMI

First Identified: May 2018

Global:

Issue: Myocardial PET

2018 est Medicare Utilization:

Screen: High Volume Growth4

Complete? Yes

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 0.63

Referred to CPT
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 est Medicare Utilization:** 9,845 **2007 Work RVU:** 1.96 **2019 Work RVU:** 1.96
2007 NF PE RVU: 2.98 **2019 NF PE RVU:** 2.12
2007 Fac PE RVU: NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: Article published Feb 2012 **Referred to CPT** **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:** **First Identified:** January 2019 **2018 est Medicare Utilization:** 20,238 **2007 Work RVU:** 0.37 **2019 Work RVU:** 0.37
2007 NF PE RVU: **2019 NF PE RVU:** 0.26
2007 Fac PE RVU: **2019 Fac PE RVU:** 0.17
Result: **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

RUC Recommendation: Refer to CPT **Referred to CPT** **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 est Medicare Utilization:** 177,459 **2007 Work RVU:** 0.45 **2019 Work RVU:** 0.45
2007 NF PE RVU: 0.17 **2019 NF PE RVU:** NA
2007 Fac PE RVU: 0.17 **2019 Fac PE RVU:** 0.23
Result: Maintain

RUC Recommendation: 0.45 **Referred to CPT** **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 est Medicare Utilization:** 136,801 **2007 Work RVU:** 0.94 **2019 Work RVU:** 0.94
2007 NF PE RVU: 1.76 **2019 NF PE RVU:** 1.12
2007 Fac PE RVU: 0.38 **2019 Fac PE RVU:** 0.43
Result: Increase

RUC Recommendation: 1.00 **Referred to CPT** **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 **Tab** 26 **Specialty Developing** **First** **2018 est** **2007 Work RVU:** 0.00 **2019 Work RVU:**
RUC Meeting: January 2018 **Recommendation:** **Identified:** April 2017 **Medicare** **2007 NF PE RVU:** 0 **2019 NF PE RVU:**
RUC Recommendation: 0.75 **Utilization:** 35,017 **2007 Fac PE RVU** 0 **2019 Fac PE RVU:**
Referred to CPT **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **Tab** 36 **Specialty Developing** AUR, ASC, **First** **2018 est** **2007 Work RVU:** 0.56 **2019 Work RVU:** 0.56
RUC Meeting: April 2015 **Recommendation:** CAP **Identified:** October 2009 **Medicare** **2007 NF PE RVU:** 0.93 **2019 NF PE RVU:** 1.40
RUC Recommendation: New PE Inputs. 0.56 **Utilization:** 76,003 **2007 Fac PE RVU** NA **2019 Fac PE RVU:** NA
Referred to CPT **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **Tab** 36 **Specialty Developing** AUR, ASC, **First** **2018 est** **2007 Work RVU:** 0.56 **2019 Work RVU:** 0.37
RUC Meeting: April 2015 **Recommendation:** CAP **Identified:** February 2010 **Medicare** **2007 NF PE RVU:** 1.39 **2019 NF PE RVU:** 1.42
RUC Recommendation: New PE Inputs. 0.56 **Utilization:** 5,754 **2007 Fac PE RVU** NA **2019 Fac PE RVU:** NA
Referred to CPT **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88107 Deleted from CPT

Global: XXX **Issue:** Cytopathology

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: October 2010

Tab 17

Specialty Developing Recommendation: AUR, ASC, CAP

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.76

2019 Work RVU:

2007 NF PE RVU: 1.66

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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 est Medicare Utilization: 239,031

2007 Work RVU: 0.56

2019 Work RVU: 0.44

2007 NF PE RVU: 1.27

2019 NF PE RVU: 1.25

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT

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 est Medicare Utilization: 897,082

2007 Work RVU: 1.18

2019 Work RVU: 0.56

2007 NF PE RVU: 1.85

2019 NF PE RVU: 1.32

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT

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 est Medicare Utilization: 52,615	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 1.20 2019 NF PE RVU: 15.64 2019 Fac PE RVU: NA
RUC Recommendation: Utilization shift is appropriate.		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

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 est Medicare Utilization: 30,758	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 1.00 2019 NF PE RVU: 12.52 2019 Fac PE RVU: NA
RUC Recommendation: Utilization shift is appropriate.		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

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 est Medicare Utilization: 61,399	2007 Work RVU: 0.42 2007 NF PE RVU: 0.21 2007 Fac PE RVU 0.21 Result: Maintain	2019 Work RVU: 0.42 2019 NF PE RVU: 0.46 2019 Fac PE RVU: 0.46
RUC Recommendation: 0.42		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

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 est Medicare Utilization: 7,269	2007 Work RVU: 0.50 2007 NF PE RVU: 0.85 2007 Fac PE RVU NA Result: PE Only
RUC Recommendation: New PE Inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.50 2019 NF PE RVU: 1.49 2019 Fac PE RVU: NA
<hr/>					
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 est Medicare Utilization: 3,608	2007 Work RVU: 0.50 2007 NF PE RVU: 0.99 2007 Fac PE RVU NA Result: PE Only
RUC Recommendation: New PE Inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.50 2019 NF PE RVU: 1.35 2019 Fac PE RVU: NA
<hr/>					
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 est Medicare Utilization: 1,536	2007 Work RVU: 0.76 2007 NF PE RVU: 1.05 2007 Fac PE RVU NA Result: PE Only
RUC Recommendation: New PE Inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.76 2019 NF PE RVU: 1.90 2019 Fac PE RVU: NA
<hr/>					

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 est Medicare Utilization: 99,242	2007 Work RVU: 0.00 2007 NF PE RVU: 1.6 2007 Fac PE RVU NA 2019 Work RVU: 0.00 2019 NF PE RVU: 1.86 2019 Fac PE RVU: NA
RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.			Referred to CPT		Result: PE Only
			Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 1,851,203	2007 Work RVU: 0.00 2007 NF PE RVU: 0.85 2007 Fac PE RVU NA 2019 Work RVU: 0.00 2019 NF PE RVU: 0.69 2019 Fac PE RVU: NA
RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.			Referred to CPT		Result: PE Only
			Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 39,745	2007 Work RVU: 1.36 2007 NF PE RVU: 0.44 2007 Fac PE RVU 0.44 2019 Work RVU: 0.74 2019 NF PE RVU: 0.31 2019 Fac PE RVU: 0.31
RUC Recommendation: 0.74			Referred to CPT		Result: Decrease
			Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization: 34,495

2007 Work RVU: 1.69

2019 Work RVU: 1.20

2007 NF PE RVU: 0.54

2019 NF PE RVU: 0.57

2007 Fac PE RVU 0.54

2019 Fac PE RVU:0.57

Result: Decrease

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 212,042

2007 Work RVU: 2.23

2019 Work RVU: 1.70

2007 NF PE RVU: 0.68

2019 NF PE RVU: 0.67

2007 Fac PE RVU 0.68

2019 Fac PE RVU:0.67

Result: Decrease

RUC Recommendation: 1.70

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

88300 Level I - Surgical pathology, gross examination only

Global: XXX

Issue: Pathology Consultations

Screen: Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012

Complete? Yes

Most Recent RUC Meeting: January 2012

Tab 24

Specialty Developing Recommendation: AAD, AGA, CAP, ASGE

First Identified: February 2009

2018 est Medicare Utilization: 210,438

2007 Work RVU: 0.08

2019 Work RVU: 0.08

2007 NF PE RVU: 0.49

2019 NF PE RVU: 0.35

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.08 and new PE inputs

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 77,605

2007 Work RVU: 0.13

2019 Work RVU: 0.13

2007 NF PE RVU: 1.1

2019 NF PE RVU: 0.72

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.13 and new PE inputs

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 Spermatocoele 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 est Medicare Utilization: 968,724

2007 Work RVU: 0.22

2019 Work RVU: 0.22

2007 NF PE RVU: 1.37

2019 NF PE RVU: 0.90

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.22 and new PE inputs

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 17,184,411	2007 Work RVU: 0.75 2007 NF PE RVU: 1.97 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.75 2019 NF PE RVU: 1.17 2019 Fac PE RVU: NA
RUC Recommendation: 0.75 and new PE inputs		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

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 est Medicare Utilization: 965,607

2007 Work RVU: 1.59

2019 Work RVU: 1.59

2007 NF PE RVU: 3.48

2019 NF PE RVU: 5.94

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.59 and new PE inputs

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 150,339

2007 Work RVU: 2.80

2019 Work RVU: 2.80

2007 NF PE RVU: 4.86

2019 NF PE RVU: 8.63

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 2.80 and new PE inputs

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 1,380,123

2007 Work RVU: 0.54

2019 Work RVU: 0.54

2007 NF PE RVU: 1.76

2019 NF PE RVU: 2.27

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.54

Referred to CPT June 2010

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

88313 Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry

Global: XXX **Issue:** Special Stains

Screen: Havard Valued - Utilization over 1 Million / Low Value-High Volume

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab 33 Specialty Developing Recommendation: CAP

First Identified: October 2008

2018 est Medicare Utilization: 1,348,402

2007 Work RVU: 0.24

2019 Work RVU: 0.24

2007 NF PE RVU: 1.42

2019 NF PE RVU: 1.79

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.24

Referred to CPT June 2010

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

88314 Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)

Global: XXX **Issue:** Special Stains

Screen: Havard Valued - Utilization over 1 Million

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab 33 Specialty Developing Recommendation: CAP

First Identified: February 2009

2018 est Medicare Utilization: 16,790

2007 Work RVU: 0.45

2019 Work RVU: 0.45

2007 NF PE RVU: 2.04

2019 NF PE RVU: 2.13

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.45

Referred to CPT June 2010

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

Status Report: CMS Requests and Relativity Assessment Issues

88318 Deleted from CPT

Global: XXX **Issue:** Special Stains

Screen: Havard Valued - Utilization over 1 Million

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab 22 Specialty Developing Recommendation: CAP, AAD

First Identified:

2018 est Medicare Utilization:

2007 Work RVU: 0.42

2019 Work RVU:

2007 NF PE RVU: 1.98

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT June 2010

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

88319 Special stain including interpretation and report; Group III, for enzyme constituents

Global: XXX **Issue:** Special Stains

Screen: Havard Valued - Utilization over 1 Million

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab 33 Specialty Developing Recommendation: CAP

First Identified:

2018 est Medicare Utilization: 18,340

2007 Work RVU: 0.53

2019 Work RVU: 0.53

2007 NF PE RVU: 3.36

2019 NF PE RVU: 2.19

2007 Fac PE RVU NA

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.53

Referred to CPT June 2010

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

88321 Consultation and report on referred slides prepared elsewhere

Global: XXX **Issue:** Microslide Consultation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 43 Specialty Developing Recommendation: CAP, ASC

First Identified: July 2015

2018 est Medicare Utilization: 181,891

2007 Work RVU: 1.63

2019 Work RVU: 1.63

2007 NF PE RVU: 0.78

2019 NF PE RVU: 1.14

2007 Fac PE RVU 0.54

2019 Fac PE RVU: 0.71

Result: Maintain

RUC Recommendation: 1.63

Referred to CPT

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

88323 Consultation and report on referred material requiring preparation of slides

Global: XXX **Issue:** Microslide Consultation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 43 Specialty Developing Recommendation: CAP, ASC

First Identified: July 2015

2018 est Medicare Utilization: 33,715

2007 Work RVU: 1.83

2019 Work RVU: 1.83

2007 NF PE RVU: 1.88

2019 NF PE RVU: 1.41

2007 Fac PE RVU NA

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.83

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

88325 Consultation, comprehensive, with review of records and specimens, with report on referred material **Global:** XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab 43 **Specialty Developing Recommendation:** CAP, ASC

First Identified: July 2015

2018 est Medicare Utilization: 8,147

2007 Work RVU: 2.50

2019 Work RVU: 2.85

2007 NF PE RVU: 2.76

2019 NF PE RVU: 2.13

2007 Fac PE RVU: 0.87

2019 Fac PE RVU: 1.30

Result: Increase

RUC Recommendation: 2.85

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

88329 Pathology consultation during surgery;

Global: XXX

Issue: Pathology Consultation During Surgery

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: October 2010

Tab 18 **Specialty Developing Recommendation:** CAP

First Identified: February 2010

2018 est Medicare Utilization: 28,425

2007 Work RVU: 0.67

2019 Work RVU: 0.67

2007 NF PE RVU: 0.66

2019 NF PE RVU: 0.76

2007 Fac PE RVU: 0.27

2019 Fac PE RVU: 0.33

Result: Maintain

RUC Recommendation: 0.67

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

88331 Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

Global: XXX

Issue: Pathology Consultation During Surgery

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: October 2010

Tab 18 **Specialty Developing Recommendation:** CAP

First Identified: October 2009

2018 est Medicare Utilization: 470,276

2007 Work RVU: 1.19

2019 Work RVU: 1.19

2007 NF PE RVU: 1.14

2019 NF PE RVU: 1.52

2007 Fac PE RVU: NA

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.19

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

88332 Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)

Global: XXX

Issue: Pathology Consultation During Surgery

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: October 2010

Tab 18 **Specialty Developing Recommendation:** CAP

First Identified: October 2009

2018 est Medicare Utilization: 165,016

2007 Work RVU: 0.59

2019 Work RVU: 0.59

2007 NF PE RVU: 0.46

2019 NF PE RVU: 0.90

2007 Fac PE RVU: NA

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.59

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

88333 Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site **Global:** XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab 39 Specialty Developing Recommendation: ASC, CAP

First Identified: July 2015

2018 est Medicare Utilization: 68,093

2007 Work RVU: 1.20

2019 Work RVU: 1.20

2007 NF PE RVU: 1.15

2019 NF PE RVU: 1.29

2007 Fac PE RVU: NA

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.20

Referred to CPT

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 est Medicare Utilization: 33,348

2007 Work RVU: 0.73

2019 Work RVU: 0.73

2007 NF PE RVU: 0.65

2019 NF PE RVU: 0.83

2007 Fac PE RVU: NA

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.73

Referred to CPT

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 est Medicare Utilization: 2,911,585

2007 Work RVU:

2019 Work RVU: 0.56

2007 NF PE RVU:

2019 NF PE RVU: 2.05

2007 Fac PE RVU

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.65

Referred to CPT

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 est Medicare Utilization: 1,922,720

2007 Work RVU: 0.85

2019 Work RVU: 0.70

2007 NF PE RVU: 1.6

2019 NF PE RVU: 2.28

2007 Fac PE RVU: NA

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.70

Referred to CPT May 2012

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

88343 Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab 21 Specialty Developing Recommendation: CAP

First Identified: November 2013

2018 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to 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 est Medicare Utilization: 113,229

2007 Work RVU:

2019 Work RVU: 0.77

2007 NF PE RVU:

2019 NF PE RVU: 4.04

2007 Fac PE RVU

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.77

Referred to CPT

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 est Medicare Utilization: 58,098

2007 Work RVU: 0.86

2019 Work RVU: 0.74

2007 NF PE RVU: 1.67

2019 NF PE RVU: 2.34

2007 Fac PE RVU: NA

2019 Fac PE RVU: NA

RUC Recommendation: 0.74

Referred to CPT October 2014

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

Result: Decrease

88347 Immunofluorescent study, each antibody; indirect method

Global: XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015

Tab 17 Specialty Developing Recommendation: CAP, ASC

First Identified: October 2013

2018 est Medicare Utilization:

2007 Work RVU: 0.86

2019 Work RVU:

2007 NF PE RVU: 1.28

2019 NF PE RVU:

2007 Fac PE RVU: NA

2019 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

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 est Medicare Utilization: 16,040

2007 Work RVU: 1.51

2019 Work RVU: 1.51

2007 NF PE RVU: 11.48

2019 NF PE RVU: 8.56

2007 Fac PE RVU: NA

2019 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

88349 Electron microscopy; scanning

Global: XXX

Issue: Electron Microscopy-PE Only

Screen: Services with Stand-Alone PE Procedure Time

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab 14

Specialty Developing Recommendation: CAP

First Identified: October 2012

2018 est Medicare Utilization:

2007 Work RVU: 0.76

2019 Work RVU:

2007 NF PE RVU: 4.88

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT Oct 2013

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 est Medicare Utilization: 239,747

2007 Work RVU:

2019 Work RVU: 0.59

2007 NF PE RVU:

2019 NF PE RVU: 1.58

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 0.70

Referred to CPT October 2014

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 est Medicare Utilization: 13,737

2007 Work RVU: 3.02

2019 Work RVU: 2.80

2007 NF PE RVU: 4.79

2019 NF PE RVU: 3.45

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 2.80

Referred to CPT

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 est Medicare Utilization: 467,480	2007 Work RVU: 1.10 2007 NF PE RVU: 1.87 2007 Fac PE RVU: NA Result: Decrease	2019 Work RVU: 0.85 2019 NF PE RVU: 2.72 2019 Fac PE RVU: NA
RUC Recommendation: 0.85		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 195,230	2007 Work RVU: 1.18 2007 NF PE RVU: 2.94 2007 Fac PE RVU: NA Result: Decrease	2019 Work RVU: 0.95 2019 NF PE RVU: 2.74 2019 Fac PE RVU: NA
RUC Recommendation: 0.95		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 24,994	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 0.70 2019 NF PE RVU: 3.01 2019 Fac PE RVU: NA
RUC Recommendation: 0.88		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:** 42,947 **2007 Work RVU:** 1.20 **2019 Work RVU:** 0.88 **2007 NF PE RVU:** 2.32 **2019 NF PE RVU:** 4.08 **2007 Fac PE RVU** NA **2019 Fac PE RVU:**NA **RUC Recommendation:** 0.88 **Referred to CPT** May 2013 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2011 & May 2012 **Result:** Decrease

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 est Medicare Utilization:** 1,608 **2007 Work RVU:** **2019 Work RVU:** 1.24 **2007 NF PE RVU:** **2019 NF PE RVU:** 6.16 **2007 Fac PE RVU** **2019 Fac PE RVU:**NA **RUC Recommendation:** 1.24 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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 est Medicare Utilization:** 5,669 **2007 Work RVU:** 1.30 **2019 Work RVU:** 0.73 **2007 NF PE RVU:** 4.31 **2019 NF PE RVU:** 2.33 **2007 Fac PE RVU** NA **2019 Fac PE RVU:**NA **RUC Recommendation:** 0.86 **Referred to CPT** May 2013 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Dec 2011 & May 2012 **Result:** Decrease

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 est Medicare Utilization:** 21,833 **2007 Work RVU:** 1.40 **2019 Work RVU:** 0.88 **2007 NF PE RVU:** 2.96 **2019 NF PE RVU:** 2.68 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **RUC Recommendation:** 0.88 **Referred to CPT:** May 2013 **Referred to CPT Asst:** ☒ **Published in CPT Asst:** Dec 2011 & May 2012 **Result:** Decrease

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 est Medicare Utilization:** 6,550 **2007 Work RVU:** 0.58 **2019 Work RVU:** 0.58 **2007 NF PE RVU:** 1.52 **2019 NF PE RVU:** 1.52 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **RUC Recommendation:** 0.86 **Referred to CPT:** **Referred to CPT Asst:** ☐ **Published in CPT Asst:** **Result:** Decrease

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 est Medicare Utilization:** 104,528 **2007 Work RVU:** 0.93 **2019 Work RVU:** 0.93 **2007 NF PE RVU:** 8.23 **2019 NF PE RVU:** 8.23 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **RUC Recommendation:** 1.04 **Referred to CPT:** **Referred to CPT Asst:** ☐ **Published in CPT Asst:** **Result:** Decrease

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 est Medicare Utilization: 152,825

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

2019 Work RVU: 1.40
2019 NF PE RVU: 9.49
2019 Fac PE RVU: NA

RUC Recommendation: 1.40

Referred to CPT May 2013

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

90465 Deleted from CPT

Global: XXX

Issue: Immunization Administration

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: February 2008

Tab R

Specialty Developing Recommendation:

AAP

First Identified: NA

2018 est Medicare Utilization:

2007 Work RVU: 0.17
2007 NF PE RVU: 0.35
2007 Fac PE RVU Result: NA PE Only

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: New PE inputs

Referred to CPT

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

90467 Deleted from CPT

Global: XXX

Issue: Immunization Administration

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: February 2008

Tab R

Specialty Developing Recommendation:

AAP

First Identified: NA

2018 est Medicare Utilization:

2007 Work RVU: 0.17
2007 NF PE RVU: 0.17
2007 Fac PE RVU Result: 0.09 PE Only

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: New PE inputs

Referred to CPT

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 AAP
Recommendation:

First
Identified: February 2008

2018 est
Medicare
Utilization: 315,601

2007 Work RVU: 0.17

2019 Work RVU: 0.17

2007 NF PE RVU: 0.35

2019 NF PE RVU: 0.29

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

90472 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Immunization Administration

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent
RUC Meeting: February 2008

Tab R

Specialty Developing AAP
Recommendation:

First
Identified: February 2008

2018 est
Medicare
Utilization: 23,849

2007 Work RVU: 0.15

2019 Work RVU: 0.15

2007 NF PE RVU: 0.13

2019 NF PE RVU: 0.20

2007 Fac PE RVU 0.11

2019 Fac PE RVU:NA

Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

90473 Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)

Global: XXX

Issue: Immunization Administration

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent
RUC Meeting: February 2008

Tab R

Specialty Developing AAP
Recommendation:

First
Identified: NA

2018 est
Medicare
Utilization:

2007 Work RVU: 0.17

2019 Work RVU: 0.17

2007 NF PE RVU: 0.18

2019 NF PE RVU: 0.29

2007 Fac PE RVU 0.06

2019 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

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 est Medicare Utilization:** 1 **2007 Work RVU:** 0.15 **2019 Work RVU:** 0.15 **2007 NF PE RVU:** 0.09 **2019 NF PE RVU:** 0.20 **2007 Fac PE RVU:** 0.05 **2019 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: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2018 est Medicare Utilization:** 444,897 **2007 Work RVU:** **2019 Work RVU:** 0.33 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.08 **2007 Fac PE RVU:** **2019 Fac PE RVU:** 0.05 **Result:** Increase

RUC Recommendation: Review action plan. 0.33 **Referred to CPT** February 2012 **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 est Medicare Utilization:** 919,321 **2007 Work RVU:** **2019 Work RVU:** 3.00 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.78 **2007 Fac PE RVU:** **2019 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 est
Medicare
Utilization: 567,187

2007 Work RVU:

2019 Work RVU: 3.25

2007 NF PE RVU:

2019 NF PE RVU: 0.96

2007 Fac PE RVU

2019 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: 000 Issue: RAW review

Screen: CMS High Expenditure
Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: January 2012

Tab 30

Specialty Developing
Recommendation:

First
Identified: September 2011

2018 est
Medicare
Utilization:

2007 Work RVU: 2.80

2019 Work RVU:

2007 NF PE RVU: 1.25

2019 NF PE RVU:

2007 Fac PE RVU 0.85

2019 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: 000 Issue: RAW review

Screen: CMS High Expenditure
Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: January 2012

Tab 30

Specialty Developing
Recommendation:

First
Identified: September 2011

2018 est
Medicare
Utilization:

2007 Work RVU: 1.37

2019 Work RVU:

2007 NF PE RVU: 0.53

2019 NF PE RVU:

2007 Fac PE RVU 0.38

2019 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: 000	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
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Most Recent RUC Meeting: January 2012

Tab 30

Specialty Developing Recommendation:

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 1.86

2019 Work RVU:

2007 NF PE RVU: 0.66

2019 NF PE RVU:

2007 Fac PE RVU 0.53

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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

90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	Global: XXX	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
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Most Recent RUC Meeting: January 2012

Tab 30

Specialty Developing Recommendation:

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 2.79

2019 Work RVU:

2007 NF PE RVU: 0.94

2019 NF PE RVU:

2007 Fac PE RVU 0.8

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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

90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;	Global: XXX	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
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Most Recent RUC Meeting: January 2012

Tab 30

Specialty Developing Recommendation:

First Identified: September 2011

2018 est Medicare Utilization:

2007 Work RVU: 1.89

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0.63

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

90832 Psychotherapy, 30 minutes with patient

Global: XXX Issue: Psychotherapy

Screen: CMS High Expenditure
Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 26

Specialty Developing
Recommendation: APA, APA
(HCPAC),
NASW

First
Identified: April 2013

2018 est
Medicare
Utilization: 2,341,482

2007 Work RVU:

2019 Work RVU: 1.50

2007 NF PE RVU:

2019 NF PE RVU: 0.35

2007 Fac PE RVU

2019 Fac PE RVU:0.21

RUC Recommendation: 1.50

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

90833 Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

Global: ZZZ Issue: Psychotherapy

Screen: CMS High Expenditure
Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 26

Specialty Developing
Recommendation: APA, APA
(HCPAC),
NASW

First
Identified: April 2013

2018 est
Medicare
Utilization: 1,376,170

2007 Work RVU:

2019 Work RVU: 1.50

2007 NF PE RVU:

2019 NF PE RVU: 0.40

2007 Fac PE RVU

2019 Fac PE RVU:0.27

RUC Recommendation: 1.50

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

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 est
Medicare
Utilization: 5,012,790

2007 Work RVU:

2019 Work RVU: 2.00

2007 NF PE RVU:

2019 NF PE RVU: 0.46

2007 Fac PE RVU

2019 Fac PE RVU:0.28

RUC Recommendation: 2.00

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Increase

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 est Medicare Utilization: 517,400

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: Increase

2019 Work RVU: 1.90
2019 NF PE RVU: 0.51
2019 Fac PE RVU: 0.35

RUC Recommendation: 1.90

Referred to CPT February 2012
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 est Medicare Utilization: 5,874,277

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: Increase

2019 Work RVU: 3.00
2019 NF PE RVU: 0.69
2019 Fac PE RVU: 0.42

RUC Recommendation: 3.00

Referred to CPT February 2012
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 est Medicare Utilization: 100,826

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: Increase

2019 Work RVU: 2.50
2019 NF PE RVU: 0.68
2019 Fac PE RVU: 0.47

RUC Recommendation: 2.50

Referred to CPT February 2012
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 est
Medicare
Utilization: 22,084

2007 Work RVU:

2019 Work RVU: 3.13

2007 NF PE RVU:

2019 NF PE RVU: 0.72

2007 Fac PE RVU

2019 Fac PE RVU:0.45

Result: Increase

RUC Recommendation: 3.13

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

90840 Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)

Global: ZZZ

Issue: Psychotherapy for Crisis and Interactive Complexity

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: April 2013

Tab 35

Specialty Developing
Recommendation: APA, APA (HCPAC), NASW

First
Identified: April 2013

2018 est
Medicare
Utilization: 6,283

2007 Work RVU:

2019 Work RVU: 1.50

2007 NF PE RVU:

2019 NF PE RVU: 0.35

2007 Fac PE RVU

2019 Fac PE RVU:0.21

Result: Increase

RUC Recommendation: 1.50

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

90845 Psychoanalysis

Global: XXX

Issue: Psychotherapy

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: October 2011

Tab

Specialty Developing
Recommendation:

First
Identified: April 2013

2018 est
Medicare
Utilization: 5,847

2007 Work RVU: 1.79

2019 Work RVU: 2.10

2007 NF PE RVU: 0.53

2019 NF PE RVU: 0.52

2007 Fac PE RVU 0.49

2019 Fac PE RVU:0.34

Result: Increase

RUC Recommendation: 2.10

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

90846 Family psychotherapy (without the patient present), 50 minutes

Global: XXX

Issue: Psychotherapy

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 26

Specialty Developing
Recommendation: APA, APA (HCPAC), NASW

First
Identified: April 2013

2018 est
Medicare
Utilization: 22,761

2007 Work RVU: 1.83

2019 Work RVU: 2.40

2007 NF PE RVU: 0.62

2019 NF PE RVU: 0.57

2007 Fac PE RVU 0.6

2019 Fac PE RVU:0.36

Result: Increase

RUC Recommendation: 2.40

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes		Global: XXX	Issue: Psychotherapy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 26	Specialty Developing Recommendation: APA, APA (HCPAC), NASW	First Identified: April 2013	2018 est Medicare Utilization: 177,951	2007 Work RVU: 2.21 2007 NF PE RVU: 0.8 2007 Fac PE RVU: 0.69 Result: Increase	2019 Work RVU: 2.50 2019 NF PE RVU: 0.59 2019 Fac PE RVU: 0.37
RUC Recommendation: 2.50			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>						
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 est Medicare Utilization: 977,488	2007 Work RVU: 0.59 2007 NF PE RVU: 0.26 2007 Fac PE RVU: 0.22 Result: Maintain	2019 Work RVU: 0.59 2019 NF PE RVU: 0.15 2019 Fac PE RVU: 0.09
RUC Recommendation: 0.59			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>						
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy		Global: XXX	Issue: RAW review	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 30	Specialty Developing Recommendation:	First Identified: September 2011	2018 est Medicare Utilization:	2007 Work RVU: 0.95 2007 NF PE RVU: 0.46 2007 Fac PE RVU: 0.31 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT February 2012 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** 0.48 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.23 **2007 Fac PE RVU Result:** Increase **2019 Fac PE RVU:**0.19

RUC Recommendation: 0.48 **Referred to CPT** February 2012 **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 est Medicare Utilization:** 176,535 **2007 Work RVU:** **2019 Work RVU:** 0.00 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.00 **2007 Fac PE RVU Result:** **2019 Fac PE RVU:**0.00

RUC Recommendation: Review in 2 years (Oct 2020) **Referred to CPT** **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 est Medicare Utilization:** 129,377 **2007 Work RVU:** 1.88 **2019 Work RVU:** 2.50 **2007 NF PE RVU:** 1.93 **2019 NF PE RVU:** 2.36 **2007 Fac PE RVU Result:** Increase **2019 Fac PE RVU:**0.52

RUC Recommendation: 2.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

908XX	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; initial 15 minutes of one-on-one patient contact	Global:	Issue: Biofeedback Training	Screen: Negative IWPUT	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab 15 Specialty Developing Recommendation:	First Identified: September 2018	2018 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 0.90		Referred to CPT February 2019-EC Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	Global: 000	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 est Medicare Utilization: 26,341	2007 Work RVU: 0.89 2007 NF PE RVU: 1.51 2007 Fac PE RVU 0.31 Result: Deleted from CPT	2019 Work RVU: 0.89 2019 NF PE RVU: 1.52 2019 Fac PE RVU: 0.31
RUC Recommendation: Deleted from CPT		Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 1,116,900	2007 Work RVU: 1.22 2007 NF PE RVU: NA 2007 Fac PE RVU 0.64 Result: Increase	2019 Work RVU: 1.48 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.50
RUC Recommendation: 1.48		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 52,124	2007 Work RVU: 2.11 2007 NF PE RVU: NA 2007 Fac PE RVU: 0.93 Result: Maintain	2019 Work RVU: 2.11 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.72
RUC Recommendation: 2.11		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 158,811	2007 Work RVU: 1.28 2007 NF PE RVU: NA 2007 Fac PE RVU: 0.66 Result: Increase	2019 Work RVU: 1.56 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.77
RUC Recommendation: 1.56		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 13,253	2007 Work RVU: 2.16 2007 NF PE RVU: NA 2007 Fac PE RVU: 0.94 Result: Increase	2019 Work RVU: 2.52 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.84
RUC Recommendation: 2.52		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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** RPA
Recommendation:

First
Identified: February 2009

2018 est
Medicare
Utilization: 17

2007 Work RVU: **2019 Work RVU:** 18.46

2007 NF PE RVU: **2019 NF PE RVU:** 6.99

2007 Fac PE RVU **2019 Fac PE RVU:**6.99

Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

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** RPA
Recommendation:

First
Identified: February 2009

2018 est
Medicare
Utilization: 2

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

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

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

Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

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

90953 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per 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** RPA
Recommendation:

First
Identified: February 2009

2018 est
Medicare
Utilization: 3

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

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

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

Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:	444	2007 Work RVU:	2007 NF PE RVU:	2007 Fac PE RVU Result:	PE Only	2019 Work RVU:	15.98	2019 NF PE RVU:	6.03	2019 Fac PE RVU:	6.03
RUC Recommendation:						RUC Recommended revised clinical staff time		Referred to CPT		Referred to CPT Asst <input type="checkbox"/>		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 est Medicare Utilization:	70	2007 Work RVU:	2007 NF PE RVU:	2007 Fac PE RVU Result:	PE Only	2019 Work RVU:	8.79	2019 NF PE RVU:	3.63	2019 Fac PE RVU:	3.63
RUC Recommendation:						RUC Recommended revised clinical staff time		Referred to CPT		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:					
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month	Global: XXX	Issue: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes												
Most Recent RUC Meeting:	April 2009	Tab 29	Specialty Developing Recommendation:	RPA	First Identified: February 2009	2018 est Medicare Utilization:	133	2007 Work RVU:	2007 NF PE RVU:	2007 Fac PE RVU Result:	PE Only	2019 Work RVU:	5.95	2019 NF PE RVU:	2.70	2019 Fac PE RVU:	2.70
RUC Recommendation:						RUC Recommended revised clinical staff time		Referred to CPT		Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:					

Status Report: CMS Requests and Relativity Assessment Issues

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** RPA
Recommendation:

First
Identified: February 2009

2018 est
Medicare
Utilization: 1,693

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: PE Only

2019 Work RVU: 12.52
2019 NF PE RVU: 4.92
2019 Fac PE RVU: 4.92

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
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** RPA
Recommendation:

First
Identified: February 2009

2018 est
Medicare
Utilization: 397

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: PE Only

2019 Work RVU: 8.34
2019 NF PE RVU: 3.52
2019 Fac PE RVU: 3.52

RUC Recommendation: RUC Recommended revised clinical staff time

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

90959 End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent
RUC Meeting: April 2009

Tab 29 **Specialty Developing** RPA
Recommendation:

First
Identified: February 2009

2018 est
Medicare
Utilization: 245

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: PE Only

2019 Work RVU: 5.50
2019 NF PE RVU: 2.57
2019 Fac PE RVU: 2.57

RUC Recommendation: RUC Recommended revised clinical staff time

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 2,242,077 **2007 Work RVU:** **2019 Work RVU:** 5.18 **2007 NF PE RVU:** **2019 NF PE RVU:** 2.54 **2007 Fac PE RVU Result:** PE Only **2019 Fac PE RVU:** 2.54

RUC Recommendation: RUC Recommended revised physician and clinical staff time **Referred to CPT**

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 est Medicare Utilization:** 717,856 **2007 Work RVU:** **2019 Work RVU:** 4.26 **2007 NF PE RVU:** **2019 NF PE RVU:** 2.23 **2007 Fac PE RVU Result:** PE Only **2019 Fac PE RVU:** 2.23

RUC Recommendation: RUC Recommended revised physician and clinical staff time **Referred to CPT**

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

90962 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2018 est Medicare Utilization:** 211,541 **2007 Work RVU:** **2019 Work RVU:** 3.15 **2007 NF PE RVU:** **2019 NF PE RVU:** 1.88 **2007 Fac PE RVU Result:** PE Only **2019 Fac PE RVU:** 1.88

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT**

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 247	2007 Work RVU:	2019 Work RVU: 10.56
						2007 NF PE RVU:	2019 NF PE RVU: 4.24
						2007 Fac PE RVU Result: PE Only	2019 Fac PE RVU:4.24
RUC Recommendation: RUC Recommended revised clinical staff time				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 885	2007 Work RVU:	2019 Work RVU: 9.14
						2007 NF PE RVU:	2019 NF PE RVU: 3.79
						2007 Fac PE RVU Result: PE Only	2019 Fac PE RVU:3.79
RUC Recommendation: RUC Recommended revised clinical staff time				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Global: XXX	Issue: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes		
Most Recent RUC Meeting:	April 2009	Tab 29	Specialty Developing Recommendation: RPA	First Identified: February 2009	2018 est Medicare Utilization: 1,154	2007 Work RVU:	2019 Work RVU: 8.69
						2007 NF PE RVU:	2019 NF PE RVU: 3.63
						2007 Fac PE RVU Result: PE Only	2019 Fac PE RVU:3.63
RUC Recommendation: RUC Recommended revised clinical staff time				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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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 est Medicare Utilization:** 348,590

2007 Work RVU: **2019 Work RVU:** 4.26
2007 NF PE RVU: **2019 NF PE RVU:** 2.22
2007 Fac PE RVU **2019 Fac PE RVU:** 2.22
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

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

909XX Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; each additional 15 minutes of one-on-one patient contact (List separately in addition to code for primary procedure)

Global: **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab 15** **Specialty Developing Recommendation:**

First Identified: September 2018 **2018 est Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**
Result: Increase

RUC Recommendation: 0.50

Referred to CPT February 2019-EC
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 est Medicare Utilization:** 4,815

2007 Work RVU: 1.10 **2019 Work RVU:** 1.10
2007 NF PE RVU: 2.36 **2019 NF PE RVU:** 11.40
2007 Fac PE RVU 2.36 **2019 Fac PE RVU:** NA
Result: PE Only

RUC Recommendation: New PE Inputs

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

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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 est Medicare Utilization: 52,066	2007 Work RVU: 3.64 2007 NF PE RVU: 21.77 2007 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 2.49			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2.49 2019 NF PE RVU: 22.37 2019 Fac PE RVU: NA

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 est Medicare Utilization: 105	2007 Work RVU: 1.00 2007 NF PE RVU: 18.65 2007 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.00 2019 NF PE RVU: 21.82 2019 Fac PE RVU: NA

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 est Medicare Utilization: 150	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 Result: PE Only
RUC Recommendation: New PE Inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.52 2019 NF PE RVU: 6.25 2019 Fac PE RVU: NA

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 est Medicare Utilization: 10	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 Result: PE Only
RUC Recommendation: New PE Inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.66 2019 NF PE RVU: 6.73 2019 Fac PE RVU: NA

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92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation **Global:** **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab 17** **Specialty Developing Recommendation:** **First Identified:** October 2019 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU Result:** **2019 Fac PE RVU:**

RUC Recommendation: Review action plan **Referred to CPT** **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 est Medicare Utilization:** 91,964 **2007 Work RVU:** 0.36 **2019 Work RVU:** 0.30 **2007 NF PE RVU:** 0.95 **2019 NF PE RVU:** 0.64 **2007 Fac PE RVU Result:** NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.30 **Referred to CPT** **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 est Medicare Utilization:** 125,705 **2007 Work RVU:** 0.44 **2019 Work RVU:** 0.40 **2007 NF PE RVU:** 1.26 **2019 NF PE RVU:** 0.93 **2007 Fac PE RVU Result:** NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.40 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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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 est Medicare Utilization: 2,925,699	2007 Work RVU: 0.50 2007 NF PE RVU: 1.46 2007 Fac PE RVU: NA Result: Maintain 2019 Work RVU: 0.50 2019 NF PE RVU: 1.29 2019 Fac PE RVU: NA
RUC Recommendation: 0.50			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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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 est Medicare Utilization: 31,686	2007 Work RVU: 0.92 2007 NF PE RVU: 1.33 2007 Fac PE RVU: 0.35 Result: Decrease 2019 Work RVU: 0.61 2019 NF PE RVU: 1.69 2019 Fac PE RVU: 0.33
RUC Recommendation: 0.61			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 2,710,670	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease 2019 Work RVU: 0.40 2019 NF PE RVU: 0.63 2019 Fac PE RVU: NA
RUC Recommendation: 0.50			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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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 est Medicare Utilization: 7,129,118

2007 Work RVU:

2019 Work RVU: 0.45

2007 NF PE RVU:

2019 NF PE RVU: 0.69

2007 Fac PE RVU

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.50

Referred to CPT October 2009

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

92135 Deleted from CPT

Global: XXX

Issue: Ophthalmic Diagnostic Imaging

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: October 2009

Tab 31

Specialty Developing Recommendation: AAO, AOA

First Identified: October 2008

2018 est Medicare Utilization:

2007 Work RVU: 0.35

2019 Work RVU:

2007 NF PE RVU: 0.79

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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 est Medicare Utilization: 1,663,184

2007 Work RVU: 0.54

2019 Work RVU: 0.54

2007 NF PE RVU: 1.6

2019 NF PE RVU: 1.42

2007 Fac PE RVU NA

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.54

Referred to CPT

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:** XXX **Issue:** Glaucoma Provacative Tests **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 41 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2015 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.50 **2019 Work RVU:** **2007 NF PE RVU:** 0.97 **2019 NF PE RVU:** **2007 Fac PE RVU** 0.2 **2019 Fac PE RVU:** **RUC Recommendation:** Deleted from CPT **Referred to CPT** May 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

92225 Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial **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:** April 2017 **2018 est Medicare Utilization:** 985,450 **2007 Work RVU:** 0.38 **2019 Work RVU:** 0.38 **2007 NF PE RVU:** 0.23 **2019 NF PE RVU:** 0.39 **2007 Fac PE RVU** 0.15 **2019 Fac PE RVU:** 0.22 **RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

92226 Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent **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 est Medicare Utilization:** 2,581,101 **2007 Work RVU:** 0.33 **2019 Work RVU:** 0.33 **2007 NF PE RVU:** 0.22 **2019 NF PE RVU:** 0.38 **2007 Fac PE RVU** 0.14 **2019 Fac PE RVU:** 0.20 **RUC Recommendation:** Deleted from CPT **Referred to CPT** February 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

92235 Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral **Global:** XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab 21 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2011

2018 est Medicare Utilization: 451,820

2007 Work RVU: 0.81

2019 Work RVU: 0.75

2007 NF PE RVU: 2.54

2019 NF PE RVU: 1.82

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: 0.75

Referred to CPT October 2015

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

Result: Decrease

92240 Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral

Global: XXX **Issue:** Ophthalmoscopic Angiography

Screen: Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 21 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: January 2015

2018 est Medicare Utilization: 9,853

2007 Work RVU: 1.10

2019 Work RVU: 0.80

2007 NF PE RVU: 5.7

2019 NF PE RVU: 4.97

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: 0.80

Referred to CPT October 2015

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

Result: Decrease

92242 Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral

Global: XXX **Issue:** Ophthalmoscopic Angiography

Screen: Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab 21 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2015

2018 est Medicare Utilization: 44,409

2007 Work RVU:

2019 Work RVU: 0.95

2007 NF PE RVU:

2019 NF PE RVU: 5.54

2007 Fac PE RVU

2019 Fac PE RVU:NA

RUC Recommendation: 0.95

Referred to CPT October 2015

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92250 Fundus photography with interpretation and report **Global:** XXX **Issue:** Fundus Photography **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 45 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** October 2010 **2018 est Medicare Utilization:** 3,299,984 **2007 Work RVU:** 0.44 **2019 Work RVU:** 0.40 **2007 NF PE RVU:** 1.48 **2019 NF PE RVU:** 1.01 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **RUC Recommendation:** 0.40 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 est Medicare Utilization:** 3,140 **2007 Work RVU:** 0.81 **2019 Work RVU:** 0.81 **2007 NF PE RVU:** 1.5 **2019 NF PE RVU:** 1.85 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **RUC Recommendation:** CPT Assistant article published. **Referred to CPT** February 2014 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

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 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** 0.69 **2007 NF PE RVU:** **2019 NF PE RVU:** 3.07 **2007 Fac PE RVU:** **2019 Fac PE RVU:** NA **RUC Recommendation:** 0.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92274 Electoretinography (ERG), with interpretation and report; multifocal (mfERG) **Global:** XXX **Issue:** Electoretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** 0.61 **2007 NF PE RVU:** **2019 NF PE RVU:** 1.93 **2007 Fac PE RVU** **2019 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.72 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92275 Electoretinography with interpretation and report **Global:** XXX **Issue:** Electoretinography **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 est Medicare Utilization:** 123,993 **2007 Work RVU:** 1.01 **2019 Work RVU:** **2007 NF PE RVU:** 2.08 **2019 NF PE RVU:** **2007 Fac PE RVU** NA **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

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 est Medicare Utilization:** 380,957 **2007 Work RVU:** 0.20 **2019 Work RVU:** 0.05 **2007 NF PE RVU:** 0.95 **2019 NF PE RVU:** 0.54 **2007 Fac PE RVU** NA **2019 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.05 and new PE inputs **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 115,443	2007 Work RVU: 0.66 2007 NF PE RVU: 2.83 2007 Fac PE RVU NA 2019 Work RVU: 0.40 2019 NF PE RVU: 0.68 2019 Fac PE RVU: NA
RUC Recommendation: 0.40			Referred to CPT October 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
<hr/>					
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 est Medicare Utilization: 5,982	2007 Work RVU: 0.81 2007 NF PE RVU: 2.28 2007 Fac PE RVU 0.31 2019 Work RVU: 0.81 2019 NF PE RVU: 3.29 2019 Fac PE RVU: NA
RUC Recommendation: Review action plan. CPT Assistant article published			Referred to CPT October 2011 Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Mar 2013	Result: Maintain
<hr/>					
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 est Medicare Utilization: 234,930	2007 Work RVU: 0.18 2007 NF PE RVU: 0.51 2007 Fac PE RVU 0.08 2019 Work RVU: 0.18 2019 NF PE RVU: 0.64 2019 Fac PE RVU: 0.08
RUC Recommendation: 0.18			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92506	Evaluation of speech, language, voice, communication, and/or auditory processing	Global: XXX	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 28 Specialty Developing Recommendation: ASHA	First Identified:	2018 est Medicare Utilization:	2007 Work RVU: 0.86 2007 NF PE RVU: 2.76 2007 Fac PE RVU: 0.36 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT.		Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
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 est Medicare Utilization: 280,875	2007 Work RVU: 0.52 2007 NF PE RVU: 1.13 2007 Fac PE RVU: 0.21 Result: Decrease	2019 Work RVU: 1.30 2019 NF PE RVU: 0.88 2019 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 <input type="checkbox"/> Published in CPT Asst:			
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	Global: XXX	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab 28 Specialty Developing Recommendation: ASHA	First Identified:	2018 est Medicare Utilization: 4,707	2007 Work RVU: 0.26 2007 NF PE RVU: 0.51 2007 Fac PE RVU: 0.11 Result: Decrease	2019 Work RVU: 0.33 2019 NF PE RVU: 0.33 2019 Fac PE RVU: NA
RUC Recommendation: 0.43 work RVU and clinical staff time removed		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 131	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 1.75 2019 NF PE RVU: 1.40 2019 Fac PE RVU: NA
RUC Recommendation: 1.75				Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
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 est Medicare Utilization: 2,860	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 1.50 2019 NF PE RVU: 1.02 2019 Fac PE RVU: NA
RUC Recommendation: 1.50				Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
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 est Medicare Utilization: 14,240	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 3.00 2019 NF PE RVU: 2.43 2019 Fac PE RVU: NA
RUC Recommendation: 3.36				Referred to CPT October 2012 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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 est
Medicare
Utilization:** 14,812

2007 Work RVU:

2019 Work RVU: 1.50

2007 NF PE RVU:

2019 NF PE RVU: 0.94

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 1.75

Referred to CPT October 2012

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

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 est
Medicare
Utilization:** 111,773

2007 Work RVU: 0.55

2019 Work RVU: 1.34

2007 NF PE RVU: 1.65

2019 NF PE RVU: 1.05

2007 Fac PE RVU 0.19

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: Review utilization

Referred to CPT

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

92537 Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)

Global: XXX

Issue: Vestibular Caloric Irrigation

Screen: CMS-Other - Utilization
over 250,000

Complete? Yes

**Most Recent
RUC Meeting:** January 2015

Tab 18

**Specialty Developing
Recommendation:** AAA, AAN,
AAO-HNS,
ASHA

**First
Identified:** October 2014

**2018 est
Medicare
Utilization:** 71,123

2007 Work RVU:

2019 Work RVU: 0.60

2007 NF PE RVU:

2019 NF PE RVU: 0.53

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 0.80

Referred to CPT October 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 7,112

2007 Work RVU:

2019 Work RVU: 0.30

2007 NF PE RVU:

2019 NF PE RVU: 0.28

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 0.55

Referred to CPT October 2014

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 est Medicare Utilization: 91,399

2007 Work RVU:

2019 Work RVU: 1.50

2007 NF PE RVU:

2019 NF PE RVU: 1.39

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 1.50

Referred to CPT

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

92541 Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording

Global: XXX

Issue: EOG VNG

Screen: Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab 24

Specialty Developing Recommendation: AAN, ASHA, AAO-HNS, AAA

First Identified: February 2008

2018 est Medicare Utilization: 13,151

2007 Work RVU: 0.40

2019 Work RVU: 0.40

2007 NF PE RVU: 1.05

2019 NF PE RVU: 0.29

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.40

Referred to CPT February 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 20,877 **2007 Work RVU:** 0.33 **2019 Work RVU:** 0.48 **2007 NF PE RVU:** 1.16 **2019 NF PE RVU:** 0.31 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.48 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92543 Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording **Global:** XXX **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** February 2008 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.10 **2019 Work RVU:** **2007 NF PE RVU:** 0.59 **2019 NF PE RVU:** **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording **Global:** XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2018 est Medicare Utilization:** 2,403 **2007 Work RVU:** 0.26 **2019 Work RVU:** 0.27 **2007 NF PE RVU:** 0.93 **2019 NF PE RVU:** 0.20 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.27 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 3,682

RUC Recommendation: 0.25 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.23 **2019 Work RVU:** 0.25
2007 NF PE RVU: 0.85 **2019 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2019 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 est Medicare Utilization:** 42,932

RUC Recommendation: Editorial change only **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.29 **2019 Work RVU:** 0.29
2007 NF PE RVU: 1.94 **2019 NF PE RVU:** 2.63
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Maintain

92547 Use of vertical electrodes (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** EOG VNG

Screen: CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** **First Identified:** February 2014 **2018 est Medicare Utilization:** 30,122

RUC Recommendation: Editorial change only **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.09 **2019 NF PE RVU:** 0.21
2007 Fac PE RVU 0.09 **2019 Fac PE RVU:**NA
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92548 Computerized dynamic posturography				Global: XXX	Issue: Computerized Dynamic Posturography	Screen: CMS-Other - Utilization over 250,000 / Negative IWPOT / 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 est Medicare Utilization: 45,469	2007 Work RVU: 0.50	2019 Work RVU: 0.50	
					2007 NF PE RVU: 2.1	2019 NF PE RVU: 2.19	
RUC Recommendation: 0.76			Referred to CPT September 2018 / February 2014		2007 Fac PE RVU NA	2019 Fac PE RVU:NA	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase		

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 est Medicare Utilization: 238,922	2007 Work RVU:	2019 Work RVU: 0.35	
					2007 NF PE RVU:	2019 NF PE RVU: 0.25	
					2007 Fac PE RVU	2019 Fac PE RVU:NA	
RUC Recommendation: 0.35			Referred to CPT		Result: Decrease		
			Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 1,233,504	2007 Work RVU: 0.00	2019 Work RVU: 0.60	
					2007 NF PE RVU: 1.21	2019 NF PE RVU: 0.45	
					2007 Fac PE RVU NA	2019 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 <input type="checkbox"/>	Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 0.17

Referred to CPT February 2011

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

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 est Medicare Utilization: 883,433

2007 Work RVU: 0.00

2019 Work RVU: 0.20

2007 NF PE RVU: 0.51

2019 NF PE RVU: 0.22

2007 Fac PE RVU NA

2019 Fac PE RVU: 0.10

Result: Decrease

RUC Recommendation: 0.20 work RVU and clinical staff time removed

Referred to CPT February 2009

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 est Medicare Utilization: 5,892

2007 Work RVU: 0.00

2019 Work RVU: 0.29

2007 NF PE RVU: 0.32

2019 NF PE RVU: 0.14

2007 Fac PE RVU NA

2019 Fac PE RVU: 0.13

Result: Decrease

RUC Recommendation: 0.29 work RVU and clinical staff time removed

Referred to CPT February 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

92569 Deleted from CPT **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.00 **2019 Work RVU:** **2007 NF PE RVU:** 0.35 **2019 NF PE RVU:** **2007 Fac PE RVU:** NA **2019 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:**

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 est Medicare Utilization:** 40,975 **2007 Work RVU:** **2019 Work RVU:** 0.55 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.34 **2007 Fac PE RVU:** **2019 Fac PE RVU:** 0.27

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92584 **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 est Medicare Utilization:** 11,093 **2007 Work RVU:** **2019 Work RVU:** **2007 NF PE RVU:** **2019 NF PE RVU:** **2007 Fac PE RVU:** **2019 Fac PE RVU:**

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 est Medicare Utilization:** 35,461 **2007 Work RVU:** 0.50 **2019 Work RVU:** 0.50 **2007 NF PE RVU:** 2.02 **2019 NF PE RVU:** 3.27 **2007 Fac PE RVU:** NA **2019 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

92586 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited **Global:** **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent
RUC Meeting: April 2019

Tab 06

Specialty Developing AAA, AAO-
Recommendation: HNS, ASHA

First
Identified: February 2019

2018 est
Medicare
Utilization: 1,534

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2019

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

Result: Deleted from CPT

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 ASHA
Recommendation:

First
Identified: October 2008

2018 est
Medicare
Utilization: 63,654

2007 Work RVU: 0.13

2019 Work RVU: 0.35

2007 NF PE RVU: 1.19

2019 NF PE RVU: 0.25

2007 Fac PE RVU NA

2019 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 ASHA
Recommendation:

First
Identified:

2018 est
Medicare
Utilization: 83,867

2007 Work RVU: 0.36

2019 Work RVU: 0.55

2007 NF PE RVU: 1.48

2019 NF PE RVU: 0.37

2007 Fac PE RVU NA

2019 Fac PE RVU: NA

RUC Recommendation: 0.60

Referred to CPT February 2011

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 2,862	2007 Work RVU: 0.86 2007 NF PE RVU: 1.69 2007 Fac PE RVU 0.4 Result: Decrease	2019 Work RVU: 1.26 2019 NF PE RVU: 0.74 2019 Fac PE RVU:NA
RUC Recommendation:				1.48 work RVU and clinical staff time removed		Referred to CPT	Referred to CPT Asst	<input type="checkbox"/> Published in CPT Asst:
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour			Global: XXX	Issue: Eval of Rx for Non-Speech Generating Device	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes	
Most Recent RUC Meeting:	April 2011	Tab 35	Specialty Developing Recommendation:	ASHA	First Identified:	2018 est Medicare Utilization:	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU 0 Result: Increase	2019 Work RVU: 1.75 2019 NF PE RVU: 0.80 2019 Fac PE RVU:0.68
RUC Recommendation:				1.75		Referred to CPT February 2011	Referred to CPT Asst	<input type="checkbox"/> Published in CPT Asst:
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification			Global: XXX	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes	
Most Recent RUC Meeting:	February 2010	Tab 28	Specialty Developing Recommendation:	ASHA	First Identified:	2018 est Medicare Utilization:	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU 0 Result: Decrease	2019 Work RVU: 1.40 2019 NF PE RVU: 0.87 2019 Fac PE RVU:0.54
RUC Recommendation:				1.40 work RVU and clinical staff time removed		Referred to CPT	Referred to CPT Asst	<input type="checkbox"/> Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 344	2007 Work RVU: 0.00 2007 NF PE RVU: 3.38 2007 Fac PE RVU NA Result: Decrease	2019 Work RVU: 1.85 2019 NF PE RVU: 1.77 2019 Fac PE RVU: NA
RUC Recommendation: 1.85 work RVU and clinical staff time removed		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
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 est Medicare Utilization: 122	2007 Work RVU: 0.00 2007 NF PE RVU: 0.63 2007 Fac PE RVU NA Result: Decrease	2019 Work RVU: 0.70 2019 NF PE RVU: 0.75 2019 Fac PE RVU: NA
RUC Recommendation: 0.70 work RVU and clinical staff time removed		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	
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 est Medicare Utilization: 14,816	2007 Work RVU: 0.00 2007 NF PE RVU: 1.77 2007 Fac PE RVU NA Result: Decrease	2019 Work RVU: 1.50 2019 NF PE RVU: 1.53 2019 Fac PE RVU: NA
RUC Recommendation: 1.50 work RVU and clinical staff time removed		Referred to CPT Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 18,487	2007 Work RVU: 0.00 2007 NF PE RVU: 2.98 2007 Fac PE RVU NA Result: Decrease	2019 Work RVU: 1.30 2019 NF PE RVU: 1.09 2019 Fac PE RVU: 0.70
RUC Recommendation: Review utilization			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>						
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 est Medicare Utilization: 9,004	2007 Work RVU: 0.00 2007 NF PE RVU: 3.04 2007 Fac PE RVU NA Result: Decrease	2019 Work RVU: 1.34 2019 NF PE RVU: 1.13 2019 Fac PE RVU: NA
RUC Recommendation: 1.34 work RVU and clinical staff time removed			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>						
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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 0.65 2019 NF PE RVU: 0.27 2019 Fac PE RVU: 0.25
RUC Recommendation: 0.65			Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est
Medicare
Utilization:** 2,276

2007 Work RVU: 0.00

2019 Work RVU: 1.50

2007 NF PE RVU: 1.32

2019 NF PE RVU: 1.11

2007 Fac PE RVU NA

2019 Fac PE RVU:0.76

Result: Decrease

RUC Recommendation: 1.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

92621 Evaluation of central auditory function, with report; each additional 15 minutes
(List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Audiology Services

Screen: CMS Request -
Audiology Services

Complete? Yes

**Most Recent
RUC Meeting:** October 2008

Tab 17

**Specialty Developing
Recommendation:**

ASHA, AAO-
HNS

**First
Identified:** NA

**2018 est
Medicare
Utilization:** 2,267

2007 Work RVU: 0.00

2019 Work RVU: 0.35

2007 NF PE RVU: 0.29

2019 NF PE RVU: 0.28

2007 Fac PE RVU NA

2019 Fac PE RVU:0.18

Result: Decrease

RUC Recommendation: 0.35

Referred to CPT

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 est
Medicare
Utilization:** 9,351

2007 Work RVU: 0.00

2019 Work RVU: 1.15

2007 NF PE RVU: 1.3

2019 NF PE RVU: 0.79

2007 Fac PE RVU 1.3

2019 Fac PE RVU:0.58

Result: Decrease

RUC Recommendation: 1.15

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

92626 Evaluation of auditory rehabilitation status; 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 est Medicare Utilization:** 26,973 **2007 Work RVU:** 0.00 **2019 Work RVU:** 1.40 **2007 NF PE RVU:** 2.11 **2019 NF PE RVU:** 1.10 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** 0.71 **RUC Recommendation:** 1.40 **Referred to CPT** May 2018 **Referred to CPT Asst** ☒ **Published in CPT Asst:** July 2014 **Result:** Decrease

92627 Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 30 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2018 est Medicare Utilization:** 10,060 **2007 Work RVU:** 0.00 **2019 Work RVU:** 0.33 **2007 NF PE RVU:** 0.52 **2019 NF PE RVU:** 0.30 **2007 Fac PE RVU:** 0.52 **2019 Fac PE RVU:** 0.17 **RUC Recommendation:** 0.33 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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 est Medicare Utilization:** 15 **2007 Work RVU:** 0.00 **2019 Work RVU:** 1.76 **2007 NF PE RVU:** 1.4 **2019 NF PE RVU:** 1.43 **2007 Fac PE RVU:** 1.4 **2019 Fac PE RVU:** 0.91 **RUC Recommendation:** 1.76 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 23,804 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU Result:** Decrease **2019 Work RVU:** 9.85 **2019 NF PE RVU:** NA **2019 Fac PE RVU:** 3.39

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **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 est Medicare Utilization:** **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU Result:** Decrease **2019 Work RVU:** **2019 NF PE RVU:** **2019 Fac PE RVU:**

RUC Recommendation: 4.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92924 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2018 est Medicare Utilization:** 2,041 **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU Result:** Decrease **2019 Work RVU:** 11.74 **2019 NF PE RVU:** NA **2019 Fac PE RVU:** 4.02

RUC Recommendation: 11.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92925 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2018 est Medicare Utilization:** **2007 Work RVU:** **2007 NF PE RVU:** **2007 Fac PE RVU Result:** Decrease **2019 Work RVU:** **2019 NF PE RVU:** **2019 Fac PE RVU:**

RUC Recommendation: 5.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 249,392	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 10.96 2019 NF PE RVU: NA 2019 Fac PE RVU: 3.76
RUC Recommendation: 10.49		Referred to CPT October 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 4.44		Referred to CPT October 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Global: 000	Issue: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 10 Specialty Developing Recommendation: ACC	First Identified: October 2010	2018 est Medicare Utilization: 16,586	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 12.29 2019 NF PE RVU: NA 2019 Fac PE RVU: 4.21
RUC Recommendation: 12.32		Referred to CPT October 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:

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

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 5.50

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 est Medicare Utilization: 19,226

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

2019 Work RVU: 10.95
2019 NF PE RVU: NA
2019 Fac PE RVU: 3.75

RUC Recommendation: 10.49

Referred to CPT October 2011
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 est Medicare Utilization:

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

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 6.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 41,910	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 12.31 2019 NF PE RVU: NA 2019 Fac PE RVU: 4.23
RUC Recommendation: 12.32		Referred to CPT October 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	Global: 000	Issue: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: January 2012	Tab 10 Specialty Developing Recommendation: ACC	First Identified: October 2010	2018 est Medicare Utilization: 8,633	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 12.31 2019 NF PE RVU: NA 2019 Fac PE RVU: 4.23
RUC Recommendation: 12.32		Referred to CPT October 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 6.00		Referred to CPT October 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 190,930 **2007 Work RVU:** 2.25 **2019 Work RVU:** 2.00 **2007 NF PE RVU:** 5.83 **2019 NF PE RVU:** 2.37 **2007 Fac PE RVU:** 1.25 **2019 Fac PE RVU:** 0.99 **Result:** Maintain

RUC Recommendation: 2.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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:** ACC **First Identified:** April 2013 **2018 est Medicare Utilization:** 1,787 **2007 Work RVU:** 3.28 **2019 Work RVU:** 3.28 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 1.42 **2019 Fac PE RVU:** 1.12 **Result:** Maintain

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

92980 Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2018 est Medicare Utilization:** **2007 Work RVU:** 14.82 **2019 Work RVU:** **2007 NF PE RVU:** NA **2019 NF PE RVU:** **2007 Fac PE RVU:** 6.65 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

92981 Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2018 est Medicare Utilization:** **2007 Work RVU:** 4.16 **2019 Work RVU:** **2007 NF PE RVU:** NA **2019 NF PE RVU:** **2007 Fac PE RVU:** 1.8 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

92982 Percutaneous transluminal coronary balloon angioplasty; single vessel **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent **Tab** 10 **Specialty Developing** ACC
RUC Meeting: January 2012 **Recommendation:**

First Identified: October 2010

2018 est Medicare Utilization:

2007 Work RVU: 10.96

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 4.97

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

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

92984 Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Percutaneous Coronary Intervention

Screen: MPC List

Complete? Yes

Most Recent **Tab** 10 **Specialty Developing** ACC
RUC Meeting: January 2012 **Recommendation:**

First Identified: October 2010

2018 est Medicare Utilization:

2007 Work RVU: 2.97

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 1.28

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

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 **Tab** 26 **Specialty Developing** ACC
RUC Meeting: October 2008 **Recommendation:**

First Identified: October 2008

2018 est Medicare Utilization: 3,003

2007 Work RVU: 22.70

2019 Work RVU: 22.60

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 12.84

2019 Fac PE RVU: 10.57

Result: Remove from Screen

RUC Recommendation: Deleted from CPT

Referred to CPT

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:** 090 **Issue:** Atrial Septostomy Services **Screen:** CMS Request - Final Rule for 2019 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2018 est Medicare Utilization:** 35 **2007 Work RVU:** 0.00 **2019 Work RVU:** 0.00 **2007 NF PE RVU:** 0 **2019 NF PE RVU:** 0.00 **2007 Fac PE RVU:** 0 **2019 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:** 090 **Issue:** Atrial Septostomy Services **Screen:** CMS Request - Final Rule for 2019 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.00 **2019 Work RVU:** 0.00 **2007 NF PE RVU:** 0 **2019 NF PE RVU:** 0.00 **2007 Fac PE RVU:** 0 **2019 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:** 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 est Medicare Utilization:** **2007 Work RVU:** 12.07 **2019 Work RVU:** **2007 NF PE RVU:** NA **2019 NF PE RVU:** **2007 Fac PE RVU:** 5.45 **2019 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: 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 est Medicare Utilization:	2007 Work RVU: 3.26 2007 NF PE RVU: NA 2007 Fac PE RVU: 1.41 Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
92X18		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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 0.40		Referred to CPT February 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
92X19		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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 0.26		Referred to CPT February 2018 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 0.25		Referred to CPT February 2019 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est
Medicare
Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 1.00

Referred to CPT February 2019

Referred to CPT Asst ☐ Published in CPT Asst:

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 est
Medicare
Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 1.50

Referred to CPT February 2019

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 est
Medicare
Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 1.05

Referred to CPT February 2019

Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

92XX0				Global:	Issue: Computerized Dynamic Posturography	Screen: CMS-Other - Utilization over 250,000 / Negative IWPOT / Different Performing Specialty from Survey	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab 16	Specialty Developing Recommendation:		First Identified: September 2018	2018 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 0.96				Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
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 est Medicare Utilization: 11,871,451	2007 Work RVU: 0.17 2007 NF PE RVU: 0.47 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.17 2019 NF PE RVU: 0.29 2019 Fac PE RVU: NA
RUC Recommendation: 0.17				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>							
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 est Medicare Utilization: 453,734	2007 Work RVU: 0.00 2007 NF PE RVU: 0.41 2007 Fac PE RVU NA Result: PE Only	2019 Work RVU: 0.00 2019 NF PE RVU: 0.23 2019 Fac PE RVU: NA
RUC Recommendation: 0.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 18,809,968

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.06 **2019 NF PE RVU:** 0.06
2007 Fac PE RVU 0.06 **2019 Fac PE RVU:**0.06
Result: Maintain

RUC Recommendation: 0.17

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

93012 Deleted from CPT

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent
RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2018 est Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 5.55 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

93014 Deleted from CPT

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent
RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2018 est Medicare Utilization:**

2007 Work RVU: 0.52 **2019 Work RVU:**
2007 NF PE RVU: 0.2 **2019 NF PE RVU:**
2007 Fac PE RVU 0.2 **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 995,646 **2007 Work RVU:** 0.75 **2019 Work RVU:** 0.75 **2007 NF PE RVU:** 1.95 **2019 NF PE RVU:** 1.22 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Maintain **RUC Recommendation:** 0.75. CPT Assistant published. **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 est Medicare Utilization:** 1,063,855 **2007 Work RVU:** 0.45 **2019 Work RVU:** 0.45 **2007 NF PE RVU:** 0.19 **2019 NF PE RVU:** 0.16 **2007 Fac PE RVU:** 0.19 **2019 Fac PE RVU:** 0.16 **Result:** Maintain **RUC Recommendation:** 0.45 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 est Medicare Utilization:** 96,011 **2007 Work RVU:** 0.00 **2019 Work RVU:** 0.00 **2007 NF PE RVU:** 1.64 **2019 NF PE RVU:** 0.95 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** PE Only **RUC Recommendation:** New PE inputs **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 1,247,764	2007 Work RVU: 0.30 2007 NF PE RVU: 0.12 2007 Fac PE RVU: 0.12	2019 Work RVU: 0.30 2019 NF PE RVU: 0.11 2019 Fac PE RVU: 0.11
RUC Recommendation: 0.30		Referred to CPT October 2010 Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Jan 2010	Result: Maintain	
<hr/>					
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 est Medicare Utilization: 220	2007 Work RVU: 0.75 2007 NF PE RVU: 6.67 2007 Fac PE RVU: NA	2019 Work RVU: 0.75 2019 NF PE RVU: 3.44 2019 Fac PE RVU: NA
RUC Recommendation: New PE Inputs		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: PE Only	
<hr/>					
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 est Medicare Utilization: 119,074	2007 Work RVU: 0.16 2007 NF PE RVU: 0.2 2007 Fac PE RVU: NA	2019 Work RVU: 0.15 2019 NF PE RVU: 0.19 2019 Fac PE RVU: NA
RUC Recommendation: 0.15		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	

Status Report: CMS Requests and Relativity Assessment Issues

93041 Rhythm ECG, 1-3 leads; tracing only without interpretation and report

Global: XXX

Issue: Rhythm EKG

Screen: Harvard Valued - Utilization over 1 Million

Complete? Yes

Most Recent RUC Meeting: October 2009

Tab 34

Specialty Developing Recommendation: ACC

First Identified: February 2009

2018 est Medicare Utilization: 13,482

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: 0.15

2019 NF PE RVU: 0.15

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.00 (PE only)

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

93042 Rhythm ECG, 1-3 leads; interpretation and report only

Global: XXX

Issue: Rhythm EKG

Screen: Harvard 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 est Medicare Utilization: 315,843

2007 Work RVU: 0.16

2019 Work RVU: 0.15

2007 NF PE RVU: 0.05

2019 NF PE RVU: 0.04

2007 Fac PE RVU 0.05

2019 Fac PE RVU:0.04

Result: Decrease

RUC Recommendation: 0.15

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 315,027

2007 Work RVU: 0.52

2019 Work RVU: 0.52

2007 NF PE RVU: 3.29

2019 NF PE RVU: 1.95

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.52

Referred to CPT February 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 119,614 **2007 Work RVU:** 0.00 **2019 Work RVU:** 0.00 **2007 NF PE RVU:** 1.2 **2019 NF PE RVU:** 0.72 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **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 est Medicare Utilization:** 168,564 **2007 Work RVU:** 0.00 **2019 Work RVU:** 0.00 **2007 NF PE RVU:** 1.88 **2019 NF PE RVU:** 1.02 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 est Medicare Utilization:** 362,006 **2007 Work RVU:** 0.52 **2019 Work RVU:** 0.52 **2007 NF PE RVU:** 0.21 **2019 NF PE RVU:** 0.21 **2007 Fac PE RVU:** 0.21 **2019 Fac PE RVU:** 0.21 **Result:** Maintain

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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?** Yes

Most Recent
RUC Meeting: April 2010

Tab 25 **Specialty Developing** ACC
Recommendation:

First Identified: October 2009

2018 est Medicare Utilization: 159,891

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Maintain

2019 Work RVU: 0.52
2019 NF PE RVU: 0.19
2019 Fac PE RVU: 0.19

RUC Recommendation: Review action plan. 0.52

Referred to CPT
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: April 2010

Tab 25 **Specialty Developing** ACC
Recommendation:

First Identified: October 2009

2018 est Medicare Utilization: 255,654

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Maintain

2019 Work RVU: 0.00
2019 NF PE RVU: 19.89
2019 Fac PE RVU: NA

RUC Recommendation: Review action plan. Contractor Priced

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

93230 Deleted from CPT

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent
RUC Meeting: April 2009

Tab 31 **Specialty Developing** ACC
Recommendation:

First Identified: NA

2018 est Medicare Utilization:

2007 Work RVU: 0.52
2007 NF PE RVU: 3.49
2007 Fac PE RVU NA
Result: Deleted from CPT

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93231 Deleted from CPT

Global: XXX

Issue: External Cardiovascular
Device Monitoring

Screen: Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 25

**Specialty Developing
Recommendation:**

**First
Identified:** October 2009

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 1.37

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

93232 Deleted from CPT

Global: XXX

Issue: External Cardiovascular
Device Monitoring

Screen: Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 25

**Specialty Developing
Recommendation:**

**First
Identified:** October 2009

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 1.92

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

93233 Deleted from CPT

Global: XXX

Issue: Cardiac Device Monitoring

Screen: CMS Request - 2009
Final Rule, Harvard
Valued - Utilization over
100,000

Complete? Yes

**Most Recent
RUC Meeting:** April 2009

Tab 31

**Specialty Developing ACC
Recommendation:**

**First
Identified:** NA

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.52

2019 Work RVU:

2007 NF PE RVU: 0.2

2019 NF PE RVU:

2007 Fac PE RVU 0.2

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

Status Report: CMS Requests and Relativity Assessment Issues

93235 Deleted from CPT

Global: XXX

Issue: External Cardiovascular
Device Monitoring

Screen: Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 25

**Specialty Developing
Recommendation:**

**First
Identified:** October 2009

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

93236 Deleted from CPT

Global: XXX

Issue: Cardiovascular Stress Test

Screen: Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** April 2009

Tab 38

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

93237 Deleted from CPT

Global: XXX

Issue: Wearable Cardiac Device
Monitoring

Screen: Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** February 2010

Tab 31

**Specialty Developing
Recommendation:** ACC

**First
Identified:** October 2009

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.45

2019 Work RVU:

2007 NF PE RVU: 0.18

2019 NF PE RVU:

2007 Fac PE RVU 0.18

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

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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 **Tab** 25 **Specialty Developing** ACC **First Identified:** October 2009 **2018 est Medicare Utilization:** 12,393 **2007 Work RVU:** 0.52 **2019 Work RVU:** 0.52
RUC Meeting: April 2010 **Recommendation:** **2007 NF PE RVU:** 7.02 **2019 NF PE RVU:** 5.14
RUC Recommendation: 0.52 **2007 Fac PE RVU** NA **2019 Fac PE RVU:** NA
Result: Maintain
Referred to CPT February 2010
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 **Tab** 25 **Specialty Developing** ACC **First Identified:** October 2009 **2018 est Medicare Utilization:** 41,941 **2007 Work RVU:** 0.00 **2019 Work RVU:** 0.00
RUC Meeting: April 2010 **Recommendation:** **2007 NF PE RVU:** 1 **2019 NF PE RVU:** 0.25
RUC Recommendation: New PE inputs **2007 Fac PE RVU** NA **2019 Fac PE RVU:** NA
Result: PE Only
Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **Tab** 25 **Specialty Developing** ACC **First Identified:** October 2009 **2018 est Medicare Utilization:** 64,030 **2007 Work RVU:** 0.00 **2019 Work RVU:** 0.00
RUC Meeting: April 2010 **Recommendation:** **2007 NF PE RVU:** 5.82 **2019 NF PE RVU:** 4.71
RUC Recommendation: New PE inputs **2007 Fac PE RVU** NA **2019 Fac PE RVU:** NA
Result: PE Only
Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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 est Medicare Utilization: 107,423	2007 Work RVU: 0.52 2007 NF PE RVU: 0.2 2007 Fac PE RVU 0.2 2019 Work RVU: 0.52 2019 NF PE RVU: 0.18 2019 Fac PE RVU: 0.18 Result: Maintain
RUC Recommendation: 0.52	Referred to CPT February 2010	Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		
93279 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system 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 est Medicare Utilization: 160,381	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU 2019 Work RVU: 0.65 2019 NF PE RVU: 0.88 2019 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.65	Referred to CPT February 2017	Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		
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 est Medicare Utilization: 1,010,157	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU 2019 Work RVU: 0.77 2019 NF PE RVU: 1.02 2019 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.77	Referred to CPT February 2017	Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:		

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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 est Medicare Utilization: 68,902

2007 Work RVU:

2019 Work RVU: 0.85

2007 NF PE RVU:

2019 NF PE RVU: 1.08

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 0.85

Referred to CPT February 2017

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 est Medicare Utilization: 123,676

2007 Work RVU:

2019 Work RVU: 0.85

2007 NF PE RVU:

2019 NF PE RVU: 1.01

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.85

Referred to CPT February 2017

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

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 est Medicare Utilization: 227,861

2007 Work RVU:

2019 Work RVU: 1.15

2007 NF PE RVU:

2019 NF PE RVU: 1.19

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.15

Referred to CPT February 2017

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

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93284 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system **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 est Medicare Utilization:** 253,710 **2007 Work RVU:** **2019 Work RVU:** 1.25 **2007 NF PE RVU:** **2019 NF PE RVU:** 1.28 **2007 Fac PE RVU:** **2019 Fac PE RVU:** NA **RUC Recommendation:** 1.25 **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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 est Medicare Utilization:** 36,555 **2007 Work RVU:** **2019 Work RVU:** 0.52 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.82 **2007 Fac PE RVU:** **2019 Fac PE RVU:** NA **RUC Recommendation:** 0.52 **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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 est Medicare Utilization:** 16,566 **2007 Work RVU:** **2019 Work RVU:** 0.30 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.67 **2007 Fac PE RVU:** **2019 Fac PE RVU:** NA **RUC Recommendation:** 0.30 **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93287 Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system **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 est Medicare Utilization:** 10,881 **2007 Work RVU:** **2019 Work RVU:** 0.45 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.74 **2007 Fac PE RVU Result:** Maintain **RUC Recommendation:** 0.45 **Referred to CPT** February 2017 **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 est Medicare Utilization:** 258,166 **2007 Work RVU:** **2019 Work RVU:** 0.43 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.79 **2007 Fac PE RVU Result:** Maintain **RUC Recommendation:** 0.43 **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 est Medicare Utilization:** 105,330 **2007 Work RVU:** **2019 Work RVU:** 0.75 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.91 **2007 Fac PE RVU Result:** Decrease **RUC Recommendation:** 0.75 **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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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 est Medicare Utilization:** 124,035 **2007 Work RVU:** **2019 Work RVU:** 0.43 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.73 **2007 Fac PE RVU** **2019 Fac PE RVU:** NA **Result:** Maintain **RUC Recommendation:** 0.43 **Referred to CPT** February 2017 **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 est Medicare Utilization:** 63,149 **2007 Work RVU:** **2019 Work RVU:** 0.37 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.68 **2007 Fac PE RVU** **2019 Fac PE RVU:** NA **Result:** Decrease **RUC Recommendation:** 0.37 **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 est Medicare Utilization:** 1,094 **2007 Work RVU:** **2019 Work RVU:** 0.43 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.68 **2007 Fac PE RVU** **2019 Fac PE RVU:** NA **Result:** Maintain **RUC Recommendation:** 0.43 **Referred to CPT** February 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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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 est Medicare Utilization:** 79,027 **2007 Work RVU:** **2019 Work RVU:** 0.31 **2007 NF PE RVU:** **2019 NF PE RVU:** 1.15 **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** NA

RUC Recommendation: 0.31 **Referred to CPT** February 2017 **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 est Medicare Utilization:** 988,775 **2007 Work RVU:** **2019 Work RVU:** 0.60 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.23 **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** 0.23

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

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 est Medicare Utilization:** 564,509 **2007 Work RVU:** **2019 Work RVU:** 0.74 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.47 **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** 0.47

RUC Recommendation: 0.74 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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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 est Medicare Utilization: 1,135,651	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: PE Only	2019 Work RVU: 0.00 2019 NF PE RVU: 0.71 2019 Fac PE RVU: NA
RUC Recommendation: New PE inputs and Refer to CPT		Referred to CPT February 2017 Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization: 380,930	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 0.52 2019 NF PE RVU: 0.20 2019 Fac PE RVU: 0.20
RUC Recommendation: 0.52		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
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 est Medicare Utilization: 564,586	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 0.52 2019 NF PE RVU: 0.20 2019 Fac PE RVU: 0.20
RUC Recommendation: 0.52		Referred to CPT Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

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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: XXX	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 est Medicare Utilization: 615,489	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 0.00 2019 NF PE RVU: 0.00 2019 Fac PE RVU: 0.00
RUC Recommendation: Deleted from CPT		Referred to CPT February 2019 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Deleted from CPT	
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 est Medicare Utilization: 7,253,165	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 1.50 2019 NF PE RVU: 4.27 2019 Fac PE RVU: NA
RUC Recommendation: 1.46		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease	
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 est Medicare Utilization: 27,194	2007 Work RVU: 0.92 2007 NF PE RVU: 4.1 2007 Fac PE RVU NA	2019 Work RVU: 0.92 2019 NF PE RVU: 3.01 2019 Fac PE RVU: NA
RUC Recommendation: 0.92		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	

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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 est Medicare Utilization: 381,116

2007 Work RVU: 0.53

2019 Work RVU: 0.53

2007 NF PE RVU: 2.26

2019 NF PE RVU: 2.22

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.53

Referred to CPT

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 est Medicare Utilization: 351,892

2007 Work RVU: 0.38

2019 Work RVU: 0.38

2007 NF PE RVU: 1.82

2019 NF PE RVU: 1.12

2007 Fac PE RVU 1.82

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.38

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 208,460

2007 Work RVU: 0.15

2019 Work RVU: 0.15

2007 NF PE RVU: 1.04

2019 NF PE RVU: 0.60

2007 Fac PE RVU 1.04

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.15

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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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 est Medicare Utilization:** 558,699 **2007 Work RVU:** 0.07 **2019 Work RVU:** 0.07 **2007 NF PE RVU:** 2.36 **2019 NF PE RVU:** 0.64 **2007 Fac PE RVU:** 2.36 **2019 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 est Medicare Utilization:** 96,974 **2007 Work RVU:** 1.48 **2019 Work RVU:** 1.46 **2007 NF PE RVU:** 3.03 **2019 NF PE RVU:** 3.79 **2007 Fac PE RVU:** NA **2019 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

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 est Medicare Utilization:** 240,866 **2007 Work RVU:** **2019 Work RVU:** 1.75 **2007 NF PE RVU:** **2019 NF PE RVU:** 4.74 **2007 Fac PE RVU:** **2019 Fac PE RVU:** NA **RUC Recommendation:** 1.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **Tab** 33 **Specialty Developing** ACC
RUC Meeting: April 2018 **Recommendation:**

First Identified: **2018 est Medicare Utilization:** 43,221

2007 Work RVU: **2019 Work RVU:** 2.47
2007 NF PE RVU: **2019 NF PE RVU:** 19.18
2007 Fac PE RVU **2019 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: Remove from Modifier -51 exempt list. 3.02

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

93452 Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed

Global: 000 **Issue:** Diagnostic Cardiac Catheterization

Screen: Codes Reported Together 95% or More **Complete?** Yes

Most Recent **Tab** 28 **Specialty Developing** ACC
RUC Meeting: April 2011 **Recommendation:**

First Identified: **2018 est Medicare Utilization:** 3,638

2007 Work RVU: **2019 Work RVU:** 4.50
2007 NF PE RVU: **2019 NF PE RVU:** 19.22
2007 Fac PE RVU **2019 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 4.32

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

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 **Tab** 28 **Specialty Developing** ACC
RUC Meeting: April 2011 **Recommendation:**

First Identified: **2018 est Medicare Utilization:** 2,707

2007 Work RVU: **2019 Work RVU:** 5.99
2007 NF PE RVU: **2019 NF PE RVU:** 24.69
2007 Fac PE RVU **2019 Fac PE RVU:** NA
Result: Decrease

RUC Recommendation: 5.98

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 119,596	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 4.54 2019 NF PE RVU: 19.38 2019 Fac PE RVU: NA
RUC Recommendation: 4.95		Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 27,275	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 5.29 2019 NF PE RVU: 22.26 2019 Fac PE RVU: NA
RUC Recommendation: 6.15		Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 18,456	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 5.90 2019 NF PE RVU: 24.37 2019 Fac PE RVU: NA
RUC Recommendation: Remove from Modifier -51 Exempt List. 6.00		Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 3,458 **2007 Work RVU:** **2019 Work RVU:** 6.64 **2007 NF PE RVU:** **2019 NF PE RVU:** 27.18 **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** NA
RUC Recommendation: 7.66 **Referred to CPT** October 2009 **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 est Medicare Utilization:** 502,085 **2007 Work RVU:** **2019 Work RVU:** 5.60 **2007 NF PE RVU:** **2019 NF PE RVU:** 22.74 **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** NA
RUC Recommendation: 6.51 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 est Medicare Utilization:** 93,629 **2007 Work RVU:** **2019 Work RVU:** 6.35 **2007 NF PE RVU:** **2019 NF PE RVU:** 24.74 **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** NA
RUC Recommendation: 7.34 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 88,934 **2007 Work RVU:** **2019 Work RVU:** 7.10 **2007 NF PE RVU:** **2019 NF PE RVU:** 26.84 **2007 Fac PE RVU** **2019 Fac PE RVU:** NA **Result:** Decrease **RUC Recommendation:** 7.88 **Referred to CPT** October 2009 **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 est Medicare Utilization:** 14,644 **2007 Work RVU:** **2019 Work RVU:** 7.85 **2007 NF PE RVU:** **2019 NF PE RVU:** 30.61 **2007 Fac PE RVU** **2019 Fac PE RVU:** NA **Result:** Decrease **RUC Recommendation:** 9.00 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 est Medicare Utilization:** 5,800 **2007 Work RVU:** **2019 Work RVU:** 3.73 **2007 NF PE RVU:** **2019 NF PE RVU:** 1.53 **2007 Fac PE RVU** **2019 Fac PE RVU:** 1.53 **Result:** Decrease **RUC Recommendation:** 3.73 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 6,465 **2007 Work RVU:** **2019 Work RVU:** 2.00 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.69 **2007 Fac PE RVU** **2019 Fac PE RVU:** 0.69 **Result:** Decrease

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **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 est Medicare Utilization:** 862 **2007 Work RVU:** **2019 Work RVU:** 1.80 **2007 NF PE RVU:** **2019 NF PE RVU:** 5.16 **2007 Fac PE RVU** **2019 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.80 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93501 Deleted from CPT

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.00 **2019 Work RVU:** **2007 NF PE RVU:** 0 **2019 NF PE RVU:** **2007 Fac PE RVU** 0 **2019 Fac PE RVU:** **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 74,646

2007 Work RVU: 0.00

2019 Work RVU: 2.00

2007 NF PE RVU: NA

2019 NF PE RVU: NA

2007 Fac PE RVU 0

2019 Fac PE RVU:0.38

Result: Decrease

RUC Recommendation: 2.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

93508 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

93510 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: February 2009

Tab 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

93511 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

93514 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

93524 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

93526 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More /
Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** February 2008

Tab S

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

93527 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

93528 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

93529 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

93539 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** February 2008

Tab S

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

93540 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** February 2008

Tab S

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

93541 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

93542 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

93543 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More /
CMS Request - Practice
Expense Review,
Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** February 2009

Tab 31

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

93544 Deleted from CPT

Global: 000

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** February 2008

Tab S

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2018 est
Medicare
Utilization:**

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

93545 Deleted from CPT

Global: 000 **Issue:** Cardiac Catheterization

Screen: Codes Reported Together 95% or More / CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: NA

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

93555 Deleted from CPT

Global: XXX **Issue:** Cardiac Catheterization

Screen: Codes Reported Together 95% or More / CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

93556 Deleted from CPT

Global: XXX **Issue:** Cardiac Catheterization

Screen: Codes Reported Together 95% or More / CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 28	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU NA Result: Increase	2019 Work RVU: 0.00 2019 NF PE RVU: NA 2019 Fac PE RVU: NA
RUC Recommendation: 0.77		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 13	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU NA Result: Increase	2019 Work RVU: 0.00 2019 NF PE RVU: NA 2019 Fac PE RVU: NA
RUC Recommendation: 0.95		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2018 est Medicare Utilization: 165	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 1.11 2019 NF PE RVU: 0.38 2019 Fac PE RVU: 0.38
RUC Recommendation: 2.00		Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 9 **2007 Work RVU:** **2019 Work RVU:** 1.13 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.39 **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** 0.39

RUC Recommendation: 2.10 **Referred to CPT** October 2009 **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 est Medicare Utilization:** 103 **2007 Work RVU:** **2019 Work RVU:** 0.86 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.30 **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** 0.30

RUC Recommendation: 1.90 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93566 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab 28 Specialty Developing Recommendation:** ACC **First Identified:** **2018 est Medicare Utilization:** 429 **2007 Work RVU:** **2019 Work RVU:** 0.86 **2007 NF PE RVU:** **2019 NF PE RVU:** 3.33 **2007 Fac PE RVU Result:** Decrease **2019 Fac PE RVU:** 0.30

RUC Recommendation: 0.96 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic 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 est Medicare Utilization: 31,333	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 0.97 2019 NF PE RVU: 2.52 2019 Fac PE RVU: 0.34
RUC Recommendation: 0.97		Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 28 Specialty Developing Recommendation: ACC	First Identified:	2018 est Medicare Utilization: 2,415	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 0.88 2019 NF PE RVU: 2.90 2019 Fac PE RVU: 0.31
RUC Recommendation: 0.98		Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 65,011	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 0.00 2019 NF PE RVU: NA 2019 Fac PE RVU: NA
RUC Recommendation: 1.50		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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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 est Medicare Utilization: 11,275	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 Result: Decrease	2019 Work RVU: 0.00 2019 NF PE RVU: NA 2019 Fac PE RVU: NA
RUC Recommendation: 1.00		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 72,809	2007 Work RVU: 6.99 2007 NF PE RVU: NA 2007 Fac PE RVU: 3.03 Result: Decrease	2019 Work RVU: 5.23 2019 NF PE RVU: NA 2019 Fac PE RVU: 2.19
RUC Recommendation: 5.23		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 9,340	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU: 0 Result: Maintain	2019 Work RVU: 0.00 2019 NF PE RVU: 0.00 2019 Fac PE RVU: NA
RUC Recommendation: 11.57		Referred to CPT October 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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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:	Issue:	Screen: High Volume Growth6	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: October 2019	2018 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Review action plan			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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-Part3	Complete? Yes
Most Recent RUC Meeting: April 2019	Tab 22	Specialty Developing Recommendation: ACC, HRS	First Identified: October 2018	2018 est Medicare Utilization: 35,930	2007 Work RVU: 0.00 2007 NF PE RVU: 0 2007 Fac PE RVU 0 Result: Decrease 2019 Work RVU: 0.00 2019 NF PE RVU: 0.00 2019 Fac PE RVU: NA
RUC Recommendation: Referral to CPT for parenthetical. 2.04			Referred to CPT May 2019 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	Global: 000	Issue: Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator	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 est Medicare Utilization: 17,499	2007 Work RVU: 0.00 2007 NF PE RVU: NA 2007 Fac PE RVU NA Result: Maintain 2019 Work RVU: 0.00 2019 NF PE RVU: 0.00 2019 Fac PE RVU: NA
RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B.			Referred to CPT February 2011 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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93651 Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination **Global:** 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent **Tab** 11 **Specialty Developing** ACC, HRS
RUC Meeting: January 2012 **Recommendation:**

First Identified: February 2010 **2018 est Medicare Utilization:**

2007 Work RVU: 16.23 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 6.96 **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

93652 Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia **Global:** 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent **Tab** 11 **Specialty Developing** ACC, HRS
RUC Meeting: January 2012 **Recommendation:**

First Identified: October 2008 **2018 est Medicare Utilization:**

2007 Work RVU: 17.65 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 7.58 **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

93653 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry **Global:** 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent **Tab** 11 **Specialty Developing** ACC, HRS
RUC Meeting: January 2012 **Recommendation:**

First Identified: October 2011 **2018 est Medicare Utilization:** 31,369

2007 Work RVU: **2019 Work RVU:** 14.75
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 6.18
Result: Decrease

RUC Recommendation: 15.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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:	Tab 11 Specialty Developing Recommendation: ACC, HRS	First Identified:	2018 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2019 Work RVU: 19.75 2019 NF PE RVU: NA 2019 Fac PE RVU:8.27
RUC Recommendation:	20.00	Referred to CPT Referred to CPT Asst	October 2011 <input type="checkbox"/>	Published in CPT Asst:	
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Bundling EPS with Transcatheter Ablation	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	Tab 11 Specialty Developing Recommendation: ACC, HRS	First Identified:	2018 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2019 Work RVU: 7.50 2019 NF PE RVU: NA 2019 Fac PE RVU:3.16
RUC Recommendation:	9.00	Referred to CPT Referred to CPT Asst	October 2011 <input type="checkbox"/>	Published in CPT Asst:	
93656	Comprehensive electrophysiologic evaluation including transeptal 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? Yes
Most Recent RUC Meeting:	Tab 11 Specialty Developing Recommendation: ACC, HRS	First Identified:	2018 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2019 Work RVU: 19.77 2019 NF PE RVU: NA 2019 Fac PE RVU:8.33
RUC Recommendation:	Review action plan. 20.02	Referred to CPT Referred to CPT Asst	October 2011 <input type="checkbox"/>	Published in CPT Asst:	

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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 est Medicare Utilization: 18,744

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

2019 Work RVU: 7.50
2019 NF PE RVU: NA
2019 Fac PE RVU:3.14

RUC Recommendation: 10.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

93662 Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** 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 est Medicare Utilization: 54,681

2007 Work RVU: 0.00
2007 NF PE RVU: 0
2007 Fac PE RVU 0
Result: Decrease

2019 Work RVU: 0.00
2019 NF PE RVU: 0.00
2019 Fac PE RVU:NA

RUC Recommendation: 2.53

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

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 est Medicare Utilization: 1,235

2007 Work RVU: 0.00
2007 NF PE RVU: 0.4
2007 Fac PE RVU NA
Result: PE Only

2019 Work RVU: 0.00
2019 NF PE RVU: 0.47
2019 Fac PE RVU:NA

RUC Recommendation: New PE Inputs

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

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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 est
Medicare
Utilization: 18,722

2007 Work RVU: 0.17

2019 Work RVU: 0.00

2007 NF PE RVU: 0.91

2019 NF PE RVU: 0.70

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

93731 Deleted from CPT

Global: XXX

Issue: Cardiology Services

Screen: CMS Fastest Growing

Complete? Yes

Most Recent
RUC Meeting: October 2008

Tab 26

Specialty Developing ACC
Recommendation:

First
Identified: October 2008

2018 est
Medicare
Utilization:

2007 Work RVU: 0.45

2019 Work RVU:

2007 NF PE RVU: 0.7

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

93732 Deleted from CPT

Global: XXX

Issue: Cardiology Services

Screen: CMS Fastest Growing

Complete? Yes

Most Recent
RUC Meeting: October 2008

Tab 26

Specialty Developing ACC
Recommendation:

First
Identified: October 2008

2018 est
Medicare
Utilization:

2007 Work RVU: 0.92

2019 Work RVU:

2007 NF PE RVU: 0.94

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

93733 Deleted from CPT

Global: XXX

Issue: Cardiology Services

Screen: CMS Fastest Growing

Complete? Yes

Most Recent
RUC Meeting: October 2008

Tab 26

Specialty Developing ACC
Recommendation:

First
Identified: October 2008

2018 est
Medicare
Utilization:

2007 Work RVU: 0.17

2019 Work RVU:

2007 NF PE RVU: 0.83

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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93743 Deleted from CPT

Global: XXX

Issue: Cardiology Services

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab 26

Specialty Developing Recommendation: ACC

First Identified: October 2008

2018 est Medicare Utilization:

2007 Work RVU: 1.03

2019 Work RVU:

2007 NF PE RVU: 1.15

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

93744 Deleted from CPT

Global: XXX

Issue: Cardiology Services

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab 26

Specialty Developing Recommendation: ACC

First Identified: October 2008

2018 est Medicare Utilization:

2007 Work RVU: 1.18

2019 Work RVU:

2007 NF PE RVU: 1.19

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 92,048

2007 Work RVU:

2019 Work RVU: 0.92

2007 NF PE RVU:

2019 NF PE RVU: 0.58

2007 Fac PE RVU

2019 Fac PE RVU: 0.32

Result: Decrease

RUC Recommendation: 0.85

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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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 2017	Tab 19	Specialty Developing Recommendation:	First Identified: September 2016	2018 est Medicare Utilization: 1,629	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: PE Only	2019 Work RVU: 0.00 2019 NF PE RVU: 1.46 2019 Fac PE RVU: NA	
RUC Recommendation: Review Action plan. 0.00 PE Only				Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	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 2017	Tab 19	Specialty Developing Recommendation:	First Identified: September 2016	2018 est Medicare Utilization: 998,978	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 0.18 2019 NF PE RVU: 0.15 2019 Fac PE RVU: NA	
RUC Recommendation: Review Action plan. 0.18				Referred to CPT September 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
93875 Deleted from CPT				Global: XXX	Issue: Noninvasive Vascular Diagnostic Studies	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 45	Specialty Developing Recommendation: AAN, ACC, ACR, SIR, SVS	First Identified: February 2010	2018 est Medicare Utilization:	2007 Work RVU: 0.22 2007 NF PE RVU: 2.38 2007 Fac PE RVU NA Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:	
RUC Recommendation: Deleted from CPT				Referred to CPT October 2010 Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization: 2,230,930	2007 Work RVU: 0.60 2007 NF PE RVU: 5.67 2007 Fac PE RVU NA	2019 Work RVU: 0.80 2019 NF PE RVU: 4.81 2019 Fac PE RVU:NA
RUC Recommendation: 0.80				Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	October 2010 Published in CPT Asst: Addressed in CPT Coding Changes	Result: Increase	
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 est Medicare Utilization: 34,836	2007 Work RVU: 0.40 2007 NF PE RVU: 3.63 2007 Fac PE RVU NA	2019 Work RVU: 0.50 2019 NF PE RVU: 3.06 2019 Fac PE RVU:NA
RUC Recommendation: 0.50				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase	
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 est Medicare Utilization: 91,280	2007 Work RVU: 0.94 2007 NF PE RVU: 6.77 2007 Fac PE RVU NA	2019 Work RVU: 0.91 2019 NF PE RVU: 6.68 2019 Fac PE RVU:NA
RUC Recommendation: 1.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	October 2010 Published in CPT Asst:	Result: Increase	

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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 est Medicare Utilization: 11,348	2007 Work RVU: 0.62 2019 Work RVU: 0.50 2007 NF PE RVU: 4.36 2019 NF PE RVU: 3.91 2007 Fac PE RVU NA 2019 Fac PE RVU: NA Result: Increase
RUC Recommendation: 0.70			Referred to CPT October 2010 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	Global:	Issue:	Screen: High Volume Growth6	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: October 2019	2018 est Medicare Utilization:	2007 Work RVU: 2019 Work RVU: 2007 NF PE RVU: 2019 NF PE RVU: 2007 Fac PE RVU 2019 Fac PE RVU: Result:
RUC Recommendation: Review action plan			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	Global:	Issue:	Screen: High Volume Growth6	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: October 2019	2018 est Medicare Utilization:	2007 Work RVU: 2019 Work RVU: 2007 NF PE RVU: 2019 NF PE RVU: 2007 Fac PE RVU 2019 Fac PE RVU: Result:
RUC Recommendation: Review action plan			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

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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 est Medicare Utilization:	
RUC Recommendation: Rescind April 2014 recommendation, contractor price.			Referred to CPT	2007 Work RVU:	2019 Work RVU:
				2007 NF PE RVU:	2019 NF PE RVU:
				2007 Fac PE RVU	2019 Fac PE RVU:
				Result: Not Part of RAW	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)	Global: XXX	Issue: Extremity Non-Invasive Arterial Physiologic Studies	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 27	Specialty Developing Recommendation: SVS, ACR, ACC	First Identified: October 2008	2018 est Medicare Utilization: 678,512	
RUC Recommendation: 0.25			Referred to CPT February 2010	2007 Work RVU: 0.25	2019 Work RVU: 0.25
			Referred to CPT Asst <input type="checkbox"/>	2007 NF PE RVU: 2.78	2019 NF PE RVU: 2.15
				2007 Fac PE RVU NA	2019 Fac PE RVU: NA
				Result: Maintain	
			Published in CPT Asst:		

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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 est Medicare Utilization: 445,246

2007 Work RVU: 0.45

2019 Work RVU: 0.45

2007 NF PE RVU: 4.18

2019 NF PE RVU: 3.26

2007 Fac PE RVU: NA

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.45

Referred to CPT February 2010

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 est Medicare Utilization: 63,152

2007 Work RVU: 0.50

2019 Work RVU: 0.50

2007 NF PE RVU: 5.05

2019 NF PE RVU: 4.10

2007 Fac PE RVU: NA

2019 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.50

Referred to CPT February 2010

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 est Medicare Utilization: 635,923

2007 Work RVU: 0.58

2019 Work RVU: 0.80

2007 NF PE RVU: 7.05

2019 NF PE RVU: 6.35

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.80

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

93926 Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study

Global: XXX

Issue: Duplex Scans

Screen: CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab 33 **Specialty Developing Recommendation:** ACC, ACR, SVS

First Identified: April 2011

2018 est Medicare Utilization: 255,022

2007 Work RVU: 0.39

2019 Work RVU: 0.50

2007 NF PE RVU: 4.31

2019 NF PE RVU: 3.69

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 0.60

Referred to CPT

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 est Medicare Utilization: 22,768

2007 Work RVU: 0.46

2019 Work RVU: 0.80

2007 NF PE RVU: 5.54

2019 NF PE RVU: 4.92

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 0.80

Referred to CPT

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 est Medicare Utilization:** 46,370 **2007 Work RVU:** 0.31 **2019 Work RVU:** 0.50
2007 NF PE RVU: 3.64 **2019 NF PE RVU:** 3.07
2007 Fac PE RVU: NA **2019 Fac PE RVU:** NA
Result: Increase

RUC Recommendation: 0.50 **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

93965 Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography) **Global:** XXX **Issue:** Non-invasive Physiologic Studies of Extremity Veins **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 47 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS **First Identified:** July 2015 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.35 **2019 Work RVU:**
2007 NF PE RVU: 2.83 **2019 NF PE RVU:**
2007 Fac PE RVU: NA **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016
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 est Medicare Utilization:** 1,614,285 **2007 Work RVU:** 0.68 **2019 Work RVU:** 0.70
2007 NF PE RVU: 5.44 **2019 NF PE RVU:** 4.74
2007 Fac PE RVU: NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.70 **Referred to CPT**
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 est Medicare Utilization: 1,728,129	2007 Work RVU: 0.45 2007 NF PE RVU: 3.67 2007 Fac PE RVU NA Result: Maintain
RUC Recommendation: 0.45			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.45 2019 NF PE RVU: 2.92 2019 Fac PE RVU: NA
<hr/>					
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 est Medicare Utilization: 213,094	2007 Work RVU: 1.80 2007 NF PE RVU: 7.78 2007 Fac PE RVU NA Result: Decrease
RUC Recommendation: 1.30			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.16 2019 NF PE RVU: 6.60 2019 Fac PE RVU: NA
<hr/>					
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 est Medicare Utilization: 165,912	2007 Work RVU: 1.21 2007 NF PE RVU: 4.33 2007 Fac PE RVU NA Result: Decrease
RUC Recommendation: 1.00			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.80 2019 NF PE RVU: 3.78 2019 Fac PE RVU: NA

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 est Medicare Utilization: 288,802

2007 Work RVU: 0.65

2019 Work RVU: 0.80

2007 NF PE RVU: 4.85

2019 NF PE RVU: 4.43

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 0.97

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 66,281

2007 Work RVU: 0.44

2019 Work RVU: 0.50

2007 NF PE RVU: 3.46

2019 NF PE RVU: 2.83

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 0.70

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

93982 Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report

Global: XXX

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: January 2017

2018 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 129,167

2007 Work RVU: 0.25
2007 NF PE RVU: 4.28
2007 Fac PE RVU NA
Result: Increase

2019 Work RVU: 0.50
2019 NF PE RVU: 3.82
2019 Fac PE RVU: NA

RUC Recommendation: 0.60

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

93X00

Global: **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab 17 **Specialty Developing Recommendation:**

First Identified: October 2018

2018 est Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 0.80

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

93X01

Global: **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab 17 **Specialty Developing Recommendation:**

First Identified: October 2018

2018 est Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 0.50

Referred to CPT September 2018
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 est Medicare Utilization: 1,238,001	2007 Work RVU: 0.17 2007 NF PE RVU: 0.69 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.17 2019 NF PE RVU: 0.81 2019 Fac PE RVU: NA
RUC Recommendation: 0.17		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 58	2007 Work RVU: 0.52 2007 NF PE RVU: 0.77 2007 Fac PE RVU NA Result: Remove from Screen	2019 Work RVU: 0.52 2019 NF PE RVU: 1.03 2019 Fac PE RVU: NA
RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 68	2007 Work RVU: 0.00 2007 NF PE RVU: 0.61 2007 Fac PE RVU NA Result: Remove from Screen	2019 Work RVU: 0.00 2019 NF PE RVU: 0.85 2019 Fac PE RVU: NA
RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:** 4,847 **2007 Work RVU:** 0.52 **2019 Work RVU:** 0.52 **2007 NF PE RVU:** 0.16 **2019 NF PE RVU:** 0.18 **2007 Fac PE RVU:** 0.16 **2019 Fac PE RVU:** 0.18 **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:**

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 est Medicare Utilization:** 1,161,353 **2007 Work RVU:** 0.31 **2019 Work RVU:** 0.27 **2007 NF PE RVU:** 1.13 **2019 NF PE RVU:** 1.39 **2007 Fac PE RVU:** 1.13 **2019 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.22 **Referred to CPT**

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 est Medicare Utilization:** 81,196 **2007 Work RVU:** 0.11 **2019 Work RVU:** 0.11 **2007 NF PE RVU:** 0.45 **2019 NF PE RVU:** 0.65 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.05 **Referred to CPT**

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

Status Report: CMS Requests and Relativity Assessment Issues

94240 Deleted from CPT

Global: XXX **Issue:** Pulmonary Tests

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation: ACCP, ATS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.26

2019 Work RVU:

2007 NF PE RVU: 0.7

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

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 est Medicare Utilization: 22,454

2007 Work RVU: 0.11

2019 Work RVU: 0.11

2007 NF PE RVU:

2019 NF PE RVU: 0.65

2007 Fac PE RVU

2019 Fac PE RVU: NA

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

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

94260 Deleted from CPT

Global: XXX **Issue:** Pulmonary Tests

Screen: Codes Reported Together 75% or More-Part1 /

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation: ACCP, ATS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.13

2019 Work RVU:

2007 NF PE RVU: 0.63

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

Status Report: CMS Requests and Relativity Assessment Issues

94350 Deleted from CPT

Global: XXX **Issue:** Pulmonary Tests

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation: ACCP, ATS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.26

2019 Work RVU:

2007 NF PE RVU: 0.73

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

94360 Deleted from CPT

Global: XXX **Issue:** Pulmonary Tests

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation: ACCP, ATS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.26

2019 Work RVU:

2007 NF PE RVU: 0.77

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

94370 Determination of airway closing volume, single breath tests

Global: XXX **Issue:** Pulmonary Tests

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation: ACCP, ATS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.26

2019 Work RVU:

2007 NF PE RVU: 0.69

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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 **Tab** 25 **Specialty Developing** ATS, CHEST **First** **2018 est**
RUC Meeting: April 2019 **Recommendation:** **Identified:** **Medicare**
Utilization: 1,416 **2007 Work RVU:** 0.40 **2019 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2019 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2019 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 **Tab** 38 **Specialty Developing** ACCP/ATS **First** **2018 est**
RUC Meeting: February 2009 **Recommendation:** **Identified:** February 2008 **Medicare**
Utilization: 87 **2007 Work RVU:** 0.40 **2019 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2019 NF PE RVU:** 1.62
2007 Fac PE RVU NA **2019 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:**

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 **Tab** 05 **Specialty Developing** ATS, CHEST **First** **2018 est**
RUC Meeting: October 2016 **Recommendation:** **Identified:** February 2016 **Medicare**
Utilization: 11,676 **2007 Work RVU:** **2019 Work RVU:** 0.70
2007 NF PE RVU: **2019 NF PE RVU:** 1.91
2007 Fac PE RVU **2019 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 est Medicare Utilization: 258,073	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 0.48 2019 NF PE RVU: 0.45 2019 Fac PE RVU: NA
RUC Recommendation: 0.48		Referred to CPT February 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)	Global: XXX	Issue: Pulmonary Diagnostic Tests	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2016	Tab 05 Specialty Developing Recommendation: ATS, CHEST	First Identified: July 2015	2018 est Medicare Utilization:	2007 Work RVU: 0.64 2007 NF PE RVU: 2.06 2007 Fac PE RVU NA Result: Deleted from CPT	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT February 2016 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>					
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 est Medicare Utilization: 20,746	2007 Work RVU: 1.42 2007 NF PE RVU: 2.45 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 1.42 2019 NF PE RVU: 3.04 2019 Fac PE RVU: NA
RUC Recommendation: 1.42		Referred to CPT February 2016 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 620,203	2007 Work RVU: 0.00 2007 NF PE RVU: 0.32 2007 Fac PE RVU NA Result: PE Only	2019 Work RVU: 0.00 2019 NF PE RVU: 0.50 2019 Fac PE RVU: NA
RUC Recommendation: New PE Inputs		Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization: 6,745	2007 Work RVU: 0.00 2007 NF PE RVU: 2007 Fac PE RVU Result: PE Only	2019 Work RVU: 0.00 2019 NF PE RVU: 0.69 2019 Fac PE RVU: NA
RUC Recommendation: New PE Inputs		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 7,911	2007 Work RVU: 0.00 2007 NF PE RVU: 0.46 2007 Fac PE RVU NA Result: PE Only	2019 Work RVU: 0.00 2019 NF PE RVU: 0.90 2019 Fac PE RVU: NA
RUC Recommendation: New PE Inputs CPT Assistant article published		Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	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 ATS, CHEST
Recommendation:

First
Identified: April 2019

2018 est
Medicare
Utilization: 275

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU:

2019 NF PE RVU: 0.87

2007 Fac PE RVU

2019 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

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 AACE, TES, ACCP/ATS
Recommendation:

First
Identified: February 2008

2018 est
Medicare
Utilization: 8,983

2007 Work RVU: 0.20

2019 Work RVU: 0.20

2007 NF PE RVU: 2.16

2019 NF PE RVU: 1.33

2007 Fac PE RVU NA

2019 Fac PE RVU: NA

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

94720 Carbon monoxide diffusing capacity (eg, single breath, steady state)

Global: XXX

Issue: Pulmonary Tests

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent
RUC Meeting: April 2010

Tab 45

Specialty Developing ACCP, ATS
Recommendation:

First
Identified: February 2010

2018 est
Medicare
Utilization:

2007 Work RVU: 0.26

2019 Work RVU:

2007 NF PE RVU: 1.04

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

94725 Membrane diffusion capacity

Global: XXX **Issue:** Pulmonary Tests

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab 45

Specialty Developing Recommendation: ACCP, ATS

First Identified: February 2010

2018 est Medicare Utilization:

2007 Work RVU: 0.26

2019 Work RVU:

2007 NF PE RVU: 2.43

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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 est Medicare Utilization: 661,403

2007 Work RVU:

2019 Work RVU: 0.26

2007 NF PE RVU:

2019 NF PE RVU: 1.24

2007 Fac PE RVU

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.31

Referred to CPT February 2011

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 est Medicare Utilization: 349,726

2007 Work RVU:

2019 Work RVU: 0.26

2007 NF PE RVU:

2019 NF PE RVU: 0.95

2007 Fac PE RVU

2019 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.31

Referred to CPT February 2011

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

Status Report: CMS Requests and Relativity Assessment Issues

94728 Airway resistance by impulse oscillometry **Global:** XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2018 est Medicare Utilization:** 6,600 **2007 Work RVU:** **2019 Work RVU:** 0.26 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.87 **2007 Fac PE RVU** **2019 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 est Medicare Utilization:** 1,082,503 **2007 Work RVU:** **2019 Work RVU:** 0.19 **2007 NF PE RVU:** **2019 NF PE RVU:** 1.35 **2007 Fac PE RVU** **2019 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 est Medicare Utilization:** 20,618 **2007 Work RVU:** 0.23 **2019 Work RVU:** 0.23 **2007 NF PE RVU:** **2019 NF PE RVU:** 2.15 **2007 Fac PE RVU** **2019 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** ACCP, ATS
Recommendation:

First
Identified: NA

2018 est
Medicare
Utilization: 38,764

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: 0.05

2019 NF PE RVU: 0.06

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT

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** ACCP, ATS
Recommendation:

First
Identified: NA

2018 est
Medicare
Utilization: 17,411

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: 0.08

2019 NF PE RVU: 0.11

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT

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** ACCP, ATS
Recommendation:

First
Identified: October 2008

2018 est
Medicare
Utilization: 220,165

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: 0.56

2019 NF PE RVU: 0.70

2007 Fac PE RVU NA

2019 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

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 est Medicare Utilization: 5,106	2007 Work RVU: 0.15 2007 NF PE RVU: 0.76 2007 Fac PE RVU NA 2019 Work RVU: 0.15 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.05
RUC Recommendation: Deleted from CPT			Referred to CPT September 2019	Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Mar 2014
<hr/>					
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 est Medicare Utilization: 10,564,740	2007 Work RVU: 0.00 2007 NF PE RVU: 0.12 2007 Fac PE RVU NA 2019 Work RVU: 0.01 2019 NF PE RVU: 0.10 2019 Fac PE RVU: NA
RUC Recommendation: 0.01			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
<hr/>					
95010	Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests	Global: XXX	Issue: Percutaneous Allergy Tests	Screen: Low Value-Billed in Multiple Units	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 31	Specialty Developing Recommendation: JCAAI, ACAAI, AAAAI	First Identified: October 2010	2018 est Medicare Utilization:	2007 Work RVU: 0.15 2007 NF PE RVU: 0.31 2007 Fac PE RVU 0.06 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT February 2012	Referred to CPT Asst <input type="checkbox"/>	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 est
Medicare
Utilization: 134,509

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: 0.48

2019 NF PE RVU: 0.56

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

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: XXX

Issue: Intracutaneous 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 est
Medicare
Utilization:

2007 Work RVU: 0.15

2019 Work RVU:

2007 NF PE RVU: 0.16

2019 NF PE RVU:

2007 Fac PE RVU 0.06

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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 est
Medicare
Utilization: 29,955

2007 Work RVU:

2019 Work RVU: 0.07

2007 NF PE RVU:

2019 NF PE RVU: 0.15

2007 Fac PE RVU

2019 Fac PE RVU:0.03

Result: Decrease

RUC Recommendation: 0.07

Referred to CPT February 2012

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											
Most Recent RUC Meeting:	April 2012	Tab 29	Specialty Developing Recommendation:	JCAAI	First Identified:	October 2010	2018 est Medicare Utilization:	113,532	2007 Work RVU:	2019 Work RVU:	0.14	
RUC Recommendation:	0.14				Referred to CPT	February 2012	Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	2007 NF PE RVU:	2019 NF PE RVU:	0.46
									2007 Fac PE RVU Result:	Decrease	2019 Fac PE RVU:	0.06
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests											
Most Recent RUC Meeting:	October 2017	Tab 19	Specialty Developing Recommendation:	JCAAI, ACAAI, AAAAI, AAOA	First Identified:	October 2010	2018 est Medicare Utilization:	1,736,470	2007 Work RVU:	2019 Work RVU:	0.00	0.01
RUC Recommendation:	New PE Inputs.				Referred to CPT		Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	2007 NF PE RVU:	2019 NF PE RVU:	0.21
									2007 Fac PE RVU Result:	NA	2019 Fac PE RVU:	0.01
									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											
Most Recent RUC Meeting:	February 2011	Tab 41	Specialty Developing Recommendation:	JCAAI, ACAAI, AAAAI	First Identified:	October 2010	2018 est Medicare Utilization:	162,344	2007 Work RVU:	2019 Work RVU:	0.00	0.01
RUC Recommendation:	0.01				Referred to CPT		Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:	2007 NF PE RVU:	2019 NF PE RVU:	0.11
									2007 Fac PE RVU Result:	NA	2019 Fac PE RVU:	NA
									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 est Medicare Utilization: 1,068,693

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: 0.35

2019 NF PE RVU: 0.25

2007 Fac PE RVU 0.29

2019 Fac PE RVU:NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

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 est Medicare Utilization: 2,718,251

2007 Work RVU: 0.00

2019 Work RVU: 0.00

2007 NF PE RVU: 0.44

2019 NF PE RVU: 0.29

2007 Fac PE RVU 0.38

2019 Fac PE RVU:NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

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 est Medicare Utilization: 141,414

2007 Work RVU: 0.06

2019 Work RVU: 0.06

2007 NF PE RVU: 0.21

2019 NF PE RVU: 0.34

2007 Fac PE RVU 0.02

2019 Fac PE RVU:0.02

Result: Maintain

RUC Recommendation: 0.06

Referred to CPT

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 est Medicare Utilization: 18,935	2007 Work RVU: 0.06 2007 NF PE RVU: 0.67 2007 Fac PE RVU: 0.03 Result: Maintain	2019 Work RVU: 0.06 2019 NF PE RVU: 2.16 2019 Fac PE RVU: 0.02
RUC Recommendation: 0.06		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 7,439,795	2007 Work RVU: 0.06 2007 NF PE RVU: 0.21 2007 Fac PE RVU: 0.02 Result: Maintain	2019 Work RVU: 0.06 2019 NF PE RVU: 0.33 2019 Fac PE RVU: 0.02
RUC Recommendation: 0.06		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 5,223	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: PE Only	2019 Work RVU: 0.00 2019 NF PE RVU: 1.53 2019 Fac PE RVU: NA
RUC Recommendation: PE Only. Referral to CPT Assistant		Referred to CPT June 2017 Referred to CPT Asst <input checked="" type="checkbox"/>	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: October 2016	Tab 08	Specialty Developing Recommendation: AACE, ES	First Identified: October 2013	2018 est Medicare Utilization: 84,583	2007 Work RVU: 0.00 2007 NF PE RVU: 3.95 2007 Fac PE RVU: NA Result: PE Only	2019 Work RVU: 0.00 2019 NF PE RVU: 4.22 2019 Fac PE RVU: NA	
RUC Recommendation: New PE inputs. Review Action Plan			Referred to CPT October 2015 & February 2017 Referred to CPT Asst <input type="checkbox"/>		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: October 2016	Tab 08	Specialty Developing Recommendation: AACE, ES	First Identified: April 2013	2018 est Medicare Utilization: 139,480	2007 Work RVU: 0.85 2007 NF PE RVU: 0.21 2007 Fac PE RVU: 0.21 Result: Decrease	2019 Work RVU: 0.70 2019 NF PE RVU: 0.27 2019 Fac PE RVU: 0.27	
RUC Recommendation: 0.70. Review Action Plan			Referred to CPT February 2017 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time			Global: XXX	Issue: Sleep Testing	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab 28	Specialty Developing Recommendation: ACNS, AAN, ACCP/ATS, AASM	First Identified: October 2009	2018 est Medicare Utilization: 20,471	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: Result: Decrease	2019 Work RVU: 0.85 2019 NF PE RVU: 3.89 2019 Fac PE RVU: NA	
RUC Recommendation: 1.05			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 645

2007 Work RVU:

2019 Work RVU: 0.85

2007 NF PE RVU:

2019 NF PE RVU: 1.67

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 1.00

Referred to CPT October 2009

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 est Medicare Utilization: 262

2007 Work RVU:

2019 Work RVU: 0.90

2007 NF PE RVU:

2019 NF PE RVU: 3.11

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 0.90 and New PE inputs

Referred to CPT

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

95805 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab 28

Specialty Developing Recommendation:

ACNS, AAN, ACCP/ATS, AASM

First Identified: October 2009

2018 est Medicare Utilization: 3,080

2007 Work RVU: 1.88

2019 Work RVU: 1.20

2007 NF PE RVU: 14.7

2019 NF PE RVU: 10.55

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 1.20

Referred to CPT October 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 70,260	2007 Work RVU: 1.66 2007 NF PE RVU: 3.46 2007 Fac PE RVU NA Result: Decrease 2019 Work RVU: 0.93 2019 NF PE RVU: 2.92 2019 Fac PE RVU: NA
RUC Recommendation: 1.28			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 3,617	2007 Work RVU: 1.66 2007 NF PE RVU: 11.82 2007 Fac PE RVU NA Result: Decrease 2019 Work RVU: 1.28 2019 NF PE RVU: 10.74 2019 Fac PE RVU: NA
RUC Recommendation: 1.25			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
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 est Medicare Utilization: 1,056	2007 Work RVU: 2.65 2007 NF PE RVU: 13.79 2007 Fac PE RVU NA Result: Decrease 2019 Work RVU: 1.74 2019 NF PE RVU: 17.06 2019 Fac PE RVU: NA
RUC Recommendation: 1.74			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 284,217	2007 Work RVU: 3.52 2007 NF PE RVU: 17.54 2007 Fac PE RVU NA Result: Decrease 2019 Work RVU: 2.50 2019 NF PE RVU: 14.65 2019 Fac PE RVU: NA
RUC Recommendation: 2.50			Referred to CPT October 2009 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 349,469

2007 Work RVU: 3.79

2019 Work RVU: 2.60

2007 NF PE RVU: 19.32

2019 NF PE RVU: 15.38

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 2.60

Referred to CPT October 2009

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

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 est Medicare Utilization: 24,819

2007 Work RVU: 1.08

2019 Work RVU: 1.08

2007 NF PE RVU: 4.49

2019 NF PE RVU: 8.03

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.08

Referred to CPT

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

95813 Electroencephalogram (EEG) extended monitoring; greater than 1 hour

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 est Medicare Utilization: 30,859

2007 Work RVU: 1.73

2019 Work RVU: 1.63

2007 NF PE RVU: 5.4

2019 NF PE RVU: 9.67

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Decrease

RUC Recommendation: 1.63

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 280,731 **2007 Work RVU:** 1.08 **2019 Work RVU:** 1.08 **2007 NF PE RVU:** 4.1 **2019 NF PE RVU:** 9.10 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.08 **Referred to CPT** **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 est Medicare Utilization:** 210,877 **2007 Work RVU:** 1.08 **2019 Work RVU:** 1.08 **2007 NF PE RVU:** 3.76 **2019 NF PE RVU:** 10.90 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.08 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 est Medicare Utilization:** 26,479 **2007 Work RVU:** 1.08 **2019 Work RVU:** 1.08 **2007 NF PE RVU:** 4.82 **2019 NF PE RVU:** 9.73 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.08 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

95827 Electroencephalogram (EEG); all night recording **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 est Medicare Utilization:** 4,062 **2007 Work RVU:** 1.08 **2019 Work RVU:** 1.08 **2007 NF PE RVU:** 4.89 **2019 NF PE RVU:** 15.95 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	Global: XXX	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 est Medicare Utilization: 66,010	2007 Work RVU: 0.28 2007 NF PE RVU: 0.44 2007 Fac PE RVU: 0.12 2019 Work RVU: 0.28 2019 NF PE RVU: 0.61 2019 Fac PE RVU: 0.11
RUC Recommendation: Deleted from CPT			Referred to CPT September 2018	Result: Deleted from CPT	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side	Global: XXX	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 est Medicare Utilization: 6,900	2007 Work RVU: 0.29 2007 NF PE RVU: 0.34 2007 Fac PE RVU: 0.12 2019 Work RVU: 0.29 2019 NF PE RVU: 0.58 2019 Fac PE RVU: 0.13
RUC Recommendation: Refer to CPT for deletion.			Referred to CPT September 2018	Result: Deleted from CPT	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
95833	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands	Global: XXX	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 est Medicare Utilization: 1,004	2007 Work RVU: 0.47 2007 NF PE RVU: 0.55 2007 Fac PE RVU: 0.21 2019 Work RVU: 0.47 2019 NF PE RVU: 0.71 2019 Fac PE RVU: 0.14
RUC Recommendation: Refer to CPT for deletion.			Referred to CPT September 2018	Result: Deleted from CPT	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

95834	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands	Global: XXX	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 est Medicare Utilization: 479	2007 Work RVU: 0.60 2007 NF PE RVU: 0.61 2007 Fac PE RVU: 0.26 2019 Work RVU: 0.60 2019 NF PE RVU: 0.93 2019 Fac PE RVU: 0.25
RUC Recommendation: Refer to CPT for deletion.			Referred to CPT September 2018	Result: Deleted from CPT	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

95860	Needle electromyography; 1 extremity with or without related paraspinal areas	Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More- Part1 / Harvard-Valued Annual Allowed Charges over \$10 million	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 32	Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA	First Identified: October 2009	2018 est Medicare Utilization: 2,670	2007 Work RVU: 0.96 2007 NF PE RVU: 1.36 2007 Fac PE RVU: NA 2019 Work RVU: 0.96 2019 NF PE RVU: 2.42 2019 Fac PE RVU: NA
RUC Recommendation: 0.96			Referred to CPT February 2011 & October 2011	Result: Maintain	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

95861	Needle electromyography; 2 extremities with or without related paraspinal areas	Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 32	Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA	First Identified: February 2010	2018 est Medicare Utilization: 40,158	2007 Work RVU: 1.54 2007 NF PE RVU: 1.48 2007 Fac PE RVU NA 2019 Work RVU: 1.54 2019 NF PE RVU: 3.26 2019 Fac PE RVU: NA
RUC Recommendation: 1.54			Referred to CPT February 2011 & October 2011 & February 2012	Result: Maintain	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 207	2007 Work RVU: 1.87 2007 NF PE RVU: 1.79 2007 Fac PE RVU NA 2019 Work RVU: 1.87 2019 NF PE RVU: 4.18 2019 Fac PE RVU: NA
RUC Recommendation: 1.87			Referred to CPT February 2011 & October 2011	Result: Maintain	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 2,276	2007 Work RVU: 1.99 2007 NF PE RVU: 2.53 2007 Fac PE RVU NA 2019 Work RVU: 1.99 2019 NF PE RVU: 4.96 2019 Fac PE RVU: NA
RUC Recommendation: 1.99			Referred to CPT February 2011 & October 2011	Result: Maintain	
			Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

95867 Needle electromyography; cranial nerve supplied muscle(s), unilateral **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2018 est Medicare Utilization:** 1,241 **2007 Work RVU:** 0.79 **2019 Work RVU:** 0.79 **2007 NF PE RVU:** 0.98 **2019 NF PE RVU:** 2.15 **2007 Fac PE RVU** NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.79

Referred to CPT October 2011

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

Result: Maintain

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 est Medicare Utilization:** 5,019 **2007 Work RVU:** 1.18 **2019 Work RVU:** 1.18 **2007 NF PE RVU:** 1.26 **2019 NF PE RVU:** 2.68 **2007 Fac PE RVU** NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.18

Referred to CPT October 2011

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

Result: Maintain

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 est Medicare Utilization:** 479 **2007 Work RVU:** 0.37 **2019 Work RVU:** 0.37 **2007 NF PE RVU:** 0.53 **2019 NF PE RVU:** 2.27 **2007 Fac PE RVU** NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.37

Referred to CPT October 2011

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95870 Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab 19

Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA

First Identified: October 2011

2018 est Medicare Utilization: 47,003

2007 Work RVU: 0.37

2019 Work RVU: 0.37

2007 NF PE RVU: 0.53

2019 NF PE RVU: 2.18

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: 0.37

Referred to CPT October 2011

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

Result: Maintain

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 est Medicare Utilization: 140,867

2007 Work RVU:

2019 Work RVU: 0.35

2007 NF PE RVU:

2019 NF PE RVU: 1.36

2007 Fac PE RVU

2019 Fac PE RVU:NA

RUC Recommendation: 0.35

Referred to CPT February 2011 and October 2011

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

Result: Decrease

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 est Medicare Utilization: 951,890

2007 Work RVU:

2019 Work RVU: 0.86

2007 NF PE RVU:

2019 NF PE RVU: 1.78

2007 Fac PE RVU

2019 Fac PE RVU:NA

RUC Recommendation: 0.92

Referred to CPT February 2011 and October 2011

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

95887	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab 20	Specialty Developing Recommendation:	AAN, AAPMR, AANEM, ACNS, APTA	First Identified: February 2010	2018 est Medicare Utilization: 14,292	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 0.71 2019 NF PE RVU: 1.58 2019 Fac PE RVU: NA
RUC Recommendation: 0.73				Referred to CPT February 2011 and October 2011		Result: Decrease	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
95900	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study			Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: MPC List / Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 32	Specialty Developing Recommendation:	AAN, AAPMR, AANEM, APTA	First Identified: October 2010	2018 est Medicare Utilization:	2007 Work RVU: 0.42 2007 NF PE RVU: 1.18 2007 Fac PE RVU NA	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT				Referred to CPT October 2011& February 2012		Result: Deleted from CPT	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
95903	Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study			Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 32	Specialty Developing Recommendation:	AAN, AAPMR, AANEM, APTA	First Identified: September 2011	2018 est Medicare Utilization:	2007 Work RVU: 0.60 2007 NF PE RVU: 1.15 2007 Fac PE RVU NA	2019 Work RVU: 2019 NF PE RVU: 2019 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 <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

95904	Nerve conduction, amplitude and latency/velocity study, each nerve; sensory			Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 32	Specialty Developing Recommendation:	AAN, AAPMR, AANEM, APTA	First Identified: February 2010	2018 est Medicare Utilization:	2007 Work RVU: 0.34 2007 NF PE RVU: 1.03 2007 Fac PE RVU: NA	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT				Referred to CPT February 2011 & October 2011 & February 2012	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Deleted from CPT
<hr/>							
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 est Medicare Utilization: 7,007	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:	2019 Work RVU: 1.00 2019 NF PE RVU: 1.66 2019 Fac PE RVU: NA
RUC Recommendation: 1.00				Referred to CPT February 2012	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease
<hr/>							
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 est Medicare Utilization: 60,236	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU:	2019 Work RVU: 1.25 2019 NF PE RVU: 2.20 2019 Fac PE RVU: NA
RUC Recommendation: 1.37				Referred to CPT February 2012	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

95909 Nerve conduction studies; 5-6 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab 32

Specialty Developing
Recommendation:

AAN,
AAPMR,
AANEM,
APTA

First
Identified:

2018 est
Medicare
Utilization: 134,905

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 1.50
2019 NF PE RVU: 2.62
2019 Fac PE RVU:NA

RUC Recommendation: 1.77

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

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 est
Medicare
Utilization: 159,198

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 2.00
2019 NF PE RVU: 3.40
2019 Fac PE RVU:NA

RUC Recommendation: 2.80

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

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 est
Medicare
Utilization: 170,929

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 2.50
2019 NF PE RVU: 3.99
2019 Fac PE RVU:NA

RUC Recommendation: 3.34

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

95912 Nerve conduction studies; 11-12 studies

Global: XXX

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab 32

Specialty Developing Recommendation:

AAN, AAPMR, AANEM, APTA

First Identified:

2018 est Medicare Utilization: 80,062

2007 Work RVU:

2019 Work RVU: 3.00

2007 NF PE RVU:

2019 NF PE RVU: 4.28

2007 Fac PE RVU

2019 Fac PE RVU:NA

RUC Recommendation: 4.00

Referred to CPT February 2012

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

Result: Decrease

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 est Medicare Utilization: 79,507

2007 Work RVU:

2019 Work RVU: 3.56

2007 NF PE RVU:

2019 NF PE RVU: 4.85

2007 Fac PE RVU

2019 Fac PE RVU:NA

RUC Recommendation: 4.20

Referred to CPT February 2012

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

Result: Decrease

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: April 2012

Tab 33

Specialty Developing Recommendation:

AAN, AANEM

First Identified: October 2009

2018 est Medicare Utilization: 48,255

2007 Work RVU: 0.90

2019 Work RVU: 0.90

2007 NF PE RVU: 0.82

2019 NF PE RVU: 1.41

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: 0.90

Referred to CPT February 2012

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95922 Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab 33 Specialty Developing Recommendation: AAN, AANEM

First Identified: February 2008

2018 est Medicare Utilization: 3,020

2007 Work RVU: 0.96

2019 Work RVU: 0.96

2007 NF PE RVU: 1

2019 NF PE RVU: 1.68

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: 0.96

Referred to CPT February 2012

Referred to CPT Asst ☒

Published in CPT Asst: Dec 2008

Result: Maintain

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: April 2012

Tab 33 Specialty Developing Recommendation: AAN, AANEM

First Identified:

2018 est Medicare Utilization: 112,543

2007 Work RVU: 0.90

2019 Work RVU: 0.90

2007 NF PE RVU: 1.99

2019 NF PE RVU: 2.68

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: Review action plan. 0.90

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

95924 Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab 06 Specialty Developing Recommendation: AAN, AANEM

First Identified:

2018 est Medicare Utilization: 20,869

2007 Work RVU:

2019 Work RVU: 1.73

2007 NF PE RVU:

2019 NF PE RVU: 2.39

2007 Fac PE RVU

2019 Fac PE RVU:NA

RUC Recommendation: 1.73

Referred to CPT February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

95925 Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation:

AAN,
AANEM,
ACNS,
AAPMR

First Identified: February 2010

2018 est Medicare Utilization: 6,192

2007 Work RVU: 0.54

2019 Work RVU: 0.54

2007 NF PE RVU: 1.63

2019 NF PE RVU: 3.14

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: 0.54 and New PE Inputs

Referred to CPT October 2010

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

Result: Maintain

95926 Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs

Global: XXX

Issue: Evoked Potentials and Reflex Studies

Screen: Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation:

AAN,
AANEM,
ACNS,
AAPMR

First Identified: February 2010

2018 est Medicare Utilization: 6,594

2007 Work RVU: 0.54

2019 Work RVU: 0.54

2007 NF PE RVU: 1.59

2019 NF PE RVU: 3.02

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

RUC Recommendation: 0.54 and New PE Inputs

Referred to CPT October 2010

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	Global: XXX	Issue: Evoked Potentials and Reflex Studies	Screen: Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab 36	Specialty Developing Recommendation: AAN, AANEM, AAPMR, ACNS	First Identified: February 2010	2018 est Medicare Utilization: 248	2007 Work RVU: 1.50 2007 NF PE RVU: 3.25 2007 Fac PE RVU NA 2019 Work RVU: 1.50 2019 NF PE RVU: 4.62 2019 Fac PE RVU: NA
RUC Recommendation: 1.50			Referred to CPT October 2010	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
				Result: Maintain	

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 est Medicare Utilization: 1,262	2007 Work RVU: 1.50 2007 NF PE RVU: 3.48 2007 Fac PE RVU NA 2019 Work RVU: 1.50 2019 NF PE RVU: 4.77 2019 Fac PE RVU: NA
RUC Recommendation: 1.50			Referred to CPT October 2010	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
				Result: Maintain	

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 est Medicare Utilization: 62,189	2007 Work RVU: 0.35 2007 NF PE RVU: 2.34 2007 Fac PE RVU NA 2019 Work RVU: 0.35 2019 NF PE RVU: 1.57 2019 Fac PE RVU: NA
RUC Recommendation: 0.35			Referred to CPT May 2016	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
				Result: Maintain	

Status Report: CMS Requests and Relativity Assessment Issues

95934	H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle	Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 32	Specialty Developing Recommendation:	First Identified:	2018 est Medicare Utilization:	2007 Work RVU: 0.51 2007 NF PE RVU: 0.55 2007 Fac PE RVU NA 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2011 & February 2012	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
<hr/>					
95936	H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle	Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab 32	Specialty Developing Recommendation:	First Identified:	2018 est Medicare Utilization:	2007 Work RVU: 0.55 2007 NF PE RVU: 0.49 2007 Fac PE RVU NA 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2011 & February 2012	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
<hr/>					
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 est Medicare Utilization: 78,538	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU 2019 Work RVU: 0.86 2019 NF PE RVU: 8.85 2019 Fac PE RVU: NA
RUC Recommendation: 0.86 and new PE inputs			Referred to CPT October 2010	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:
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Status Report: CMS Requests and Relativity Assessment Issues

95939 Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab 34

Specialty Developing Recommendation:

AAN,
AANEM,
AAPMR,
ACNS

First Identified: January 2013

2018 est Medicare Utilization: 35,887

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2019 Work RVU: 2.25

2019 NF PE RVU: 12.14

2019 Fac PE RVU: NA

RUC Recommendation: 2.25 and new PE inputs

Referred to CPT October 2010

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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 est Medicare Utilization: 19,166

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2019 Work RVU: 0.60

2019 NF PE RVU: NA

2019 Fac PE RVU: 0.29

RUC Recommendation: 0.60

Referred to CPT February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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 est Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2019 Work RVU:

2019 NF PE RVU:

2019 Fac PE RVU:

RUC Recommendation: 2.00

Referred to CPT February 2012

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

95943 Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / Contractor Priced High Volume **Complete?** No

Most Recent **Tab** 35 **Specialty Developing** AAN, AANEM **First Identified:** January 2018 **2018 est Medicare Utilization:** 27,706

RUC Meeting: January 2019

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

RUC Recommendation: Refer to CPT for Deletion--RAW should discuss again before deletion

Referred to CPT May 2020

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

95950 Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 13 **Specialty Developing** AAN, ACNS **First Identified:** February 2009 **2018 est Medicare Utilization:** 1,443

RUC Meeting: October 2018

2007 Work RVU: 1.51 **2019 Work RVU:** 1.51
2007 NF PE RVU: 4.18 **2019 NF PE RVU:** 6.65
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT

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

95951 Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent **Tab** 13 **Specialty Developing** **First Identified:** October 2016 **2018 est Medicare Utilization:** 174,535

RUC Meeting: October 2018

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

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018

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

Status Report: CMS Requests and Relativity Assessment Issues

95953 Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent
RUC Meeting: October 2018

Tab 13 **Specialty Developing** AAN, ACNS
Recommendation:

First
Identified: February 2009

2018 est
Medicare
Utilization: 23,814

2007 Work RVU: 3.30

2019 Work RVU: 3.08

2007 NF PE RVU: 7.52

2019 NF PE RVU: 9.28

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

95954 Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test) **Global:** XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent
RUC Meeting: February 2008

Tab S **Specialty Developing** AAN, ACNS
Recommendation:

First
Identified: February 2008

2018 est
Medicare
Utilization: 673

2007 Work RVU: 2.45

2019 Work RVU: 2.45

2007 NF PE RVU: 4.38

2019 NF PE RVU: 8.70

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

95956 Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent
RUC Meeting: October 2018

Tab 13 **Specialty Developing** AAN, ACNS
Recommendation:

First
Identified: October 2008

2018 est
Medicare
Utilization: 4,584

2007 Work RVU: 3.08

2019 Work RVU: 3.61

2007 NF PE RVU: 15.47

2019 NF PE RVU: 37.18

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☒

Published in CPT Asst: Dec 2009

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95957 Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis) **Global:** XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab 50 **Specialty Developing Recommendation:** AAN

First Identified: July 2015

2018 est Medicare Utilization: 62,770

2007 Work RVU: 1.98

2019 Work RVU: 1.98

2007 NF PE RVU: 3.37

2019 NF PE RVU: 5.51

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 1.98

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 42,309

2007 Work RVU: 0.45

2019 Work RVU: 0.35

2007 NF PE RVU: 0.86

2019 NF PE RVU: 0.16

2007 Fac PE RVU 0.14

2019 Fac PE RVU:0.15

Result: Maintain

RUC Recommendation: 0.45

Referred to CPT June 2017

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 est Medicare Utilization: 26,408

2007 Work RVU: 0.78

2019 Work RVU: 0.78

2007 NF PE RVU: 0.66

2019 NF PE RVU: 0.59

2007 Fac PE RVU 0.22

2019 Fac PE RVU:0.32

Result: Maintain

RUC Recommendation: 0.78

Referred to CPT February 2015, June 2017

Referred to CPT Asst ☐

Published in CPT Asst:

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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:	Tab 07 Specialty Developing Recommendation: AUA, ACOG, AAPM, SIS, ACNS	First Identified:	2018 est Medicare Utilization:	2007 Work RVU:	2019 Work RVU:
	October 2017	February 2010	58,095	1.50	0.80
RUC Recommendation:	0.80	Referred to CPT	May 2014 February , June 2017	2007 NF PE RVU: 1.21	2019 NF PE RVU: 0.74
		Referred to CPT Asst	<input type="checkbox"/>	2007 Fac PE RVU 0.48	2019 Fac PE RVU:0.31
			Published in CPT Asst:	Result: Decrease	
95973	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Implanted Neurostimulator Electronic Analysis	Screen: Harvard Valued - Utilization over 100,000 / Final Rule for 2015	Complete? Yes
Most Recent RUC Meeting:	Tab 21 Specialty Developing Recommendation: AANS/CNS, ACOG, ASA, AUA, ISIS	First Identified:	2018 est Medicare Utilization:	2007 Work RVU:	2019 Work RVU:
	April 2015	February 2010		0.92	
RUC Recommendation:	Deleted from CPT	Referred to CPT	February 2015	2007 NF PE RVU: 0.61	2019 NF PE RVU:
		Referred to CPT Asst	<input type="checkbox"/>	2007 Fac PE RVU 0.32	2019 Fac PE RVU:
			Published in CPT Asst:	Result: Deleted from CPT	

Status Report: CMS Requests and Relativity Assessment Issues

95974 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2018 est Medicare Utilization:** 11,483 **2007 Work RVU:** 3.00 **2019 Work RVU:** **2007 NF PE RVU:** 1.65 **2019 NF PE RVU:** **2007 Fac PE RVU:** 1.19 **2019 Fac PE RVU:**

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jul 2016 **Result:** Deleted from CPT

95975 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2018 est Medicare Utilization:** 146 **2007 Work RVU:** 1.70 **2019 Work RVU:** **2007 NF PE RVU:** 0.86 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.67 **2019 Fac PE RVU:**

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jul 2016 **Result:** Deleted from CPT

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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 est Medicare Utilization:	2007 Work RVU:	2019 Work RVU:	0.73
								2007 NF PE RVU:	2019 NF PE RVU:	0.36
								2007 Fac PE RVU	2019 Fac PE RVU:	0.34
RUC Recommendation:	0.95 and Refer to CPT Assistant				Referred to CPT	June 2017	Result:	Maintain		
					Referred to CPT Asst	<input checked="" type="checkbox"/>	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 est Medicare Utilization:	2007 Work RVU:	2019 Work RVU: 0.97
								2007 NF PE RVU:	2019 NF PE RVU: 0.48
								2007 Fac PE RVU	2019 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	<input checked="" type="checkbox"/>	Published in CPT Asst:	February 2019		

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95978 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour **Global:** XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2018 est Medicare Utilization:** 37,009 **2007 Work RVU:** 3.50 **2019 Work RVU:** **2007 NF PE RVU:** 1.91 **2019 NF PE RVU:** **2007 Fac PE RVU:** 1.24 **2019 Fac PE RVU:** **RUC Meeting:** October 2017 **RUC Recommendation:** Code Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jul 2016 **Result:** Deleted from CPT

95979 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2018 est Medicare Utilization:** 5,846 **2007 Work RVU:** 1.64 **2019 Work RVU:** **2007 NF PE RVU:** 0.84 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.64 **2019 Fac PE RVU:** **RUC Meeting:** October 2017 **RUC Recommendation:** Code Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Jul 2016 **Result:** Deleted from CPT

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 **Tab** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2018 est Medicare Utilization:** 493 **2007 Work RVU:** **2019 Work RVU:** 0.80 **2007 NF PE RVU:** **2019 NF PE RVU:** NA **2007 Fac PE RVU:** **2019 Fac PE RVU:** 0.35 **RUC Meeting:** October 2017 **RUC Recommendation:** Not part of family **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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 est Medicare Utilization: 840	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 0.30 2019 NF PE RVU: 0.63 2019 Fac PE RVU: 0.17
RUC Recommendation: Not part of family		Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization: 1,402	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 0.65 2019 NF PE RVU: 0.81 2019 Fac PE RVU: 0.30
RUC Recommendation: Not part of family		Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 0.91 2019 NF PE RVU: 0.45 2019 Fac PE RVU: 0.43
RUC Recommendation: 1.25 and Refer to CPT Assistant		Referred to CPT June 2017 Referred to CPT Asst <input checked="" type="checkbox"/> 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 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** 0.80 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.39 **2007 Fac PE RVU** **2019 Fac PE RVU:** 0.38 **Result:** Maintain

RUC Recommendation: 1.00 and Refer to CPT Assistant **Referred to CPT** June 2017 **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 est Medicare Utilization:** 2,044 **2007 Work RVU:** 0.00 **2019 Work RVU:** 0.00 **2007 NF PE RVU:** 1.53 **2019 NF PE RVU:** 2.59 **2007 Fac PE RVU** NA **2019 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.00 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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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 est Medicare Utilization: 10,234

2007 Work RVU: 0.77

2019 Work RVU: 0.77

2007 NF PE RVU: 1.53

2019 NF PE RVU: 2.46

2007 Fac PE RVU NA

2019 Fac PE RVU:0.30

Result: Maintain

RUC Recommendation: 0.77

Referred to CPT October 2010

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 est Medicare Utilization: 101,004

2007 Work RVU:

2019 Work RVU: 0.75

2007 NF PE RVU:

2019 NF PE RVU: 0.46

2007 Fac PE RVU

2019 Fac PE RVU:0.28

Result: Maintain

RUC Recommendation: Remove from Modifier -51 Exempt list.

Referred to CPT

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

95X01 **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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: PE Only

RUC Recommendation: PE Only

Referred to CPT

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

95X02 **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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: PE Only

RUC Recommendation: PE Only

Referred to CPT

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

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95X03

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: PE Only

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst

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Published in CPT Asst:

95X04

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: PE Only

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst

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Published in CPT Asst:

95X05

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: PE Only

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst

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Published in CPT Asst:

95X06

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: PE Only

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst

☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

95X07

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: PE Only

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst

☐

Published in CPT Asst:

95X08

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: PE Only

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst

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Published in CPT Asst:

95X09

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: PE Only

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst

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Published in CPT Asst:

95X10

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: PE Only

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst

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Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

95X11

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: PE Only

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst

☐

Published in CPT Asst:

95X12

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: PE Only

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst

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Published in CPT Asst:

95X13

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: PE Only

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst

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Published in CPT Asst:

95X14

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 est
Medicare
Utilization:

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

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst

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Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

95X15				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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 2.50				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

95X16				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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 3.00				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

95X17				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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 3.86				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

95X18				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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 3.86				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

95X19

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 est
Medicare
Utilization:

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

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 4.70

Referred to CPT
Referred to CPT Asst

☐

Published in CPT Asst:

95X20

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 est
Medicare
Utilization:

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

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 4.75

Referred to CPT
Referred to CPT Asst

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Published in CPT Asst:

95X21

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 est
Medicare
Utilization:

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

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst

☐

Published in CPT Asst:

95X22

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 est
Medicare
Utilization:

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

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 5.40

Referred to CPT
Referred to CPT Asst

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Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

95X23				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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 7.58				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Global: XXX	Issue: Psychological and Neuro-psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes		
Most Recent RUC Meeting: October 2017	Tab 08	Specialty Developing Recommendation:	APA (psychology), AAP, ASHA, AAN	First Identified: July 2015	2018 est Medicare Utilization: 228,314	2007 Work RVU: 1.86 2007 NF PE RVU: 0.58 2007 Fac PE RVU 0.56	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT				Referred to CPT June 2017 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Deleted from CPT	

96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	Global:	XXX	Issue:	Psychological and Neuro-psychological Testing	Screen:	CMS High Expenditure Procedural Codes2	Complete?	Yes												
Most Recent RUC Meeting:	October 2017	Tab	08	Specialty Developing Recommendation:	APA (psychology), AAP, ASHA, AAN	First Identified:	July 2015	2018 est Medicare Utilization:	36,165	2007 Work RVU:	0.50	2019 Work RVU:		2007 NF PE RVU:	0.8	2019 NF PE RVU:		2007 Fac PE RVU	0.15	2019 Fac PE RVU:	
RUC Recommendation:	Deleted from CPT				Referred to CPT	June 2017				Result:	Deleted from CPT										
					Referred to CPT Asst	<input type="checkbox"/>	Published in CPT Asst:														

Status Report: CMS Requests and Relativity Assessment Issues

96103 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab 08

Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN

First Identified: April 2013

2018 est Medicare Utilization: 131,301

2007 Work RVU: 0.51
2007 NF PE RVU: 0.49
2007 Fac PE RVU 0.15

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017

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

Result: Deleted from CPT

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 est Medicare Utilization: 959

2007 Work RVU: 0.00
2007 NF PE RVU: 1.83
2007 Fac PE RVU NA

2019 Work RVU: 1.75
2019 NF PE RVU: 1.12
2019 Fac PE RVU: NA

RUC Recommendation: 1.75

Referred to CPT June 2017

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

Result: Decrease

96110 Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument

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: January 2017

2018 est Medicare Utilization:

2007 Work RVU: 0.00
2007 NF PE RVU: 0.18
2007 Fac PE RVU NA

2019 Work RVU: 0.00
2019 NF PE RVU: 0.27
2019 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT June 2017

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

96111 Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report **Global:** XXX **Issue:** Psychological and 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: January 2017

2018 est Medicare Utilization: 1,243

2007 Work RVU: 2.60

2007 NF PE RVU: 0.96

2007 Fac PE RVU 0.92

2019 Work RVU:

2019 NF PE RVU:

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017

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

Result: Deleted from CPT

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 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 est Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2019 Work RVU: 2.56

2019 NF PE RVU: 1.13

2019 Fac PE RVU:0.91

RUC Recommendation: 2.50

Referred to CPT June 2017

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

Result: Decrease

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 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 est Medicare Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2019 Work RVU: 1.16

2019 NF PE RVU: 0.48

2019 Fac PE RVU:0.42

RUC Recommendation: 1.10

Referred to CPT June 2017

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), 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 Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent **Tab** 08 **Specialty Developing** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2018 est Medicare Utilization:** 167,076 **2007 Work RVU:** 1.86 **2019 Work RVU:** 1.86 **2007 NF PE RVU:** 0.76 **2019 NF PE RVU:** 0.75 **2007 Fac PE RVU:** 0.59 **2019 Fac PE RVU:** 0.46
RUC Meeting: October 2017
RUC Recommendation: 1.86 **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

96118 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent **Tab** 08 **Specialty Developing** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2018 est Medicare Utilization:** 689,977 **2007 Work RVU:** 1.86 **2019 Work RVU:** **2007 NF PE RVU:** 1.25 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.56 **2019 Fac PE RVU:** **RUC Meeting:** October 2017
RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

96119 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent **Tab** 08 **Specialty Developing** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2018 est Medicare Utilization:** 184,182 **2007 Work RVU:** 0.55 **2019 Work RVU:** **2007 NF PE RVU:** 1.15 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.17 **2019 Fac PE RVU:** **RUC Meeting:** October 2017
RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

96120 Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report **Global:** XXX **Issue:** Psychological and Neuro-psychological 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 est Medicare Utilization: 40,869

2007 Work RVU: 0.51
2007 NF PE RVU: 1.04
2007 Fac PE RVU: 0.15

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017

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

Result: Deleted from CPT

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 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 est Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU:

2019 Work RVU: 1.71
2019 NF PE RVU: 0.53
2019 Fac PE RVU: 0.42

RUC Recommendation: 1.71

Referred to CPT June 2017

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

Result: Decrease

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 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: January 2016

2018 est Medicare Utilization: 3,100

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU:

2019 Work RVU: 1.70
2019 NF PE RVU: 1.35
2019 Fac PE RVU: NA

RUC Recommendation: 1.70

Referred to CPT June 2017

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 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: January 2016

2018 est Medicare Utilization: 285,831

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 0.00
2019 NF PE RVU: 0.14
2019 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT June 2017

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

Result: PE Only

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 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 est Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 2.56
2019 NF PE RVU: 0.64
2019 Fac PE RVU: 0.44

RUC Recommendation: 2.50

Referred to CPT June 2017

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

Result: Decrease

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 est Medicare Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU

2019 Work RVU: 1.96
2019 NF PE RVU: 0.48
2019 Fac PE RVU: 0.33

RUC Recommendation: 1.90

Referred to CPT June 2017

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **Tab** 08 **Specialty Developing** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** 2.56
RUC Meeting: October 2017 **Recommendation:** **2007 NF PE RVU:** **2019 NF PE RVU:** 1.06
2007 Fac PE RVU **2019 Fac PE RVU:**0.39
RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent **Tab** 08 **Specialty Developing** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** 1.96
RUC Meeting: October 2017 **Recommendation:** **2007 NF PE RVU:** **2019 NF PE RVU:** 0.80
2007 Fac PE RVU **2019 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 Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent **Tab** 20 **Specialty Developing** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2018 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** 0.55
RUC Meeting: October 2017 **Recommendation:** **2007 NF PE RVU:** **2019 NF PE RVU:** 0.75
2007 Fac PE RVU **2019 Fac PE RVU:**0.12
RUC Recommendation: 0.55 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 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 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** 0.46 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.75 **2007 Fac PE RVU:** **2019 Fac PE RVU:** 0.07 **RUC Recommendation:** 0.46 **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** 0.00 **2007 NF PE RVU:** **2019 NF PE RVU:** 1.07 **2007 Fac PE RVU:** **2019 Fac PE RVU:** NA **RUC Recommendation:** New PE Inputs **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** 0.00 **2007 NF PE RVU:** **2019 NF PE RVU:** 1.07 **2007 Fac PE RVU:** **2019 Fac PE RVU:** NA **RUC Recommendation:** New PE Inputs **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU	2019 Work RVU: 0.00 2019 NF PE RVU: 0.05 2019 Fac PE RVU:NA
RUC Recommendation:	New PE Inputs				Referred to CPT June 2017		Result: PE Only	
					Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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: 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 est Medicare Utilization: 55,393	2007 Work RVU: 0.50 2007 NF PE RVU: 0.16 2007 Fac PE RVU 0.16	2019 Work RVU: 0.50 2019 NF PE RVU: 0.13 2019 Fac PE RVU:0.08
RUC Recommendation:	Deleted from CPT				Referred to CPT September 2018		Result: Deleted from CPT	
					Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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: 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 est Medicare Utilization: 5,813	2007 Work RVU: 0.48 2007 NF PE RVU: 0.16 2007 Fac PE RVU 0.15	2019 Work RVU: 0.48 2019 NF PE RVU: 0.13 2019 Fac PE RVU:0.09
RUC Recommendation:	Deleted from CPT				Referred to CPT September 2018		Result: Deleted from CPT	
					Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	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 est Medicare Utilization: 103,655	2007 Work RVU: 0.46 2007 NF PE RVU: 0.15 2007 Fac PE RVU: 0.14 Result: Deleted from CPT	2019 Work RVU: 0.46 2019 NF PE RVU: 0.11 2019 Fac PE RVU: 0.07
RUC Recommendation: Deleted from CPT		Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	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 est Medicare Utilization: 45,163	2007 Work RVU: 0.10 2007 NF PE RVU: 0.04 2007 Fac PE RVU: 0.03 Result: Deleted from CPT	2019 Work RVU: 0.10 2019 NF PE RVU: 0.03 2019 Fac PE RVU: 0.01
RUC Recommendation: Deleted from CPT		Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	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: APA (psychology), NASW	First Identified: April 2017	2018 est Medicare Utilization: 10,420	2007 Work RVU: 0.45 2007 NF PE RVU: 0.15 2007 Fac PE RVU: 0.14 Result: Deleted from CPT	2019 Work RVU: 0.45 2019 NF PE RVU: 0.11 2019 Fac PE RVU: 0.06
RUC Recommendation: Deleted from CPT		Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/> Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

96155 Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present) **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 est Medicare Utilization:

2007 Work RVU: 0.44

2019 Work RVU: 0.44

2007 NF PE RVU: 0.16

2019 NF PE RVU: 0.17

2007 Fac PE RVU: 0.15

2019 Fac PE RVU: 0.17

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

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

961X0

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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 2.10

Referred to CPT September 2018

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

961X1

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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 1.45

Referred to CPT September 2018

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

Status Report: CMS Requests and Relativity Assessment Issues

961X2

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst ☐ Published in CPT Asst:

961X3

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 0.21

Referred to CPT September 2018
Referred to CPT Asst ☐ Published in CPT Asst:

961X4

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 est
Medicare
Utilization:

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Increase

2019 Work RVU:
2019 NF PE RVU:
2019 Fac PE RVU:

RUC Recommendation: 0.10

Referred to CPT September 2018
Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

961X5			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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 1.55			Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>						
961X6			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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 0.55			Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
<hr/>						
961X7			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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 1.50			Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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Status Report: CMS Requests and Relativity Assessment Issues

961X8		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 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase
RUC Recommendation: 0.54			Referred to CPT September 2018 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
<hr/>					
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 est Medicare Utilization: 216,845	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain
RUC Recommendation: 0.17			Referred to CPT N/A Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.17 2019 NF PE RVU: 0.88 2019 Fac PE RVU: NA
<hr/>					
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 est Medicare Utilization: 406,617	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain
RUC Recommendation: 0.09			Referred to CPT N/A Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.09 2019 NF PE RVU: 0.28 2019 Fac PE RVU: NA

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 1,213,655

2007 Work RVU:

2019 Work RVU: 0.21

2007 NF PE RVU:

2019 NF PE RVU: 1.77

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.21

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 568,866

2007 Work RVU:

2019 Work RVU: 0.18

2007 NF PE RVU:

2019 NF PE RVU: 0.42

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.18

Referred to CPT

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 est Medicare Utilization: 1,121,575

2007 Work RVU:

2019 Work RVU: 0.19

2007 NF PE RVU:

2019 NF PE RVU: 0.67

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.19

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 122,141

2007 Work RVU:

2019 Work RVU: 0.17

2007 NF PE RVU:

2019 NF PE RVU: 0.41

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.17

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 9,366,688

2007 Work RVU:

2019 Work RVU: 0.17

2007 NF PE RVU:

2019 NF PE RVU: 0.29

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.17

Referred to CPT N/A

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 est Medicare Utilization: 292,003

2007 Work RVU:

2019 Work RVU: 0.18

2007 NF PE RVU:

2019 NF PE RVU: 0.90

2007 Fac PE RVU

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.18

Referred to CPT N/A

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization: 1,619,627

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: Maintain

2019 Work RVU: 0.10
2019 NF PE RVU: 0.36
2019 Fac PE RVU: NA

RUC Recommendation: 0.10

Referred to CPT N/A

Referred to CPT Asst ☐

Published in CPT Asst:

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 est Medicare Utilization: 42,242

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU Result: Not Part of RAW

2019 Work RVU: 0.17
2019 NF PE RVU: 0.39
2019 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT N/A

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 est Medicare Utilization: 712,621

2007 Work RVU: 0.21
2007 NF PE RVU: 1.34
2007 Fac PE RVU Result: Maintain

2019 Work RVU: 0.21
2019 NF PE RVU: 1.98
2019 Fac PE RVU: NA

RUC Recommendation: 0.21

Referred to CPT N/A

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	Global: XXX	Issue: Chemotherapy Administration	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 27	Specialty Developing Recommendation: ASBMT, ASCO, ASH, AUA	First Identified: July 2015	2018 est Medicare Utilization: 394,723	2007 Work RVU: 0.19 2007 NF PE RVU: 0.94 2007 Fac PE RVU NA Result: Maintain 2019 Work RVU: 0.19 2019 NF PE RVU: 0.67 2019 Fac PE RVU: NA
RUC Recommendation: 0.19			Referred to CPT N/A Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 8,902	2007 Work RVU: 0.52 2007 NF PE RVU: 2.71 2007 Fac PE RVU 0.24 Result: PE Only 2019 Work RVU: 0.52 2019 NF PE RVU: 1.76 2019 Fac PE RVU: 0.29
RUC Recommendation: New PE inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 422	2007 Work RVU: 0.80 2007 NF PE RVU: 3.08 2007 Fac PE RVU 0.29 Result: PE Only 2019 Work RVU: 0.80 2019 NF PE RVU: 2.60 2019 Fac PE RVU: 0.45
RUC Recommendation: New PE inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 94,545	2007 Work RVU: 0.24 2007 NF PE RVU: 2.88 2007 Fac PE RVU NA Result: Maintain 2019 Work RVU: 0.24 2019 NF PE RVU: 2.74 2019 Fac PE RVU: NA
RUC Recommendation: 0.24			Referred to CPT N/A Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Chemotherapy Administration	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 27	Specialty Developing Recommendation: ASBMT, ASCO, ASH	First Identified: July 2015	2018 est Medicare Utilization: 169,598	2007 Work RVU: 0.20 2007 NF PE RVU: 1.58 2007 Fac PE RVU NA Result: Maintain 2019 Work RVU: 0.20 2019 NF PE RVU: 1.42 2019 Fac PE RVU: NA
RUC Recommendation: 0.20			Referred to CPT N/A Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 1,821,996	2007 Work RVU: 0.28 2007 NF PE RVU: 4.05 2007 Fac PE RVU NA Result: Maintain 2019 Work RVU: 0.28 2019 NF PE RVU: 3.61 2019 Fac PE RVU: NA
RUC Recommendation: 0.28 and new PE inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>					
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 est Medicare Utilization: 909,164	2007 Work RVU: 0.19 2007 NF PE RVU: 0.74 2007 Fac PE RVU NA Result: Maintain 2019 Work RVU: 0.19 2019 NF PE RVU: 0.65 2019 Fac PE RVU: NA
RUC Recommendation: 0.19 and new PE inputs			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

96416 Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2018 est Medicare Utilization:** 35,294 **2007 Work RVU:** 0.21 **2019 Work RVU:** 0.21 **2007 NF PE RVU:** 4.47 **2019 NF PE RVU:** 3.70 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: New PE inputs

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

96417 Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2018 est Medicare Utilization:** 373,678 **2007 Work RVU:** 0.21 **2019 Work RVU:** 0.21 **2007 NF PE RVU:** 1.89 **2019 NF PE RVU:** 1.67 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.21 and new PE inputs

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

96440 Chemotherapy administration into pleural cavity, requiring and including thoracentesis **Global:** 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** **First Identified:** NA **2018 est Medicare Utilization:** 98 **2007 Work RVU:** 2.37 **2019 Work RVU:** 2.12 **2007 NF PE RVU:** 7.48 **2019 NF PE RVU:** 21.08 **2007 Fac PE RVU:** 1.17 **2019 Fac PE RVU:** 0.96 **Result:** PE Only

RUC Recommendation: New PE inputs

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

Status Report: CMS Requests and Relativity Assessment Issues

96567 Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day **Global:** XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** AAD
RUC Meeting: January 2017 **Recommendation:**

First Identified: February 2008 **2018 est Medicare Utilization:** 80,427

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 2.4 **2019 NF PE RVU:** 3.49
2007 Fac PE RVU: NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.00 PE Only

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

96573 Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day **Global:** 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** AAD
RUC Meeting: January 2017 **Recommendation:**

First Identified: January 2017 **2018 est Medicare Utilization:** 33,594

2007 Work RVU: **2019 Work RVU:** 0.48
2007 NF PE RVU: **2019 NF PE RVU:** 5.19
2007 Fac PE RVU: **2019 Fac PE RVU:** NA
Result: Increase

RUC Recommendation: 0.48

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

96574 Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day **Global:** 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent **Tab** 16 **Specialty Developing** AAD
RUC Meeting: January 2017 **Recommendation:**

First Identified: January 2017 **2018 est Medicare Utilization:** 30,403

2007 Work RVU: **2019 Work RVU:** 1.01
2007 NF PE RVU: **2019 NF PE RVU:** 6.19
2007 Fac PE RVU: **2019 Fac PE RVU:** NA
Result: Increase

RUC Recommendation: 1.01

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

Status Report: CMS Requests and Relativity Assessment Issues

96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B			Global: XXX	Issue: Photo-chemotherapy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting:	April 2016	Tab 44	Specialty Developing Recommendation:	AAD	First Identified: July 2015	2018 est Medicare Utilization: 392,843	2007 Work RVU: 0.00 2007 NF PE RVU: 1.24 2007 Fac PE RVU: NA 2019 Work RVU: 0.00 2019 NF PE RVU: 3.22 2019 Fac PE RVU: NA
RUC Recommendation: PE Only					Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm			Global: 000	Issue: Laser Treatment – Skin	Screen: CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3	Complete? Yes
Most Recent RUC Meeting:	October 2019	Tab 17	Specialty Developing Recommendation:	AAD	First Identified: October 2008	2018 est Medicare Utilization: 110,165	2007 Work RVU: 1.15 2007 NF PE RVU: 2.8 2007 Fac PE RVU: 0.57 2019 Work RVU: 1.15 2019 NF PE RVU: 3.43 2019 Fac PE RVU: 0.69
RUC Recommendation: 1.15. Review in two years (Oct 2021)					Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization: 27,860	2007 Work RVU: 1.17 2007 NF PE RVU: 2.82 2007 Fac PE RVU: 0.57 2019 Work RVU: 1.30 2019 NF PE RVU: 3.72 2019 Fac PE RVU: 0.77
RUC Recommendation: 1.30. Review in two years (Oct 2021)					Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Sep 2016	

Status Report: CMS Requests and Relativity Assessment Issues

96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	Global: 000	Issue: Laser Treatment – Skin	Screen: High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis	Complete? Yes
Most Recent RUC Meeting: October 2019	Tab 17	Specialty Developing Recommendation: AAD	First Identified: October 2008	2018 est Medicare Utilization: 16,276	2007 Work RVU: 2.10 2007 NF PE RVU: 3.77 2007 Fac PE RVU: 0.73 2019 Work RVU: 2.10 2019 NF PE RVU: 4.70 2019 Fac PE RVU: 1.22
RUC Recommendation: 2.10. Review in two years (Oct 2021)			Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	Published in CPT Asst: Sep 2016	Result: Maintain
<hr/>					
96X11	Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed	Global:	Issue: Psychological and Neuro-psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2018	Tab 19	Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN	First Identified: June 2017	2018 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU: 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Rescind for CPT 2019			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Deleted from CPT
<hr/>					
97001	Physical therapy evaluation	Global: XXX	Issue: Physical Medicine and Rehabilitation Workgroup	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab 17	Specialty Developing Recommendation:	First Identified: September 2011	2018 est Medicare Utilization:	2007 Work RVU: 1.20 2007 NF PE RVU: 0.73 2007 Fac PE RVU: NA 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

97002 Physical therapy re-evaluation

Global: XXX

Issue: Physical Medicine and Rehabilitation Workgroup

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: October 2015

Tab 17

Specialty Developing
Recommendation:

First
Identified: February 2015

2018 est
Medicare
Utilization:

2007 Work RVU: 0.60

2019 Work RVU:

2007 NF PE RVU: 0.43

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

97003 Occupational therapy evaluation

Global: XXX

Issue: Physical Medicine and Rehabilitation Workgroup

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: October 2015

Tab 17

Specialty Developing
Recommendation:

First
Identified: February 2015

2018 est
Medicare
Utilization:

2007 Work RVU: 1.20

2019 Work RVU:

2007 NF PE RVU: 0.86

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ Published in CPT Asst:

97004 Occupational therapy re-evaluation

Global: XXX

Issue: Physical Medicine and Rehabilitation Workgroup

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: October 2015

Tab 17

Specialty Developing
Recommendation:

First
Identified: February 2015

2018 est
Medicare
Utilization:

2007 Work RVU: 0.60

2019 Work RVU:

2007 NF PE RVU: 0.64

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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 est Medicare Utilization:	2007 Work RVU: 0.06 2007 NF PE RVU: 0.06 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.06 2019 NF PE RVU: 0.11 2019 Fac PE RVU: NA
RUC Recommendation: No specialty society interest				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 557,616	2007 Work RVU: 0.25 2007 NF PE RVU: 0.13 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.25 2019 NF PE RVU: 0.16 2019 Fac PE RVU: NA
RUC Recommendation: 0.25				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:	2007 Work RVU: 0.18 2007 NF PE RVU: 0.19 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.18 2019 NF PE RVU: 0.23 2019 Fac PE RVU: NA
RUC Recommendation: 0.18				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 723,198	2007 Work RVU: 0.18 2007 NF PE RVU: 0.2 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.18 2019 NF PE RVU: 0.17 2019 Fac PE RVU:NA
RUC Recommendation: 0.18				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
97018 Application of a modality to 1 or more areas; paraffin bath				Global: XXX	Issue: Physical Medicine and Rehabilitation Services - Modalities	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 29	Specialty Developing Recommendation:	AOTA, APTA	First Identified: February 2010	2018 est Medicare Utilization: 159,848	2007 Work RVU: 0.06 2007 NF PE RVU: 0.12 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.06 2019 NF PE RVU: 0.13 2019 Fac PE RVU:NA
RUC Recommendation: 0.06				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
97022 Application of a modality to 1 or more areas; whirlpool				Global: XXX	Issue: Physical Medicine and Rehabilitation Services - Modalities	Screen: Physical Medicine and Rehabilitation Services	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 29	Specialty Developing Recommendation:	APTA	First Identified: April 2016	2018 est Medicare Utilization: 183,988	2007 Work RVU: 0.17 2007 NF PE RVU: 0.24 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.17 2019 NF PE RVU: 0.33 2019 Fac PE RVU:NA
RUC Recommendation: 0.17				Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	Global: XXX	Issue: Physical Medicine and Rehabilitation Services - Modalities	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab 29 Specialty Developing Recommendation: APTA	First Identified: July 2015	2018 est Medicare Utilization: 858,699	2007 Work RVU: 0.25 2007 NF PE RVU: 0.17 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.25 2019 NF PE RVU: 0.16 2019 Fac PE RVU: NA
RUC Recommendation: 0.25		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 64,788	2007 Work RVU: 0.26 2007 NF PE RVU: 0.31 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.26 2019 NF PE RVU: 0.32 2019 Fac PE RVU: NA
RUC Recommendation: 0.26		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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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 est Medicare Utilization: 8,337	2007 Work RVU: 0.21 2007 NF PE RVU: 0.16 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.21 2019 NF PE RVU: 0.21 2019 Fac PE RVU: NA
RUC Recommendation: 0.21		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 2,158,943

2007 Work RVU: 0.21

2019 Work RVU: 0.21

2007 NF PE RVU: 0.1

2019 NF PE RVU: 0.17

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.21

Referred to CPT

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 est Medicare Utilization: 56,526,244

2007 Work RVU: 0.45

2019 Work RVU: 0.45

2007 NF PE RVU: 0.28

2019 NF PE RVU: 0.40

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.45

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

97112 Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

Global: XXX

Issue: Physical Medicine and Rehabilitation Services - Therapeutic

Screen: CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 29 Specialty Developing Recommendation: APTA, AOTA

First Identified: September 2011

2018 est Medicare Utilization: 14,592,131

2007 Work RVU: 0.45

2019 Work RVU: 0.50

2007 NF PE RVU: 0.32

2019 NF PE RVU: 0.47

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 0.50

Referred to CPT

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 est Medicare Utilization: 1,741,146	2007 Work RVU: 0.44 2007 NF PE RVU: 0.43 2007 Fac PE RVU: NA 2019 Work RVU: 0.48 2019 NF PE RVU: 0.60 2019 Fac PE RVU:NA
RUC Recommendation: 0.48					Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)			Global: XXX	Issue: Physical Medicine and Rehabilitation Services - Therapeutic	Screen: Codes Reported Together 75% or More- Part1 / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting:	January 2017	Tab 29	Specialty Developing Recommendation:	APTA	First Identified: February 2010	2018 est Medicare Utilization: 2,281,056	2007 Work RVU: 0.40 2007 NF PE RVU: 0.25 2007 Fac PE RVU: NA 2019 Work RVU: 0.45 2019 NF PE RVU: 0.39 2019 Fac PE RVU:NA
RUC Recommendation: 0.45					Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Increase
97127	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact			Global: XXX	Issue: Cognitive Function Intervention	Screen: High Volume Growth3	Complete? Yes
Most Recent RUC Meeting:	January 2017	Tab 29	Specialty Developing Recommendation:		First Identified: January 2017	2018 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU 2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: 1.50					Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Decrease

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 est Medicare Utilization: 27,689,213	2007 Work RVU: 0.43 2007 NF PE RVU: 0.26 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.43 2019 NF PE RVU: 0.35 2019 Fac PE RVU: NA
RUC Recommendation: 0.43		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 1,237,856	2007 Work RVU: 0.27 2007 NF PE RVU: 0.19 2007 Fac PE RVU NA Result: Increase	2019 Work RVU: 0.29 2019 NF PE RVU: 0.22 2019 Fac PE RVU: NA
RUC Recommendation: 0.29		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Global: XXX	Issue: Physical Medicine and Rehabilitation Services	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab 17 Specialty Developing Recommendation: AOTA, APTA	First Identified: February 2015	2018 est Medicare Utilization: 1,394,666	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Decrease	2019 Work RVU: 1.20 2019 NF PE RVU: 1.15 2019 Fac PE RVU: NA
RUC Recommendation: 0.75		Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

97162

Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.

Global: XXX

Issue: Physical Medicine and Rehabilitation Services

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent RUC Meeting:

October 2015

Tab 17

Specialty Developing Recommendation:

AOTA, APTA

First Identified:

February 2015

2018 est Medicare Utilization:

1,305,605

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

Result: Decrease

2019 Work RVU:

1.20

2019 NF PE RVU:

1.15

2019 Fac PE RVU:

NA

RUC Recommendation:

1.18

Referred to CPT

February 2015

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 est Medicare Utilization:

306,263

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

Result: Maintain

2019 Work RVU:

1.20

2019 NF PE RVU:

1.15

2019 Fac PE RVU:

NA

RUC Recommendation:

1.50

Referred to CPT

February 2015

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 est Medicare Utilization: 528,310

2007 Work RVU:

2019 Work RVU: 0.75

2007 NF PE RVU:

2019 NF PE RVU: 0.85

2007 Fac PE RVU

2019 Fac PE RVU: NA

RUC Recommendation: 0.75

Referred to CPT February 2015

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

Result: Increase

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 est Medicare Utilization: 126,686

2007 Work RVU:

2019 Work RVU: 1.20

2007 NF PE RVU:

2019 NF PE RVU: 1.33

2007 Fac PE RVU

2019 Fac PE RVU: NA

RUC Recommendation: 0.88

Referred to CPT February 2015

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

Result: Decrease

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 est Medicare Utilization: 89,131	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Maintain	2019 Work RVU: 1.20 2019 NF PE RVU: 1.33 2019 Fac PE RVU:NA
RUC Recommendation:	1.20			Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 20,790	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Increase	2019 Work RVU: 1.20 2019 NF PE RVU: 1.33 2019 Fac PE RVU:NA
RUC Recommendation:	1.70			Referred to CPT February 2015 Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 30,825	2007 Work RVU:	2019 Work RVU: 0.75
						2007 NF PE RVU:	2019 NF PE RVU: 0.99
						2007 Fac PE RVU Result: Increase	2019 Fac PE RVU:NA
RUC Recommendation:	0.80			Referred to CPT February 2015			
				Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 15,875,205	2007 Work RVU: 0.44	2019 Work RVU: 0.44
						2007 NF PE RVU: 0.34	2019 NF PE RVU: 0.67
						2007 Fac PE RVU NA	2019 Fac PE RVU:NA
RUC Recommendation:	0.44			Referred to CPT		Result: Maintain	
				Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	Global: XXX	Issue: Cognitive Function Intervention	Screen: High Volume Growth2 / High Volume Growth3	Complete? Yes		
Most Recent RUC Meeting:	January 2017	Tab 29	Specialty Developing Recommendation: APTA, AOTA, ASHA, APA (psychology)	First Identified: April 2013	2018 est Medicare Utilization:	2007 Work RVU: 0.44	2019 Work RVU:
						2007 NF PE RVU: 0.21	2019 NF PE RVU:
						2007 Fac PE RVU NA	2019 Fac PE RVU:
RUC Recommendation:	Deleted from CPT			Referred to CPT September 2016		Result: Deleted from CPT	
				Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 11,522	2007 Work RVU: 0.44 2007 NF PE RVU: 0.25 2007 Fac PE RVU NA Result: Increase 2019 Work RVU: 0.48 2019 NF PE RVU: 0.71 2019 Fac PE RVU: NA
RUC Recommendation: 0.48	Referred to CPT Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization: 1,601,441	2007 Work RVU: 0.45 2007 NF PE RVU: 0.34 2007 Fac PE RVU NA Result: Maintain 2019 Work RVU: 0.45 2019 NF PE RVU: 0.50 2019 Fac PE RVU: NA
RUC Recommendation: 0.45	Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/> Published in CPT Asst: Article no longer necessary			
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 est Medicare Utilization: 6,485	2007 Work RVU: 0.45 2007 NF PE RVU: 0.27 2007 Fac PE RVU NA Result: Increase 2019 Work RVU: 0.48 2019 NF PE RVU: 0.43 2019 Fac PE RVU: NA
RUC Recommendation: 0.48	Referred to CPT Referred to CPT Asst <input type="checkbox"/> 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 est Medicare Utilization:** 50,251 **2007 Work RVU:** 0.45 **2019 Work RVU:** 0.48 **2007 NF PE RVU:** 0.28 **2019 NF PE RVU:** 0.44 **2007 Fac PE RVU:** NA **2019 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.48 **Referred to CPT** **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 est Medicare Utilization:** 951,615 **2007 Work RVU:** 0.58 **2019 Work RVU:** 0.51 **2007 NF PE RVU:** 0.77 **2019 NF PE RVU:** 1.99 **2007 Fac PE RVU:** 0.53 **2019 Fac PE RVU:** 0.15 **Result:** Increase

RUC Recommendation: 0.88 **Referred to CPT** **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 est Medicare Utilization:** 133,526 **2007 Work RVU:** 0.80 **2019 Work RVU:** 0.24 **2007 NF PE RVU:** 0.91 **2019 NF PE RVU:** 0.54 **2007 Fac PE RVU:** 0.64 **2019 Fac PE RVU:** 0.07 **Result:** Increase

RUC Recommendation: 0.50 **Referred to CPT** **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 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

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 est Medicare Utilization: 50,748

2007 Work RVU: 0.55

2019 Work RVU: 0.55

2007 NF PE RVU: 0.36

2019 NF PE RVU: 0.67

2007 Fac PE RVU 0.2

2019 Fac PE RVU: 0.17

Result: Maintain

RUC Recommendation: 0.55

Referred to CPT

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 est Medicare Utilization: 14,918

2007 Work RVU: 0.60

2019 Work RVU: 0.60

2007 NF PE RVU: 0.37

2019 NF PE RVU: 0.84

2007 Fac PE RVU 0.21

2019 Fac PE RVU: 0.18

Result: Maintain

RUC Recommendation: 0.60

Referred to CPT

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 est
Medicare
Utilization: 4,943

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

2019 Work RVU: 0.00
2019 NF PE RVU: 0.00
2019 Fac PE RVU: 0.00

RUC Recommendation: 0.11

Referred to CPT
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 est
Medicare
Utilization: 1,091

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

2019 Work RVU: 0.00
2019 NF PE RVU: 0.00
2019 Fac PE RVU: 0.00

RUC Recommendation: 0.46

Referred to CPT
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 est
Medicare
Utilization: 6,786

2007 Work RVU:
2007 NF PE RVU:
2007 Fac PE RVU
Result: Maintain

2019 Work RVU: 0.35
2019 NF PE RVU: 6.02
2019 Fac PE RVU: 0.11

RUC Recommendation: Maintain

Referred to CPT
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** APTA, AOTA
Recommendation:

First Identified: February 2008

2018 est
Medicare
Utilization: 3,083

2007 Work RVU: 0.62

2019 Work RVU: 0.62

2007 NF PE RVU: 0.28

2019 NF PE RVU: 0.44

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Remove from screen

RUC Recommendation: Remove from screen

Referred to CPT

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** APTA, AOTA
Recommendation:

First Identified: April 2016

2018 est
Medicare
Utilization: 58,629

2007 Work RVU: 0.45

2019 Work RVU: 0.50

2007 NF PE RVU: 0.36

2019 NF PE RVU: 0.83

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 0.50

Referred to CPT September 2016

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** APTA
Recommendation:

First Identified: April 2016

2018 est
Medicare
Utilization: 3,250

2007 Work RVU: 0.45

2019 Work RVU: 0.50

2007 NF PE RVU: 0.29

2019 NF PE RVU: 0.64

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Increase

RUC Recommendation: 0.50

Referred to CPT September 2016

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent **Tab** 29 **Specialty Developing** APTA
RUC Meeting: January 2017 **Recommendation:**

First
Identified: April 2016

2018 est
Medicare
Utilization:

2007 Work RVU: 0.25

2019 Work RVU:

2007 NF PE RVU: 0.5

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 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

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 **Tab** 29 **Specialty Developing** APTA, AOTA
RUC Meeting: January 2017 **Recommendation:**

First
Identified: April 2016

2018 est
Medicare
Utilization: 34,108

2007 Work RVU:

2019 Work RVU: 0.48

2007 NF PE RVU:

2019 NF PE RVU: 0.93

2007 Fac PE RVU

2019 Fac PE RVU: NA

RUC Recommendation: 0.48

Referred to CPT

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

Result: Increase

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 **Tab** 53 **Specialty Developing** ADA, AGA, AACE
RUC Meeting: April 2008 **Recommendation:**

First
Identified: NA

2018 est
Medicare
Utilization: 216,960

2007 Work RVU: 0.45

2019 Work RVU: 0.53

2007 NF PE RVU: 0.39

2019 NF PE RVU: 0.50

2007 Fac PE RVU 0.38

2019 Fac PE RVU: 0.41

RUC Recommendation: 0.53

Referred to CPT

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

Result: Increase

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 est Medicare Utilization:** 202,259 **2007 Work RVU:** 0.37 **2019 Work RVU:** 0.45 **2007 NF PE RVU:** 0.38 **2019 NF PE RVU:** 0.44 **2007 Fac PE RVU:** 0.38 **2019 Fac PE RVU:** 0.35 **Result:** Increase

RUC Recommendation: 0.45 **Referred to CPT** **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 est Medicare Utilization:** 69,687 **2007 Work RVU:** 0.45 **2019 Work RVU:** 0.46 **2007 NF PE RVU:** 0.31 **2019 NF PE RVU:** 0.40 **2007 Fac PE RVU:** 0.14 **2019 Fac PE RVU:** 0.19 **Result:** Increase

RUC Recommendation: 0.50 **Referred to CPT** **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 est Medicare Utilization:** 110,467 **2007 Work RVU:** 0.65 **2019 Work RVU:** 0.71 **2007 NF PE RVU:** 0.4 **2019 NF PE RVU:** 0.53 **2007 Fac PE RVU:** 0.23 **2019 Fac PE RVU:** 0.27 **Result:** Increase

RUC Recommendation: 0.75 **Referred to CPT** **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 est Medicare Utilization:** 96,306 **2007 Work RVU:** 0.87 **2019 Work RVU:** 0.96 **2007 NF PE RVU:** 0.49 **2019 NF PE RVU:** 0.67 **2007 Fac PE RVU:** 0.28 **2019 Fac PE RVU:** 0.34 **Result:** Increase

RUC Recommendation: 1.00 **Referred to CPT** **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 est Medicare Utilization: 100,818	2007 Work RVU: 1.03 2007 NF PE RVU: 0.57 2007 Fac PE RVU: 0.32 Result: Increase	2019 Work RVU: 1.21 2019 NF PE RVU: 0.77 2019 Fac PE RVU: 0.42
RUC Recommendation: 1.25				Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>							
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 est Medicare Utilization: 73,537	2007 Work RVU: 1.19 2007 NF PE RVU: 0.65 2007 Fac PE RVU: 0.35 Result: Increase	2019 Work RVU: 1.46 2019 NF PE RVU: 0.91 2019 Fac PE RVU: 0.52
RUC Recommendation: 1.50				Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>							
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 est Medicare Utilization: 5,782,661	2007 Work RVU: 0.45 2007 NF PE RVU: 0.23 2007 Fac PE RVU: 0.12 Result: Increase	2019 Work RVU: 0.46 2019 NF PE RVU: 0.32 2019 Fac PE RVU: 0.16
RUC Recommendation: 0.46				Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	
<hr/>							
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 est Medicare Utilization: 13,277,570	2007 Work RVU: 0.65 2007 NF PE RVU: 0.29 2007 Fac PE RVU: 0.17 Result: Increase	2019 Work RVU: 0.71 2019 NF PE RVU: 0.43 2019 Fac PE RVU: 0.25
RUC Recommendation: 0.71				Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 893,145

2007 Work RVU: 0.87

2019 Work RVU: 0.96

2007 NF PE RVU: 0.36

2019 NF PE RVU: 0.51

2007 Fac PE RVU: 0.23

2019 Fac PE RVU: 0.34

Result: Increase

RUC Recommendation: 0.96

Referred to CPT

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 est Medicare Utilization:

2007 Work RVU: 0.40

2019 Work RVU: 0.46

2007 NF PE RVU: 0.22

2019 NF PE RVU: 0.28

2007 Fac PE RVU: 0.14

2019 Fac PE RVU: 0.18

Result: Increase

RUC Recommendation: 0.46

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

99143 Deleted from CPT **Global:** XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

First Identified: January 2014

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU: 0

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

99144 Deleted from CPT

Global: XXX

Issue: Moderate Sedation Services

Screen: Moderate Sedation Review

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab 14

Specialty Developing Recommendation:

AAP,
AAOMS,
ACC,
CHEST,
ACEP, ACG,
ACR, AGA,
ASGE, ASA,
ATS, HRS,
SIR, SVS,
SCAI

First Identified: January 2014

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

99148 Deleted from CPT

Global: XXX

Issue: Moderate Sedation Services

Screen: Moderate Sedation Review

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab 14

Specialty Developing Recommendation:

AAP,
AAOMS,
ACC,
CHEST,
ACEP, ACG,
ACR, AGA,
ASGE, ASA,
ATS, HRS,
SIR, SVS,
SCAI

First Identified: January 2014

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

99149 Deleted from CPT

Global: XXX

Issue: Moderate Sedation Services

Screen: Moderate Sedation Review

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab 14

Specialty Developing Recommendation:

AAP,
AAOMS,
ACC,
CHEST,
ACEP, ACG,
ACR, AGA,
ASGE, ASA,
ATS, HRS,
SIR, SVS,
SCAI

First Identified: January 2014

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

99150 Deleted from CPT

Global: ZZZ

Issue: Moderate Sedation Services

Screen: Moderate Sedation Review

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab 14

Specialty Developing Recommendation:

AAP,
AAOMS,
ACC,
CHEST,
ACEP, ACG,
ACR, AGA,
ASGE, ASA,
ATS, HRS,
SIR, SVS,
SCAI

First Identified: January 2014

2018 est Medicare Utilization:

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0

2019 NF PE RVU:

2007 Fac PE RVU 0

2019 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

99151 Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab 14

Specialty Developing Recommendation:

AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

First Identified: January 2014

2018 est Medicare Utilization: 17

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2019 Work RVU: 0.50

2019 NF PE RVU: 1.57

2019 Fac PE RVU: 0.17

RUC Recommendation: 0.50

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

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 est Medicare Utilization: 1,806,607

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

2019 Work RVU: 0.25

2019 NF PE RVU: 1.17

2019 Fac PE RVU: 0.08

RUC Recommendation: 0.25

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Maintain

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 est Medicare Utilization: 44

2007 Work RVU:

2019 Work RVU: 1.90

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:0.46

RUC Recommendation: 1.90

Referred to CPT

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

Result: Maintain

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 est Medicare Utilization: 7,672

2007 Work RVU:

2019 Work RVU: 1.65

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU:0.44

RUC Recommendation: 1.84

Referred to CPT

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

Result: Maintain

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 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** 0.00 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.15 **2007 Fac PE RVU** **2019 Fac PE RVU:** NA **Result:** PE Only **RUC Recommendation:** PE Only **Referred to CPT** May 2014 **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 est Medicare Utilization:** **2007 Work RVU:** **2019 Work RVU:** 0.00 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.12 **2007 Fac PE RVU** **2019 Fac PE RVU:** NA **Result:** PE Only **RUC Recommendation:** PE Only **Referred to CPT** May 2014 **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 est Medicare Utilization:** 405,002 **2007 Work RVU:** 2.34 **2019 Work RVU:** 2.11 **2007 NF PE RVU:** 3.08 **2019 NF PE RVU:** 0.76 **2007 Fac PE RVU** 0.69 **2019 Fac PE RVU:** 0.76 **Result:** Decrease **RUC Recommendation:** 2.11 **Referred to CPT** **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 est Medicare Utilization: 69,844	2007 Work RVU: 0.45 2007 NF PE RVU: NA 2007 Fac PE RVU 0.09 Result: Increase
RUC Recommendation: 0.48			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.45 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.11
<hr/>					
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 est Medicare Utilization: 363,922	2007 Work RVU: 0.88 2007 NF PE RVU: NA 2007 Fac PE RVU 0.15 Result: Increase
RUC Recommendation: 0.93			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 0.88 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.21

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 est Medicare Utilization: 2,976,015	2007 Work RVU: 1.34 2007 NF PE RVU: NA 2007 Fac PE RVU 0.3 Result: Increase
RUC Recommendation: 1.42			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 1.34 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.29

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 est Medicare Utilization: 5,613,177	2007 Work RVU: 2.56 2007 NF PE RVU: NA 2007 Fac PE RVU 0.47 Result: Increase
RUC Recommendation: 2.60			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	2019 Work RVU: 2.56 2019 NF PE RVU: NA 2019 Fac PE RVU: 0.53

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 est Medicare Utilization:** 11,490,754 **2007 Work RVU:** 3.80 **2019 Work RVU:** 3.80 **2007 NF PE RVU:** NA **2019 NF PE RVU:** NA **2007 Fac PE RVU:** 0.71 **2019 Fac PE RVU:** 0.74 **Result:** Maintain

RUC Recommendation: 3.80 **Referred to CPT** **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: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab 19** **Specialty Developing Recommendation:** **First Identified:** September 2016 **2018 est Medicare Utilization:** **2007 Work RVU:** 1.65 **2019 Work RVU:** **2007 NF PE RVU:** 1.29 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.38 **2019 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **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: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab 19** **Specialty Developing Recommendation:** **First Identified:** September 2016 **2018 est Medicare Utilization:** **2007 Work RVU:** 0.63 **2019 Work RVU:** **2007 NF PE RVU:** 0.38 **2019 NF PE RVU:** **2007 Fac PE RVU:** 0.15 **2019 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **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 est Medicare Utilization:	2007 Work RVU: 1.73 2007 NF PE RVU: 1.35 2007 Fac PE RVU 1.26 Result: Remove from screen	2019 Work RVU: 1.73 2019 NF PE RVU: 1.11 2019 Fac PE RVU:0.67
RUC Recommendation: RUC recommended to survey but no specialty society interest followed.		Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:	2007 Work RVU: 1.73 2007 NF PE RVU: 1.64 2007 Fac PE RVU 1.56 Result: Remove from screen	2019 Work RVU: 1.73 2019 NF PE RVU: 1.11 2019 Fac PE RVU:0.67
RUC Recommendation: RUC recommended to survey but no specialty society interest followed.		Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU: 1.45

2007 NF PE RVU:

2019 NF PE RVU: 0.79

2007 Fac PE RVU

2019 Fac PE RVU: 0.79

Result: Not part of RAW

RUC Recommendation: 1.45. Refer to CPT Assistant

Referred to CPT

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: **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** No

Most Recent RUC Meeting:

Tab **Specialty Developing Recommendation:**

First Identified: October 2019

2018 est Medicare Utilization:

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result:

RUC Recommendation: Review action plan

Referred to CPT

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			Global:	Issue: Psychiatric Collaborative Care Management Services	Screen: Work Neutrality 2018	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: October 2019	2018 est Medicare Utilization:	2007 Work RVU:	2007 NF PE RVU:	2019 Work RVU:
RUC Recommendation: Review action plan				Referred to CPT	2007 Fac PE RVU		2019 NF PE RVU:
				Referred to CPT Asst <input type="checkbox"/>	Result:		2019 Fac PE RVU:
				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:	Issue: Psychiatric Collaborative Care Management Services	Screen: Work Neutrality 2018	Complete? No
Most Recent RUC Meeting:	Tab	Specialty Developing Recommendation:	First Identified: October 2019	2018 est Medicare Utilization:	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2019 Work RVU: 2019 NF PE RVU: 2019 Fac PE RVU:
RUC Recommendation: Review action plan			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 1,408,511	2007 Work RVU: 1.50 2007 NF PE RVU: 0.80 2007 Fac PE RVU: 0.63
RUC Recommendation: Review in 2 years			Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization: 46,394	2007 Work RVU: 1.40 2007 NF PE RVU: 0.62 2007 Fac PE RVU: 0.61
RUC Recommendation: Review in 2 years			Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/>	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 est Medicare Utilization: 945,253	2007 Work RVU: 0.45 2007 NF PE RVU: 0.58 2007 Fac PE RVU: 0.29
RUC Recommendation: Remove from screen			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Remove from Screen

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 est
Medicare
Utilization: 35,292

2007 Work RVU: 0.17

2019 Work RVU: 0.17

2007 NF PE RVU: 0.37

2019 NF PE RVU: 0.42

2007 Fac PE RVU 0.06

2019 Fac PE RVU:0.07

Result: Remove from screen

RUC Recommendation: Remove from screen

Referred to CPT

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 est
Medicare
Utilization: 2,504

2007 Work RVU: 0.96

2019 Work RVU: 0.84

2007 NF PE RVU: 2.33

2019 NF PE RVU: 3.85

2007 Fac PE RVU 0.53

2019 Fac PE RVU:0.68

Result: Decrease

RUC Recommendation: 0.84

Referred to CPT October 2013

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 est
Medicare
Utilization: 254,406

2007 Work RVU: 3.69

2019 Work RVU: 3.26

2007 NF PE RVU: 6.2

2019 NF PE RVU: 5.29

2007 Fac PE RVU 1.57

2019 Fac PE RVU:1.71

Result: Decrease

RUC Recommendation: 3.36

Referred to CPT

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 est
Medicare
Utilization: 159,617

2007 Work RVU: 0.00

2019 Work RVU: 0.90

2007 NF PE RVU: 0.77

2019 NF PE RVU: 0.57

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.90

Referred to CPT

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 est Medicare Utilization: 107,853

2007 Work RVU: 0.00

2019 Work RVU: 0.25

2007 NF PE RVU: 0.44

2019 NF PE RVU: 0.15

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Maintain

RUC Recommendation: 0.25

Referred to CPT

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 est Medicare Utilization: 234,124

2007 Work RVU: 3.69

2019 Work RVU: 3.26

2007 NF PE RVU: 6.2

2019 NF PE RVU: 5.29

2007 Fac PE RVU 1.57

2019 Fac PE RVU:1.71

Result: Decrease

RUC Recommendation: 3.36

Referred to CPT

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 est Medicare Utilization: 50,895

2007 Work RVU: 0.42

2019 Work RVU: 0.42

2007 NF PE RVU: 0.21

2019 NF PE RVU: 0.48

2007 Fac PE RVU 0.21

2019 Fac PE RVU:0.48

Result: Maintain

RUC Recommendation: 0.42

Referred to CPT

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 est Medicare Utilization: 995,804	2007 Work RVU: 0.17 2007 NF PE RVU: 0.28 2007 Fac PE RVU: 0.07	2019 Work RVU: 0.17 2019 NF PE RVU: 0.51 2019 Fac PE RVU: 0.04
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Remove from Screen	

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 est Medicare Utilization: 4,027	2007 Work RVU: 0.42 2007 NF PE RVU: 0.21 2007 Fac PE RVU: 0.21	2019 Work RVU: 0.42 2019 NF PE RVU: 0.48 2019 Fac PE RVU: 0.48
RUC Recommendation: 0.42		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: Maintain	

G0166	External counterpulsation, per treatment session	Global: XXX	Issue: External Counterpulsation	Screen: CMS-Other - Utilization over 100,000 / CMS Request - NPRM for 2020	Complete? Yes
Most Recent RUC Meeting: October 2019	Tab 14 Specialty Developing Recommendation: ACC	First Identified: April 2016	2018 est Medicare Utilization: 109,870	2007 Work RVU: 0.07 2007 NF PE RVU: 3.81 2007 Fac PE RVU: NA	2019 Work RVU: 0.07 2019 NF PE RVU: 3.86 2019 Fac PE RVU: NA
RUC Recommendation: 0.00 (PE Only)		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:	Result: PE Only	

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 est Medicare Utilization: 43,647	2007 Work RVU: 0.45 2007 NF PE RVU: 1.84 2007 Fac PE RVU: 0.22 Result: Maintain	2019 Work RVU: 0.45 2019 NF PE RVU: 2.43 2019 Fac PE RVU: 0.30
RUC Recommendation: 0.45		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 836,830	2007 Work RVU: 0.45 2007 NF PE RVU: 0.89 2007 Fac PE RVU: NA Result: Remove from screen	2019 Work RVU: 0.45 2019 NF PE RVU: 0.70 2019 Fac PE RVU: NA
RUC Recommendation: RUC recommended to survey but no specialty society interest followed.		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 1,154,172	2007 Work RVU: 0.67 2007 NF PE RVU: 1.09 2007 Fac PE RVU: NA Result: Remove from screen	2019 Work RVU: 0.67 2019 NF PE RVU: 0.80 2019 Fac PE RVU: NA
RUC Recommendation: RUC recommended to survey but no specialty society interest followed.		Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

G0181 Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent **Tab** 47 **Specialty Developing** No Interest **First Identified:** October 2008 **2018 est Medicare Utilization:** 358,004

RUC Meeting: April 2016

2007 Work RVU: 1.73 **2019 Work RVU:** 1.73
2007 NF PE RVU: 1.32 **2019 NF PE RVU:** 1.21
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Remove from screen

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:**

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 **Tab** 47 **Specialty Developing** No Interest **First Identified:** April 2016 **2018 est Medicare Utilization:** 23,940

RUC Meeting: April 2016

2007 Work RVU: 1.73 **2019 Work RVU:** 1.73
2007 NF PE RVU: 1.46 **2019 NF PE RVU:** 1.23
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Remove from screen

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:**

G0202 Screening mammography, producing direct digital image, bilateral, all views

Global: XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent **Tab** 20 **Specialty Developing** ACR **First Identified:** February 2008 **2018 est Medicare Utilization:**

RUC Meeting: January 2016

2007 Work RVU: 0.70 **2019 Work RVU:**
2007 NF PE RVU: 2.74 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 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

G0204 Diagnostic mammography, producing direct digital image, bilateral, all views **Global:** XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent **Tab** 20 **Specialty Developing** ACR
RUC Meeting: January 2016 **Recommendation:**

First Identified: February 2008 **2018 est Medicare Utilization:**

2007 Work RVU: 0.87 **2019 Work RVU:**
2007 NF PE RVU: 2.87 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Assume CMS will delete

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

G0206 Diagnostic mammography, producing direct digital image, unilateral, all views **Global:** XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent **Tab** 20 **Specialty Developing** ACR
RUC Meeting: January 2016 **Recommendation:**

First Identified: February 2008 **2018 est Medicare Utilization:**

2007 Work RVU: 0.70 **2019 Work RVU:**
2007 NF PE RVU: 2.31 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**
Result: Deleted from CPT

RUC Recommendation: Assume CMS will delete

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

G0237 Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring) **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 38 **Specialty Developing** ACCP/ATS
RUC Meeting: February 2009 **Recommendation:**

First Identified: February 2008 **2018 est Medicare Utilization:** 72,220

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0.41 **2019 NF PE RVU:** 0.27
2007 Fac PE RVU NA **2019 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

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 est Medicare Utilization: 67,119

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 0.43

2019 NF PE RVU: 0.28

2007 Fac PE RVU NA

2019 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:**

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 est Medicare Utilization: 29,402

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 5.8

2019 NF PE RVU: 2.48

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Deleted from CPT

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

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

G0249 Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests

Global: XXX

Issue: Home INR Monitoring

Screen: CMS Fastest Growing / High Volume Growth3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab 19 Specialty Developing Recommendation: ACC

First Identified: February 2008

2018 est Medicare Utilization: 1,328,584

2007 Work RVU: 0.00

2019 Work RVU:

2007 NF PE RVU: 3.57

2019 NF PE RVU: 2.50

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Deleted from CPT

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

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

Status Report: CMS Requests and Relativity Assessment Issues

G0250 Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests **Global:** XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent **Tab** 19 **Specialty Developing** ACC **First** **2018 est** **2007 Work RVU:** 0.18 **2019 Work RVU:** 0.18
RUC Meeting: January 2017 **Recommendation:** **Identified:** February 2008 **Medicare** **2007 NF PE RVU:** 0.07 **2019 NF PE RVU:** 0.07
Utilization: 198,697 **2007 Fac PE RVU** NA **2019 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 **Tab** 35 **Specialty Developing** AAO-HNS **First** **2018 est** **2007 Work RVU:** 0.61 **2019 Work RVU:** 0.61
RUC Meeting: April 2017 **Recommendation:** **Identified:** October 2008 **Medicare** **2007 NF PE RVU:** 0.63 **2019 NF PE RVU:** 0.78
Utilization: 160,193 **2007 Fac PE RVU** 0.23 **2019 Fac PE RVU:** 0.26
RUC Recommendation: 0.61 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0270 Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab** 37 **Specialty Developing** ADA **First** **2018 est** **2007 Work RVU:** 0.37 **2019 Work RVU:** 0.45
RUC Meeting: January 2019 **Recommendation:** **Identified:** February 2008 **Medicare** **2007 NF PE RVU:** 0.38 **2019 NF PE RVU:** 0.38
Utilization: 59,028 **2007 Fac PE RVU** 0.38 **2019 Fac PE RVU:** 0.31
RUC Recommendation: Maintain/Remove from screen **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to g0204 or g0206)	Global: ZZZ	Issue: RAW	Screen: CMS-Other - Utilization over 30,000	Complete? Yes	
Most Recent RUC Meeting: January 2018	Tab 31	Specialty Developing Recommendation:	First Identified: October 2017	2018 est Medicare Utilization: 629,548	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result: Remove from Screen	2019 Work RVU: 0.60 2019 NF PE RVU: 0.93 2019 Fac PE RVU: NA
RUC Recommendation: Recommend CMS delete			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 7,376,611	2007 Work RVU: 0.18 2007 NF PE RVU: 0.12 2007 Fac PE RVU NA Result: Maintain	2019 Work RVU: 0.18 2019 NF PE RVU: 0.23 2019 Fac PE RVU: NA
RUC Recommendation: 0.18			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 est Medicare Utilization: 41,212	2007 Work RVU: 2007 NF PE RVU: 2007 Fac PE RVU Result:	2019 Work RVU: 0.52 2019 NF PE RVU: 0.26 2019 Fac PE RVU: 0.20
RUC Recommendation: Submit action plan			Referred to CPT Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

G0297 Low dose ct scan (ldct) for lung cancer screening

Global: XXX

Issue: Screening CT of Thorax

Screen: CMS-Other - Utilization over 30,000-Part3

Complete? Yes

Most Recent
RUC Meeting: October 2019

Tab 07

Specialty Developing
Recommendation:

First
Identified: October 2018

2018 est
Medicare
Utilization: 194,527

2007 Work RVU: 0.00

2019 Work RVU: 1.02

2007 NF PE RVU: 0

2019 NF PE RVU: 5.64

2007 Fac PE RVU 0

2019 Fac PE RVU:NA

Result: Deleted from CPT

RUC Recommendation: Recommend CMS delete. Cat I code created.

Referred to CPT May 2019

Referred to CPT Asst ☐

Published in CPT Asst:

G0364 Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service

Global: ZZZ

Issue: RAW

Screen: CMS-Other - Utilization over 30,000

Complete? Yes

Most Recent
RUC Meeting: January 2018

Tab 31

Specialty Developing
Recommendation:

First
Identified: October 2017

2018 est
Medicare
Utilization:

2007 Work RVU: 0.16

2019 Work RVU:

2007 NF PE RVU: 0.15

2019 NF PE RVU:

2007 Fac PE RVU 0.06

2019 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

G0365 Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)

Global: XXX

Issue: 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 est
Medicare
Utilization: 39,444

2007 Work RVU: 0.25

2019 Work RVU: 0.25

2007 NF PE RVU: 4.28

2019 NF PE RVU: 5.29

2007 Fac PE RVU NA

2019 Fac PE RVU:NA

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

G0389 Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening **Global:** XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab 12

Specialty Developing Recommendation: ACC, ACP, ACR, SCAI, SVS

First Identified: July 2014

2018 est Medicare Utilization:

2007 Work RVU: 0.58

2019 Work RVU:

2007 NF PE RVU: 1.81

2019 NF PE RVU:

2007 Fac PE RVU NA

2019 Fac PE RVU:

RUC Recommendation: CPT Assistant article published

Referred to CPT May 2015

Referred to CPT Asst ☒

Published in CPT Asst: Jan 2017

Result: Deleted from CPT

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 est Medicare Utilization: 48,460

2007 Work RVU:

2019 Work RVU: 0.65

2007 NF PE RVU:

2019 NF PE RVU: 0.31

2007 Fac PE RVU

2019 Fac PE RVU:0.25

RUC Recommendation: Refer to CPT

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result:

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 est Medicare Utilization: 100,717

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU: 0.00

2007 Fac PE RVU

2019 Fac PE RVU:NA

RUC Recommendation: CMS delete

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment **Global:** XXX **Issue:** Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2018 est Medicare Utilization:** 494,517 **2007 Work RVU:** **2019 Work RVU:** 2.43 **2007 NF PE RVU:** **2019 NF PE RVU:** 2.14 **2007 Fac PE RVU** **2019 Fac PE RVU:**1.02 **RUC Recommendation:** RUC recommended to survey but no specialty society interest followed. **Referred to CPT**

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

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 est Medicare Utilization:** 127,660 **2007 Work RVU:** **2019 Work RVU:** 0.17 **2007 NF PE RVU:** **2019 NF PE RVU:** 0.29 **2007 Fac PE RVU** **2019 Fac PE RVU:**NA **RUC Recommendation:** RUC recommended to survey but no specialty society interest followed. **Referred to CPT**

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

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 est Medicare Utilization:** 128,142 **2007 Work RVU:** **2019 Work RVU:** 3.60 **2007 NF PE RVU:** **2019 NF PE RVU:** 8.36 **2007 Fac PE RVU** **2019 Fac PE RVU:**NA **RUC Recommendation:** 4.00 **Referred to CPT**

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

Status Report: CMS Requests and Relativity Assessment Issues

G0436 Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes				Global: XXX	Issue: RAW	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2016	Tab 35	Specialty Developing Recommendation:	First Identified: April 2016	2018 est Medicare Utilization:	2007 Work RVU:	2019 Work RVU:	
					2007 NF PE RVU:	2019 NF PE RVU:	
					2007 Fac PE RVU	2019 Fac PE RVU:	
RUC Recommendation: Deleted			Referred to CPT		Result: Deleted from CPT		
			Referred to CPT Asst <input type="checkbox"/>	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 est Medicare Utilization: 1,148,309	2007 Work RVU:	2019 Work RVU: 2.43	
					2007 NF PE RVU:	2019 NF PE RVU: 2.28	
					2007 Fac PE RVU	2019 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 <input type="checkbox"/>	Published in CPT Asst:			
G0439 Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit				Global: XXX	Issue: RAW	Screen: CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab 47	Specialty Developing Recommendation: No Interest	First Identified: April 2013	2018 est Medicare Utilization: 7,418,467	2007 Work RVU:	2019 Work RVU: 1.50	
					2007 NF PE RVU:	2019 NF PE RVU: 1.71	
					2007 Fac PE RVU	2019 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 <input type="checkbox"/>	Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

G0442 Annual alcohol misuse screening, 15 minutes

Global: XXX

Issue: Annual Alcohol Screening

Screen: CMS-Other - Utilization over 100,000

Complete? Yes

Most Recent
RUC Meeting: October 2016

Tab 35

Specialty Developing
Recommendation:

No Specialty
Society
Interest

First
Identified: April 2016

2018 est
Medicare
Utilization: 761,164

2007 Work RVU:

2019 Work RVU: 0.18

2007 NF PE RVU:

2019 NF PE RVU: 0.33

2007 Fac PE RVU

2019 Fac PE RVU:0.08

Result: Maintain

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

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 est
Medicare
Utilization: 1,798,270

2007 Work RVU:

2019 Work RVU: 0.18

2007 NF PE RVU:

2019 NF PE RVU: 0.32

2007 Fac PE RVU

2019 Fac PE RVU:0.08

Result: Maintain

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

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 est
Medicare
Utilization: 222,330

2007 Work RVU:

2019 Work RVU: 0.45

2007 NF PE RVU:

2019 NF PE RVU: 0.25

2007 Fac PE RVU

2019 Fac PE RVU:0.19

Result: Maintain

RUC Recommendation: Survey, but no specialty interest, so no recommendation.

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

G0447 Face-to-face behavioral counseling for obesity, 15 minutes

Global: XXX

Issue: Behavioral Counseling for Obesity

Screen: CMS-Other - Utilization over 100,000

Complete? Yes

Most Recent
RUC Meeting: October 2016

Tab 35

Specialty Developing
Recommendation: No Specialty
Society
Interest

First
Identified: April 2016

2018 est
Medicare
Utilization: 300,714

2007 Work RVU:

2019 Work RVU: 0.45

2007 NF PE RVU:

2019 NF PE RVU: 0.25

2007 Fac PE RVU

2019 Fac PE RVU: 0.19

Result: Maintain

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

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-Part3

Complete? Yes

Most Recent
RUC Meeting: October 2019

Tab 13

Specialty Developing
Recommendation:

First
Identified: October 2018

2018 est
Medicare
Utilization: 117,592

2007 Work RVU:

2019 Work RVU:

2007 NF PE RVU:

2019 NF PE RVU:

2007 Fac PE RVU

2019 Fac PE RVU:

Result: Increase

RUC Recommendation: 0.93

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

G0453 Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)

Global: XXX

Issue: RAW

Screen: CMS-Other - Utilization over 100,000

Complete? Yes

Most Recent
RUC Meeting: October 2016

Tab 35

Specialty Developing
Recommendation:

First
Identified: April 2016

2018 est
Medicare
Utilization: 375,018

2007 Work RVU:

2019 Work RVU: 0.60

2007 NF PE RVU:

2019 NF PE RVU: NA

2007 Fac PE RVU

2019 Fac PE RVU: 0.28

Result: Remove from screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

G0456 Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent
RUC Meeting: January 2014

Tab 17 **Specialty Developing**
Recommendation:

First
Identified: November 2012

2018 est
Medicare
Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

Result: Deleted from CPT

2019 Work RVU:

2019 NF PE RVU:

2019 Fac PE RVU:

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013

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

G0457 Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent
RUC Meeting: January 2014

Tab 17 **Specialty Developing**
Recommendation:

First
Identified: November 2012

2018 est
Medicare
Utilization:

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

Result: Deleted from CPT

2019 Work RVU:

2019 NF PE RVU:

2019 Fac PE RVU:

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013

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

G6002 Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent
RUC Meeting: January 2018

Tab 31 **Specialty Developing**
Recommendation:

First
Identified: October 2017

2018 est
Medicare
Utilization: 1,318,211

2007 Work RVU:

2007 NF PE RVU:

2007 Fac PE RVU

Result: Remove from screen

2019 Work RVU: 0.39

2019 NF PE RVU: 1.76

2019 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 est Medicare Utilization:** 24,054 **2007 Work RVU:** **2019 Work RVU:** 0.00 **2007 NF PE RVU:** **2019 NF PE RVU:** 7.41 **2007 Fac PE RVU** **2019 Fac PE RVU:**NA **Result:** Remove from Screen

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

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 est Medicare Utilization:** 1,677 **2007 Work RVU:** 0.42 **2019 Work RVU:** 0.42 **2007 NF PE RVU:** 0.21 **2019 NF PE RVU:** 0.48 **2007 Fac PE RVU** 0.21 **2019 Fac PE RVU:**0.48 **Result:** Maintain

RUC Recommendation: 0.42 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** October 2018 **2018 est Medicare Utilization:** 559,637 **2007 Work RVU:** 0.37 **2019 Work RVU:** 0.37 **2007 NF PE RVU:** 0.69 **2019 NF PE RVU:** 0.85 **2007 Fac PE RVU** 0.13 **2019 Fac PE RVU:**0.15 **Result:** Maintain

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

RUC Referrals to CPT Editorial Panel - Outstanding Issues

01936	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic	<u>Screen</u> High Volume Growth4	<u>RUC Meeting</u> October 2019	<u>Specialty Society:</u> ASA	<u>CPT Meeting</u> May 2020
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Background: This service was identified 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 to describe anesthesia for arteriography and venography.

37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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)	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

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)	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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.

37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	<u>Screen</u> High Volume Growth1 / PE Screen - High Cost Supplies	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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.

37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	<u>Screen</u> High Volume Growth1 / PE Screen - High Cost Supplies	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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.

37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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.

37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	<u>Screen</u> High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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.

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	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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.

RUC Referrals to CPT Editorial Panel - Outstanding 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	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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.

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)	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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.

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)	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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.

RUC Referrals to CPT Editorial Panel - Outstanding 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)	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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.

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)	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2020
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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.

64415	Injection, anesthetic agent; brachial plexus, single	<u>Screen</u> CMS Fastest Growing	<u>RUC Meeting</u> October 2018	<u>Specialty Society:</u> AAPM, ASA	<u>CPT Meeting</u> February 2020
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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.

64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	<u>Screen</u> Site of Service Anomaly / High Volume Growth2	<u>RUC Meeting</u> October 2018	<u>Specialty Society:</u> ASA	<u>CPT Meeting</u> February 2020
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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.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

64417 Injection, anesthetic agent; axillary nerve	<u>Screen</u> part of New/Revised Review	<u>RUC Meeting</u> October 2018	<u>Specialty Society:</u>	<u>CPT Meeting</u> February 2020
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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.

64446 Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)	<u>Screen</u> Site of Service Anomaly / High Volume Growth1	<u>RUC Meeting</u> October 2018	<u>Specialty Society:</u> ASA	<u>CPT Meeting</u> February 2020
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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.

64447 Injection, anesthetic agent; femoral nerve, single	<u>Screen</u> CMS Fastest Growing	<u>RUC Meeting</u> October 2018	<u>Specialty Society:</u> AAPM, ASA	<u>CPT Meeting</u> February 2020
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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.

64448 Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)	<u>Screen</u> Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2	<u>RUC Meeting</u> October 2018	<u>Specialty Society:</u> ASA	<u>CPT Meeting</u> February 2020
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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.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	<u>Screen</u> CMS-Other - Utilization over 30,000-Part3	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u>	<u>CPT Meeting</u> February 2020
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Background: This service was identified with 74300. In January 2019, the RUC recommended to refer this code to CPT for deletion.

76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	<u>Screen</u> CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3	<u>RUC Meeting</u> April 2014	<u>Specialty Society:</u> AACE, AAOS, AAPMR, ACR, ACRrh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES	<u>CPT Meeting</u> February 2020
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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.

76970	Ultrasound study follow-up (specify)	<u>Screen</u> High Volume Growth1 / CMS-Other - Utilization over 20,000	<u>RUC Meeting</u> October 2019	<u>Specialty Society:</u> ACS, ACR, AACE	<u>CPT Meeting</u> February 2020
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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.

76998	Ultrasonic guidance, intraoperative	<u>Screen</u> CMS-Other - Utilization over 20,000	<u>RUC Meeting</u> October 2019	<u>Specialty Society:</u>	<u>CPT Meeting</u> February 2020
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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.

77014	Computed tomography guidance for placement of radiation therapy fields	<u>Screen</u> CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	<u>RUC Meeting</u> October 2019	<u>Specialty Society:</u> ASTRO, ACR	<u>CPT Meeting</u>
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Background: Revise based on CMS input regarding the radiation oncology services. CMS maintains G codes at this time. Specialty society will revise once CMS makes final determinations on the radiation oncology CPT codes. TBD.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

80500	Clinical pathology consultation; limited, without review of patient's history and medical records	<u>Screen</u> CMS-Other - Utilization over 20,000	<u>RUC Meeting</u> October 2019	<u>Specialty Society:</u>	<u>CPT Meeting</u> October 2020
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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.

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	<u>Screen</u> Codes Reported Together 75% or More- Part1 / Contractor Priced High Volume	<u>RUC Meeting</u> January 2019	<u>Specialty Society:</u> AAN, AANEM	<u>CPT Meeting</u> May 2020
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Background: CPT Feb 2012 established 2 new codes with instructional guidelines to report autonomic function testing. 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.

G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	<u>Screen</u> CMS-Other - Utilization over 30,000	<u>RUC Meeting</u> January 2018	<u>Specialty Society:</u> AAFP, ASA, ASAM	<u>CPT Meeting</u>
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Background: In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. This list resulted in 34 services and the RAW requested action plans to be reviewed at the January 2018 meeting. In January 2018, the RUC recommended to maintain the physician work and refer to CPT to editorially remove "screening" from 99408 and 99409 to "assessment" to mirror G0396. At the February 2018 CPT meeting, the Panel postponed until time uncertain this request to revise codes 99408-99409 to identify assessment of alcohol and/or substance abuse. As a rationale for postponement, the Panel said that the service described in this application did not meet the General Criteria for Category I because the proposed service is not unique or well defined, and does not describe a service that is clearly identified and distinguished from existing services already described in CPT by other codes. The Panel's additional rationale for postponement of this item was to allow the relevant specialty societies an opportunity to submit a new code change application to address the differences between assessment and screening services.

New Technology/New Services List

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	Jan 2018	Fine Needle Aspiration	04	CPT 2019	October 2022		<input type="checkbox"/>
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		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
15X00		Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		<input type="checkbox"/>
15X01		Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
15X02		Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		<input type="checkbox"/>
15X03		Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		<input type="checkbox"/>
15X04		Oct 2018	Tissue Grafting Procedures	04	CPT 2020	October 2023		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
205X1		Jan 2019	Trigger Point Dry Needling	41	CPT 2020	October 2023		<input type="checkbox"/>
205X2		Jan 2019	Trigger Point Dry Needling	41	CPT 2020	October 2023		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
206X0		Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		<input type="checkbox"/>
206X1		Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		<input type="checkbox"/>
206X2		Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		<input type="checkbox"/>
206X3		Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		<input type="checkbox"/>
206X4		Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		<input type="checkbox"/>
206X5		Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	October 2023		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>CPT Tab</i>	<i>Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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 osteophylectomy 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 osteophylectomy 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.	☑
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	☑

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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	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019	Remove from list, was only identified with 27279 and that code has been resurveyed April 2018.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>

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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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>

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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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>

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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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>

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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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
29582	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.	☑

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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.	<input checked="" type="checkbox"/>
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).	<input type="checkbox"/>
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑
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.	☑

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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).	<input type="checkbox"/>
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).	<input type="checkbox"/>
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).	<input type="checkbox"/>

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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).	<input type="checkbox"/>
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		<input type="checkbox"/>
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	October 2022		<input type="checkbox"/>
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	October 2022		<input type="checkbox"/>
33286	Removal, subcutaneous cardiac rhythm monitor	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	October 2022		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>

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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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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).	<input type="checkbox"/>
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).	<input type="checkbox"/>
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		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>

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33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	October 2021		<input type="checkbox"/>
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	October 2021		<input type="checkbox"/>
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	October 2021		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>CPT Tab</i>	<i>Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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.	☑
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.	☑

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	☑
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.	☑

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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.	<input checked="" type="checkbox"/>
33995		Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	October 2024		<input type="checkbox"/>
33997		Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	October 2024		<input type="checkbox"/>
33X01		Oct 2018	Aortic Graft Procedures	06	CPT 2020	October 2023		<input type="checkbox"/>
34806	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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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		<input type="checkbox"/>
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).	<input type="checkbox"/>
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).	<input type="checkbox"/>
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).	<input type="checkbox"/>
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).	<input type="checkbox"/>
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		<input type="checkbox"/>

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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		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		<input type="checkbox"/>
38221	Diagnostic bone marrow; biopsy(ies)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		<input type="checkbox"/>
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		<input type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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-Pancreatotomy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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		<input type="checkbox"/>
43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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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 October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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).	<input type="checkbox"/>

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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).	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
46X48		Oct 2018	Transanal Hemorrhoidal Dearterialization	07	CPT 2020	October 2023		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Jan 2018	Transurethral Destruction of Prostate Tissue	13	CPT 2019	October 2022		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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		<input type="checkbox"/>
55880		Oct 2019	Transrectal High Intesity Focused US Prostate Ablation	06	CPT 2021	October 2024		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
622X0		Jan 2019	Lumbar Puncture	09	CPT 2020	October 2023		<input type="checkbox"/>
622X1		Jan 2019	Lumbar Puncture	09	CPT 2020	October 2023		<input type="checkbox"/>
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		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
64450		Jan 2019	Genicular Injection and RFA	10	CPT 2020	October 2023		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
64640		Jan 2019	Genicular Injection and RFA	10	CPT 2020	October 2023		<input type="checkbox"/>
64XX0		Jan 2019	Genicular Injection and RFA	10	CPT 2020	October 2023		<input type="checkbox"/>
64XX1		Jan 2019	Genicular Injection and RFA	10	CPT 2020	October 2023		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	January 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.	<input type="checkbox"/>

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66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	January 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.	<input type="checkbox"/>
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 technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
6XX00		Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	October 2023		<input type="checkbox"/>
6XX01		Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	October 2023		<input type="checkbox"/>
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	<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
75562	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
75564	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
76391	Magnetic resonance (eg, vibration) elastography	Jan 2018	Magnetic Resonance Elastography	16	CPT 2019	October 2022		<input type="checkbox"/>

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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.	<input type="checkbox"/>

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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.	<input type="checkbox"/>
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	October 2022		<input type="checkbox"/>

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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		<input type="checkbox"/>
76981	Ultrasound, elastography; parenchyma (eg, organ)	Jan 2018	Ultrasound Elastography	14	CPT 2019	October 2022		<input type="checkbox"/>
76982	Ultrasound, elastography; first target lesion	Jan 2018	Ultrasound Elastography	14	CPT 2019	October 2022		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		<input type="checkbox"/>
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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77061	Digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2021	In October 2018, the RUC recommended that CMS delete G0279 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2021).	<input type="checkbox"/>
77062	Digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2021	In October 2018, the RUC recommended that CMS delete G0279 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2021).	<input type="checkbox"/>
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 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2021).	<input type="checkbox"/>
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)	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>

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77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
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).	<input checked="" type="checkbox"/>
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).	<input checked="" type="checkbox"/>
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).	<input checked="" type="checkbox"/>
77520		Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	October 2024		<input type="checkbox"/>
77522		Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	October 2024		<input type="checkbox"/>
77523		Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	October 2024		<input type="checkbox"/>
77525		Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	October 2024		<input type="checkbox"/>

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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	<input checked="" type="checkbox"/>

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							<p>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</p>	

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							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.	

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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	<input checked="" type="checkbox"/>

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							<p>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</p>	

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							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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
78459		Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
78491		Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
78492		Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
788X0		Jan 2019	SPECT-CT Procedures	14	CPT 2020	October 2023		<input type="checkbox"/>
788X1		Jan 2019	SPECT-CT Procedures	14	CPT 2020	October 2023		<input type="checkbox"/>
788X2		Jan 2019	SPECT-CT Procedures	14	CPT 2020	October 2023		<input type="checkbox"/>
788X3		Jan 2019	SPECT-CT Procedures	14	CPT 2020	October 2023		<input type="checkbox"/>
78X29		Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>

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78X31		Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
78X32		Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
78X33		Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
78X34		Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
78X35		Jan 2019	Myocardial PET	13	CPT 2020	October 2023		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	☑
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.	☑

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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.	☑
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.	☑

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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.	☑
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.	☑

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	☑
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.	☑

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	☑
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.	☑

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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.	☑
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.	☑

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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.	☑
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.	☑

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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, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>

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	(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							

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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.	<input checked="" type="checkbox"/>

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	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/PDGFR4 (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							

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	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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>

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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)							

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81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) 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 BTM (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.	<input checked="" type="checkbox"/>

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	<p>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 FOXP1 (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]</p>							

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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 PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal cancer), targeted sequence analysis (eg, exons 9 and 20) PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), duplication/deletion analysis PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), duplication/deletion analysis PRNP (prion protein) (eg, genetic prion disease), full gene sequence PROP1 (PROP paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRPH2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma), 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							

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	(succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), duplication/deletion analysis SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence SOD1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence SPINK1 (serine peptidase inhibitor, Kazal type 1) (eg, hereditary pancreatitis), full gene sequence STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), duplication/deletion analysis TACO1 (translational activator of mitochondrial encoded cytochrome c oxidase I) (eg, mitochondrial 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])							

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	(eg, oculocutaneous albinism 1A), 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 CHRNA2 (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.	<input checked="" type="checkbox"/>

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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 coproporphyrinuria), 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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	<p>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</p>							

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	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							

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	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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	<p>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</p>							

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	<p>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 [<i>S. cerevisiae</i>]) (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</p>							

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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, cytogenomic array analysis for neoplasia) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence 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,	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.	<input checked="" type="checkbox"/>

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	serine/threonine kinase) (eg, Noonan syndrome), full gene sequence BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital lipodystrophy), full gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence CLCNKB (chloride channel, voltage-sensitive Kb) (eg, Bartter syndrome 3 and 4b), full gene sequence CNTNAP2 (contactin-associated protein-like 2) (eg, Pitt-Hopkins-like syndrome 1), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), duplication/deletion analysis CPT1A (carnitine palmitoyltransferase 1A [liver]) (eg, carnitine palmitoyltransferase 1A [CPT1A] deficiency), full gene sequence CRB1 (crumbs homolog 1 [Drosophila]) (eg, Leber congenital amaurosis), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), duplication/deletion analysis Cytogenomic microarray analysis, neoplasia (eg, interrogation of copy number, and loss-of-heterozygosity via single nucleotide polymorphism [SNP]-based comparative genomic hybridization [CGH] microarray analysis) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the cytogenomic microarray							

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	analysis for neoplasia) (Do not report 88271 when performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLAT (dihydrolipoamide S-acetyltransferase) (eg, pyruvate dehydrogenase E2 deficiency), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence DSC2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence DSG2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence DSP (desmoplakin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 8), full gene sequence EFHC1 (EF-hand domain [C-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence EIF2B3 (eukaryotic translation initiation factor 2B, subunit 3 gamma, 58kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B4 (eukaryotic translation initiation factor 2B, subunit 4 delta, 67kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), duplication/deletion analysis FAH (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence FASTKD2 (FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4							

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	(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 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]),							

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	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 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,							

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	3-methylcrotonyl-CoA carboxylase deficiency), full gene sequence MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), full gene sequence MUT (methylmalonyl CoA mutase) (eg, methylmalonic acidemia), full gene sequence MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), full gene sequence NDUFS1 (NADH dehydrogenase [ubiquinone] Fe-S protein 1, 75kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence NOTCH3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted sequence analysis (eg, exons 1-23) NPC1 (Niemann-Pick disease, type C1) (eg, Niemann-Pick disease), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis OPTN (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer), full gene sequence PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), full gene sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC (pyruvate carboxylase) (eg, pyruvate carboxylase							

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	deficiency), full gene sequence PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence PCCB (propionyl CoA carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), duplication/deletion analysis PCSK9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence PDHX (pyruvate dehydrogenase complex, component X) (eg, lactic acidosis), full gene sequence PHEX (phosphate-regulating endopeptidase homolog, X-linked) (eg, hypophosphatemic rickets), full gene sequence PKD2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PKP2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence PNKD (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence 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							

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	congenital glycogen storage disease of heart), full gene sequence PRKCG (protein kinase C, gamma) (eg, spinocerebellar ataxia), full gene sequence PSEN2 (presenilin 2 [Alzheimer disease 4]) (eg, Alzheimer disease), full gene sequence PTPN11 (protein tyrosine phosphatase, non-receptor type 11) (eg, Noonan syndrome, LEOPARD syndrome), full gene sequence PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), full gene sequence RET (ret proto-oncogene) (eg, Hirschsprung disease), full gene sequence RPE65 (retinal pigment epithelium-specific protein 65kDa) (eg, retinitis pigmentosa, Leber congenital amaurosis), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations SCN4A (sodium channel, voltage-gated, type IV, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence SCNN1A (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence SCNN1B (sodium channel, nonvoltage-gated 1, beta) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SCNN1G (sodium channel, nonvoltage-gated 1, gamma) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SDHA (succinate dehydrogenase complex, subunit A, flavoprotein [Fp]) (eg, Leigh syndrome, mitochondrial complex II deficiency), full gene sequence SETX (senataxin) (eg, ataxia), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence SH3TC2 (SH3 domain and tetratricopeptide repeats 2) (eg, Charcot-Marie-Tooth disease), full gene sequence SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, Christianson syndrome), full gene sequence SLC26A4 (solute carrier family 26, member 4)							

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	(eg, Pendred syndrome), full gene sequence SLC37A4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type Ib), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence SOS1 (son of sevenless homolog 1) (eg, Noonan syndrome, gingival fibromatosis), full gene sequence SPAST (spastin) (eg, spastic paraplegia), full gene sequence SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence STXBP1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence TAZ (tafazzin) (eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), full gene sequence TH (tyrosine hydroxylase) (eg, Segawa syndrome), full gene sequence TMEM43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence TNNT2 (troponin T, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TRPC6 (transient receptor potential cation channel, subfamily C, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis UBE3A (ubiquitin protein ligase E3A) (eg, Angelman syndrome), full gene sequence UMOD (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) WAS (Wiskott-Aldrich syndrome [eczema-thrombocytopenia]) (eg, Wiskott-Aldrich syndrome), full gene sequence							

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81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence 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 MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene	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.	<input checked="" type="checkbox"/>

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	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]) (eg, Cohen syndrome), duplication/deletion analysis WDR62 (WD repeat domain 62) (eg,							

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	primary autosomal recessive microcephaly), full gene sequence							

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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.	<input checked="" type="checkbox"/>

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	(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 technology diffusion that impacts work or practice expense.	☑
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdissection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑

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88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdissection	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	☑

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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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016	January 2020	Survey for January 2020	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
92227		Oct 2019	Remote Retinal Imaging	09	CPT 2021	October 2024		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
92228		Oct 2019	Remote Retinal Imaging	09	CPT 2021	October 2024		<input type="checkbox"/>
92229		Oct 2019	Remote Retinal Imaging	09	CPT 2021	October 2024		<input type="checkbox"/>
92517		Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	October 2024		<input type="checkbox"/>
92518		Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	October 2024		<input type="checkbox"/>
92519		Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	October 2024		<input type="checkbox"/>

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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)	<input type="checkbox"/>
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).	<input type="checkbox"/>
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).	<input type="checkbox"/>
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		<input type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, 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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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 establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
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	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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 technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		<input type="checkbox"/>
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		<input type="checkbox"/>
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		<input type="checkbox"/>

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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).	<input type="checkbox"/>
93982	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
95X01		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X02		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X03		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X04		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>

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95X05		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X06		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X07		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X08		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X09		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X10		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X11		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X12		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X13		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X14		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X15		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X16		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X17		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X18		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X19		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X20		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X21		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X22		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>
95X23		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	October 2023		<input type="checkbox"/>

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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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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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).	<input type="checkbox"/>
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).	<input type="checkbox"/>
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).	<input type="checkbox"/>
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).	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
98X00		Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	October 2023		<input type="checkbox"/>
98X01		Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	October 2023		<input type="checkbox"/>
98X02		Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	October 2023		<input type="checkbox"/>

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99202		Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99203		Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99204		Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99205		Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99206		Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99211		Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99212		Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99213		Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99214		Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99215		Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>
99363	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	<input checked="" type="checkbox"/>
99364	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re- evaluated	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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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	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	October 2023		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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		<input type="checkbox"/>
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)	<input type="checkbox"/>
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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)	<input type="checkbox"/>
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)	<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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		<input type="checkbox"/>
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 2020		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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 2020		<input type="checkbox"/>
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 2020		<input type="checkbox"/>

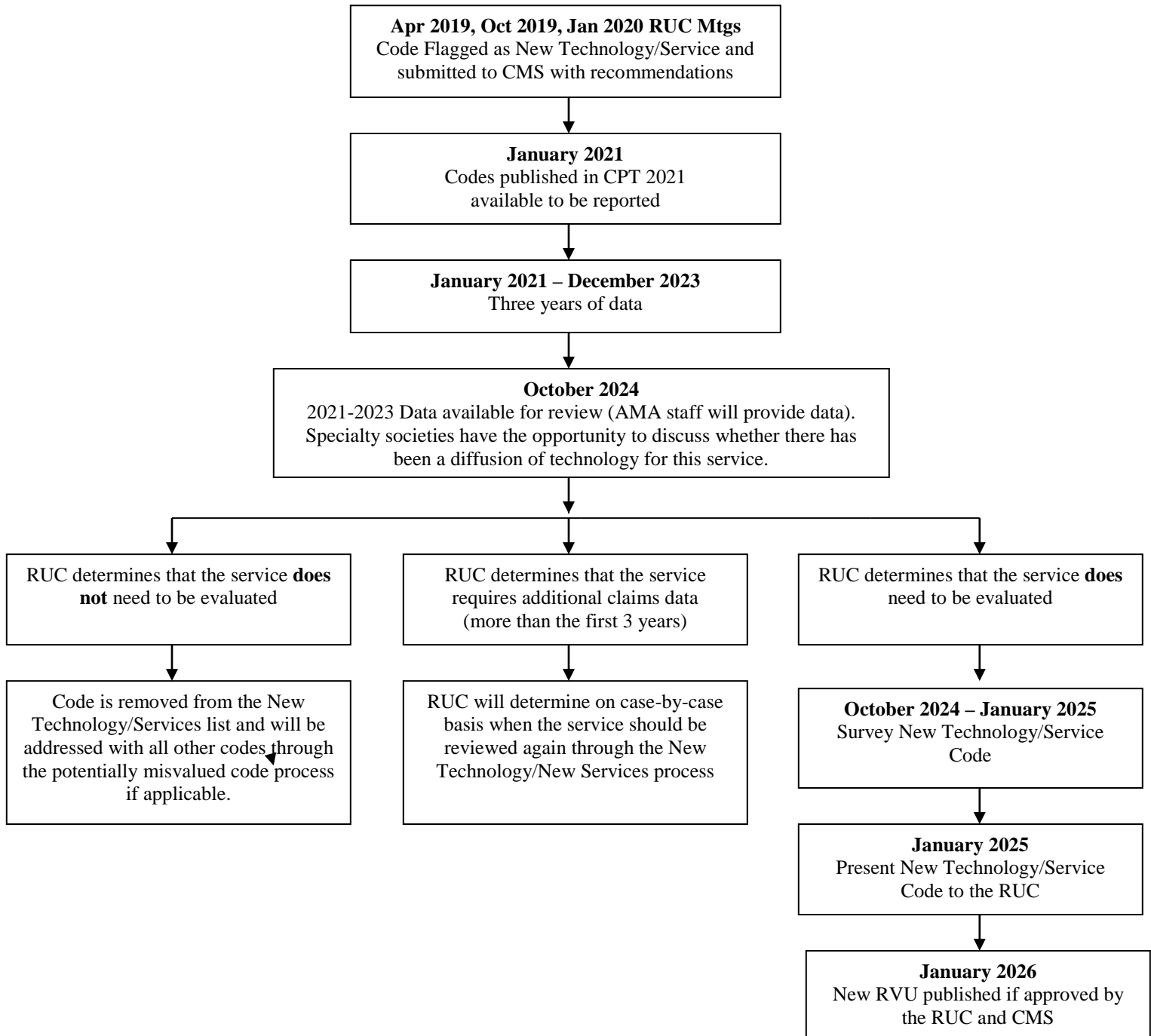
<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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).	<input type="checkbox"/>
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).	<input type="checkbox"/>
994X0		Jan 2019	Chronic Care Remote Physiologic Monitoring	20	CPT 2020	October 2023		<input type="checkbox"/>
99X02		Jan 2019	Self-Measured Blood Pressure Monitoring	19	CPT 2020	October 2023		<input type="checkbox"/>
99417		Apr 2019	Office Visits	09	CPT 2021	October 2024		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
9X0X1		Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	October 2023		<input type="checkbox"/>
9X0X2		Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	October 2023		<input type="checkbox"/>
9X0X3		Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	October 2023		<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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	
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Audiology	AAAAI
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology	AAD
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 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 Neuromuscular & Electrodagnostic 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	ACR
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 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	ASRO
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
American Society of Clinical Oncology	ASCO

American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Dermatopathology	ASDP
American Society of Echocardiography	ASE
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of 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
North American Spine Society	NASS

Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Critical Care Medicine	SCCM
Society of Interventional Radiology	SIR
Society of Nuclear Medicine and Molecular Imaging	SNMI
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
27130	Total hip arthroplasty	090	0	0	0	3	0	0	377	398	21	19.60	20.59	0.99	0
27447	Total knee arthroplasty	090	0	0	0	3	0	0	374	395	21	19.60	20.59	0.99	0
55880	Transrectal High Intensity Focused	090	0	0	0	2	1	0	373	396	23	20.00	21.08	1.08	-2

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2019

Breast Reconstruction – 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 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 (ie 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 RUC recommends surveying the following 14 codes for the January 2020 RUC meeting:

- Non Breast Tissue Expander (11960)
- Implant/Expander Placement (11970, 19325, 19340, 19342, 19357)
- Implant/Expander Removal (11971, 19328, 19330)
- Secondary Breast Mound Procedure (19370, 19371, 19380)
- Breast Lift/Reduction (19316, 19318)

The RUC noted that the following 8 codes are no longer identified for review and that any changes made to the codes by CPT were editorial:

- Autologous Reconstruction (19361, 19364, 19367, 19368, 19369)
- Nipple Procedures (19350, 19355)
- Moulage Formation (19396)

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery Integumentary System Introduction				
11960(f)	A1	Insertion of tissue expander(s) for other than breast, including subsequent expansion (For breast reconstruction with tissue expander(s), use 19357) <u>(For insertion of tissue expander(s) in breast reconstruction, use 19357)</u>	090	Survey for January 2020 (2019 work RVU = 11.49)
▲ 11970	A2	Replacement of tissue expander with permanent prosthesis-implant	090	Survey for January 2020 (2019 work RVU = 8.01)
▲ 11971	A3	Removal of tissue expander without insertion of prosthesis-implant <u>(For removal of breast tissue expander and replacement with breast implant, use 11970)</u> <u>(Do not report 11971 with 11970)</u>	090	Survey for January 2020 (2019 work RVU = 3.41)
Repair (Closure) Other Flaps and Grafts				
● 15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia) <u>(For injection[s] of platelet-rich plasma, use 0232T)</u>			
● 15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50cc or less injectate <u>(Report 15771 only once per session)</u>			
+ ● 15772	each additional 50cc injectate, or part thereof (List separately in addition to code for primary procedure) <u>(Use 15772 in conjunction with 15771)</u>			

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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 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. Code 19370 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.

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)

19316(f)	A4	Mastopexy	090	Survey for January 2020 (2019 work RVU = 11.09)
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▲ 19318	A5	<u>Breast Reduction mammoplasty</u>	090	Survey for January 2020 (2019 work RVU = 16.03)
D 19324	-	Mammoplasty, augmentation; without prosthetic implant <u>(19324 has been deleted. To report breast augmentation with fat grafting, see 15771, 15772)</u>	090	N/A (2019 work RVU = 6.80)
▲ 19325	A6	<u>Breast augmentation with prosthetic implant</u> (For flap or fat grafting performed in conjunction with 19325, see 15771, 15772, use also appropriate number)	090	Survey for January 2020 (2019 work RVU = 8.64)
▲ 19328	A7	Removal of intact mammary breast implant <u>(Do not report 19328 for removal of tissue expander)</u> <u>(Do not report 19328 in conjunction with 19370)</u> <u>(For removal of tissue expander with placement of breast implant, use 11970)</u> <u>(For removal of tissue expander without replacement, use 11971)</u>	090	Survey for January 2020 (2019 work RVU = 6.48)
▲ 19330	A8	Removal of ruptured breast mammary implant material, including implant contents (eg, saline, silicone gel) <u>(Do not report 19330 for removal of ruptured tissue expander)</u> <u>(For removal of ruptured tissue expander with placement of breast implant, use 11970)</u> <u>(For removal of ruptured tissue expander without replacement, use 11971)</u> <u>(For placement of new breast implant during same operative session, use 19342)</u>	090	Survey for January 2020 (2019 work RVU = 8.54)
▲ 19340	A9	Immediate insertion of breast implant prosthesis following mastopexy, mastectomy or in reconstruction on same day of mastectomy (ie, immediate) for	090	Survey for January 2020 (2019 work RVU =13.99)

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▲ 19342	A10	<p>Delayed insertion or replacement of breast prosthesis following mastopexy, mastectomy or in reconstruction <u>implant on separate day from mastectomy</u></p> <p><i>(For preparation of custom breast implant, use 19396)</i></p> <p><i>(Do not report 19342 in conjunction with 19328 with for removal of implant in same breast)</i></p> <p><i>(For removal of tissue expander and replacement with breast implant, use 11970)</i></p> <p><i>(For supply of implant, use 99070)</i></p>	090	<p>Survey for January 2020</p> <p>(2019 work RVU = 12.63)</p>
19350(f)		<p><i>Nipple/areola reconstruction</i></p> <p><i>(Do not report 19350 in conjunction with 11920, 11921, 11922, 14000, 14001, 15100, 15200, 15201)</i></p>	090	<p>Not part of any family identified for review</p> <p>(2019 work RVU = 9.11)</p>
19355(f)		<p><i>Correction of inverted nipples</i></p>	090	<p>Not part of any family identified for review</p> <p>(2019 work RVU = 8.52)</p>
▲ 19357	A11	<p>Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion <u>Tissue expander placement in breast reconstruction, including subsequent expansion(s)</u></p>	090	<p>Survey for January 2020</p> <p>(2019 work RVU = 18.50)</p>
▲ 19361	A12	<p>Breast reconstruction, with latissimus dorsi flap, without prosthetic implant</p> <p><i>(For insertion of breast <u>implant with latissimus dorsi flap on same day of mastectomy, prosthesis, use also 19340</u></i></p> <p><i>(For insertion of breast implant with latissimus dorsi flap on day separate from mastectomy, use 19342)</i></p> <p><i>(For insertion of tissue expander with latissimus dorsi flap, use 19357)</i></p>	090	<p>23.36</p> <p>(Editorial Change)</p> <p>(2019 work RVU = 23.36)</p>

▲ 19364	A13	Breast reconstruction with free flap (eg, fTRAM, DIEP, SIEA, gluteal GAP-flaps) <i>(Do not report code 69990 in addition to code 19364)</i> <i>(19364 includes harvesting of the flap, microvascular transfer, closure of the donor site, and inset shaping the flap into a breast)</i>	090	42.58 (Editorial Change) (2019 work RVU = 42.58)
D19366	-	Breast reconstruction with other technique (For operating microscope, use 69990) (For insertion of prosthesis, use also 19340 or 19342) (19366 has been deleted)	090	N/A (2019 work RVU = 21.84)
▲ 19367	A14	Breast reconstruction with single pedicled Transverse rectus abdominis myocutaneous (TRAM) flap (TRAM), single pedicle, including closure of donor site;	090	26.80 (Editorial Change) (2019 work RVU = 26.80)
▲ 19368	A15	with <u>single pedicled transverse rectus abdominis myocutaneous flap (TRAM), requiring separate</u> microvascular anastomosis (supercharging) <i>(Do not report code 69990 in addition to code 19368)</i>	090	33.90 (Editorial Change) (2019 work RVU = 33.90)

▲ 19369	A16	<p>with <u>bipedicled transverse rectus abdominis myocutaneous (TRAM) flap</u> Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site <u>transverse rectus abdominis myocutaneous flap (TRAM)</u></p> <p><u>(19361, 19364, 19367, 19368, 19369 include harvesting of the flap, closure of the donor site, inseting and shaping the flap)</u></p>	090	<p>31.31</p> <p>(Editorial Change) (2019 Work RVU = 31.31)</p>
▲ 19370	A18	<p>Open periprosthetic capsulotomy, breast <u>Revision of periprosthetic peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy</u></p> <p><u>(Do not report 19370 in conjunction with 19328 for removal and replacement of same implant to access capsule)</u></p> <p><u>(For removal and replacement with new implant, use 19342)</u></p>	090	<p>Survey for January 2020</p> <p>(2019 work RVU = 9.17)</p>
▲ 19371	A19	<p>Periprosthetic <u>Peri-implant capsulectomy, breast, complete, including removal of all intra-capsular contents</u></p> <p><u>(Do not report 19371 in conjunction with 19328)</u></p> <p><u>(Do not report 19371 in conjunction with 19370 in same breast)</u></p> <p><u>(For removal and replacement with new implant, use 19342)</u></p>	090	<p>Survey for January 2020</p> <p>(2019 work RVU = 10.62)</p>
▲ 19380	A20	<p><u>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)</u></p> <p><u>(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)</u></p>	090	<p>Survey for January 2020</p> <p>(2019 work RVU = 10.41)</p>
19396(f)		Preparation of moulage for custom breast implant	000	<p>Not part of any family identified for review</p> <p>(2019 work RVU = 2.17)</p>

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2019

Percutaneous Ventricular Assist Device Insertion – Tab 5

In May 2019, the CPT Editorial Panel approved the revision of guidelines and revision of four codes to clarify the insertion and removal of right and left heart percutaneous ventricular assist devices (PVAD), and the addition of two codes to report insertion of PVAD venous access and removal of right heart PVAD. PVADs are used for certain patients as aides to recovery following percutaneous coronary interventions or in patients with cardiogenic shock as a bridge to other therapies. This technology is distinct from the more commonly known ventricular assist devices that are implanted by surgeons. Since codes for this technology were first created and valued in 2012 for left-heart arterial use, additional indications have been approved for right-heart venous use. The four existing codes for insertion, removal at a separate session, and repositioning were revised and two new codes for right-heart venous insertion and removal at a separate session were created. While these services are becoming more common, they are still fairly low in utilization overall.

33990 *Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only*
CPT code 33990 is the revised code for left-heart arterial PVAD and the most commonly used in the PVAD family. It is infrequently performed as an elective procedure rather the patients frequently present in cardiogenic shock and are acutely ill, often receiving cardiopulmonary resuscitation simultaneously, resulting in an intense procedure with a risk of the patient bleeding to death due to the femoral arterial access that is required. The RUC confirmed that the patient population has not changed but is skewed now to the sicker patient. The procedure is being used less frequently in the stable patient and more frequently in “salvage” patients who would have been expiring upon presentation due to the degree of cardiogenic shock.

The RUC reviewed the survey results from 70 interventional cardiologists and determined that a work RVU of 6.75 which falls below the current value and below the survey 25th percentile accurately accounts for the physician work required to perform this procedure. The RUC recommends the following physician time components: pre-service time of 25 minutes, intra-service time of 45 minutes and post-service time of 28 minutes. Although below the survey times, pre-service time package 2 was selected because general anesthesia is typically not utilized. The patient is complex, but the procedure is usually performed under sedation not general anesthesia. The RUC confirmed that 33990 will **not** be modifier -51 exempt. There is a distribution of interventions that can be done in this patient population and a host of percutaneous coronary intervention (PCI) codes with which this procedure can be reported, although none reach the 50% threshold. The modifier will be used because, in aggregate, the code is most frequently reported with another code and is therefore subject to the multiple procedure reduction.

The RUC agreed that survey respondents overestimated the physician work involved and determined that applying a crosswalk would appropriately address the decrease in intra-service time reflected in the survey. To determine an appropriate work RVU, the RUC compared CPT code 33990 to the proposed crosswalk CPT code 31276 *Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed* (work RVU = 6.75, 33 minutes pre-service time, 45 minutes intra-service time, 20 minutes post-service

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time) and noted that the services have identical intra-service and total times and require the same amount of physician work. For additional support, the RUC compared CPT code 33990 to MPC code 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU = 6.75, 53 minutes pre-service time, 45 minutes intra-service time, 20 minutes post-service time) and noted that this comparison also yields the same intra-service time and physician work. Unlike the survey code, the reference code utilizes general anesthesia (pre-service time package 3).

The RUC concluded that a work RVU of 6.75 for CPT code 33990, which falls below the current value and below the survey 25th percentile, is appropriate. Thus, the RUC recommends a crosswalk from CPT code 31276 to 33990. **The RUC recommends a work RVU of 6.75 for CPT code 33990.**

33995 Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only

CPT code 33995 is a new code for right heart venous PVAD insertion which is a new indication approved by the FDA for this device. It is performed on patients with primary right ventricular failure who frequently present in cardiogenic shock and are acutely ill. The RUC reviewed the survey results from 58 interventional cardiologists and determined that a work RVU of 6.75, which falls well below the survey 25th percentile, accurately accounts for the physician work required to perform this procedure. The RUC agreed that insertion of a right heart venous PVAD is essentially the same work as insertion of a left heart arterial PVAD and found it appropriate for the venous insertion code to have an identical work RVU to the arterial insertion code. The RUC recommends the following physician time components: pre-service time of 25 minutes, intra-service time of 45 minutes and post-service time of 28 minutes. As with 33990, the survey code will **not** be modifier -51 exempt. The modifier will be used because, in aggregate, the code will most frequently be reported with another code and will therefore be subject to the multiple procedure reduction.

The recommended value is supported by the same comparator codes as insertion code 33990. The RUC compared CPT code 33995 to the proposed crosswalk CPT code 31276 *Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed* (work RVU = 6.75, 33 minutes pre-service time, 45 minutes intra-service time, 20 minutes post-service time) and noted that the services have identical intra-service and total times and require the same amount of physician work. For additional support, the RUC compared CPT code 33995 to MPC code 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU = 6.75, 53 minutes pre-service time, 45 minutes intra-service time, 20 minutes post-service time) and noted that the intra-service time and amount of physician work are the same. Unlike the survey code, the reference code utilizes general anesthesia (pre-service time package 3). The RUC also compared CPT code 33995 to CPT code 45390 *Colonoscopy, flexible; with endoscopic mucosal resection* (work RVU = 6.04, 23 minutes pre-service time, 45 minutes intra-service time, 15 minutes post-service time) and noted that the comparison code has the same intra-service time but significantly less total time, therefore the survey code is appropriately valued higher.

The RUC concluded that a work RVU of 6.75 for CPT code 33995 which falls below the survey 25th percentile and is the same as CPT code 33990 is appropriate. Thus, the RUC recommends a crosswalk from CPT code 31276 to 33995. **The RUC recommends a work RVU of 6.75 for CPT code 33995.**

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33991 Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture

CPT code 33991 is the revised code for left-heart arterial and venous PVAD with transseptal puncture. This is a more complex procedure in the family because the physician must punch a hole into the interatrial septum to traverse from the right heart to the left heart to achieve appropriate access so as to support the left heart in these patients with cardiogenic shock. The RUC reviewed the survey results from 47 interventional cardiologists and determined that a work RVU of 8.84 which falls below the current value and below the survey 25th percentile accurately accounts for the physician work required to perform this procedure. The RUC recommends the following physician time components: pre-service time of 25 minutes, intra-service time of 60 minutes and post-service time of 28 minutes. Although below the survey times, pre-service time package 2 was selected because general anesthesia is typically not utilized. As with the other codes in the family, the survey code will **not** be modifier -51 exempt. The modifier will be used because, in aggregate, the code will most frequently be reported with another code and will therefore be subject to the multiple procedure reduction.

The RUC agreed that survey respondents overestimated the physician work involved and determined that applying a crosswalk would appropriately address the decrease in intra-service time reflected in the survey. To determine an appropriate work RVU, the RUC compared CPT code 33991 to the proposed crosswalk CPT code 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* (work RVU = 8.84, 38 minutes pre-service time, 60 minutes intra-service time, 25 minutes post-service time) and noted that the services have identical intra-service time and physician work and similar intensity. The survey code has 10 minutes less total time, given the pre-service time package, and is a slightly more intense service.

The RUC further noted that CPT code 33991 is appropriately bracketed by MPC codes 52354 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion (ureteral catheterization is included)* (work RVU = 8.00, 53 minutes pre-service time, 60 minutes intra-service time, 20 minutes post-service time) and 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* (work RVU = 9.00, 31 minutes pre-service time, 75 minutes intra-service time, 20 minutes post-service time).

The RUC concluded that a work RVU of 8.84 for CPT code 33991 which falls below the current value and below the survey 25th percentile is appropriate. Thus, the RUC recommends a crosswalk from CPT code 43276 to 33991. **The RUC recommends a work RVU of 8.84 for CPT code 33991.**

33992 Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), separate and distinct session from insertion

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CPT code 33992 is the revised code for removal of a left-heart arterial or arterial and venous PVAD. The RUC reviewed the survey results from 64 interventional cardiologists and determined that a work RVU of 3.55 which falls below the current value and below the survey 25th percentile accurately accounts for the physician work required to perform this procedure. The RUC recommends the following physician time components: pre-service time of 25 minutes, intra-service time of 38 minutes and post-service time of 20 minutes. Although below the survey times, pre-service time package 2 was selected as with the other codes in the family. The RUC determined that the package is appropriate because, unlike removal of a Swan Ganz catheter, there is indeed pre-service time associated with the removal of the PVAD. The pre-service evaluation time incorporates the physician's decision about whether it is time to remove the left ventricular assist device, typically a day or two later, as well as decisions about adjusting the flow and weaning the patient. One of the major components when assessing a patient for removal of this device is the arterial access and patient hemodynamic stability. CPT code 33992 is not typically reported with an Evaluation and Management (E/M) code. However, it is rarely reported alone (27%); there are a host of other imaging codes that are reported at the same time. For example, bedside echocardiography is frequently used in assessing the patient during removal, and interpretation of the echo or EKG. These are separately identifiable services and do not overlap with the pre-service time in the survey code.

The RUC agreed that survey respondents overestimated the physician work involved and determined that applying a crosswalk would appropriately address the decrease in intra-service time reflected in the survey. To determine an appropriate work RVU, the RUC compared CPT code 33992 to the proposed crosswalk MPC code 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU = 3.55, 18 minutes pre-service time, 40 minutes intra-service time, 20 minutes post-service time) and noted that the services involve the same amount of physician work and comparable intra-service times. For additional support, the RUC compared CPT code 33992 to other reference CPT code 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* (work RVU = 3.50, 31 minutes pre-service time, 35 minutes intra-service time, 15 minutes post-service time) and noted that the reference code has 3 minutes less intra-service time, justifying a higher work value for the survey code.

The RUC concluded that a work RVU of 3.55 for CPT code 33992 which falls below the current value and below the survey 25th percentile is appropriate. Thus, the RUC recommends a direct work RVU crosswalk from CPT code 31628 to 33992. **The RUC recommends a work RVU of 3.55 for CPT code 33992.**

33997 Removal of percutaneous right heart ventricular assist device, venous cannula, separate and distinct session from insertion

CPT code 33997 is a new code for right heart venous PVAD removal and was created to allow reporting of a newly approved indication by the FDA and will also differentiate meaningful differences in physician work. The RUC reviewed the survey results from 57 interventional cardiologists and determined that a work RVU of 3.00, which falls well below the survey 25th percentile, accurately accounts for the physician work required to perform this procedure. The RUC agreed that removal of a right heart venous PVAD is less work than removal of left heart arterial PVAD and that bleeding issues from the arterial are less of an issue with the transvenous catheter placement. The RUC found it appropriate for the venous removal to be valued lower than the arterial removal and noted that the survey intra-service time for the new code is appropriately lower than CPT code 33992. The RUC recommends the following physician time components: pre-service time of 25 minutes, intra-service time of 30 minutes and post-service time of 20 minutes. As with 33992, the RUC determined that the pre-service time package 2 is appropriate.

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The RUC compared CPT code 33997 to the proposed crosswalk CPT code 62267 *Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes* (work RVU = 3.00, 34 minutes pre-service time, 30 minutes intra-service time, 15 minutes post-service time) and noted that the services have identical intra-service time and physician work and should be valued identically. The crosswalk code represents the closest match to 33997 for intra-service time, work RVU and intensity. The RUC further noted that CPT code 33997 is appropriately bracketed by MPC codes 52332 *Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)* (work RVU = 2.82, 21 minutes pre-service time, 25 minutes intra-service time, 10 minutes post-service time) and 52287 *Cystourethroscopy, with injection(s) for chemodenervation of the bladder* (work RVU = 3.20, 32 minutes pre-service time, 21 minutes intra-service time, 15 minutes post-service time). Additionally, there are two MPC codes falling within the range of 2.70 – 3.70 work RVUs that contain the same intra-service time of 30 minutes and 000 global period, but they are both less intense and valued lower than the survey code: MPC codes 10030 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous* (work RVU = 2.75, 26 minutes pre-service time, 30 minutes intra-service time, 20 minutes post-service time) and 11043 *Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less* (work RVU = 2.70, 41 minutes pre-service time, 30 minutes intra-service time, 15 minutes post-service time).

The RUC concluded that a work RVU of 3.00 for CPT code 33997 which falls below the survey 25th percentile is appropriate and relative to CPT code 33992. Thus, the RUC recommends a crosswalk from CPT code 62267 to 33997. **The RUC recommends a work RVU of 3.00 for CPT code 33997.**

33993 Repositioning of percutaneous right or left heart ventricular assist device, with imaging guidance, at separate and distinct session from insertion

CPT code 33993 is the revised code for repositioning of a PVAD on either side of the heart. The RUC reviewed the survey results from 70 interventional cardiologists and determined that a work RVU of 3.10 which falls below the current value and below the survey 25th percentile accurately accounts for the physician work required to perform this procedure. The RUC agreed that this recommendation appropriately values the survey code compared to the removal codes because, although repositioning takes less time, 33993 is a more intense procedure. The RUC clarified that this service is typically reported on a separate day.

The RUC recommends the following physician time components: pre-service time of 25 minutes, intra-service time of 25 minutes and post-service time of 20 minutes. Although below the survey times, pre-service time package 2 was selected as with the other codes in the family. The RUC determined that the package is appropriate and noted that CPT code 33993 will rarely be reported alone (25%). The repositioning events occur with echocardiographic guidance and often that is performed by a different provider. These are separately identifiable services and do not overlap with the evaluation time in the survey code which is utilizing the pre-service time package.

The RUC agreed that survey respondents overestimated the physician work involved and determined that applying a crosswalk would appropriately address the decrease in intra-service time reflected in the survey. To determine an appropriate work RVU, the RUC compared CPT code 33993 to the proposed crosswalk CPT code 31296 *Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon*

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dilation) (work RVU = 3.10, 21 minutes pre-service time, 25 minutes intra-service time, 15 minutes post-service time) and noted that the services involve the same amount of physician work and identical intra-service times. For additional support, the RUC compared CPT code 33993 to the top key reference service code 33211 *Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)* (work RVU = 3.14, 50 minutes pre-service time, 45 minutes intra-service time, 45 minutes post-service time) and noted that the amount of physician work is similar but the reference code has 20 minutes more intra-service time and twice as much total time, and therefore, appropriately lower intensity than the survey code.

The RUC further noted that CPT code 33993 is appropriately bracketed by MPC codes 31628 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe* (work RVU = 3.55, 18 minutes pre-service time, 40 minutes intra-service time, 20 minutes post-service time) and 52287 *Cystourethroscopy, with injection(s) for chemodenervation of the bladder* (work RVU = 3.20, 32 minutes pre-service time, 21 minutes intra-service time, 15 minutes post-service time).

The RUC concluded that a work RVU of 3.10 for CPT code 33993 which falls below the current value and below the survey 25th percentile is appropriate and relative to the removal codes. Thus, the RUC recommends a crosswalk from CPT code 31296 to 33993. **The RUC recommends a work RVU of 3.10 for CPT code 33993.**

Change in Global Period

The family of PVAD codes were surveyed as 000-day global, similar to other coronary interventions, although they are currently XXX services. In comparing the survey templates, the difference between the 000-no visit survey and the XXX-major surgical survey is that the 000-day template asks the day preceding time and the XXX does not; that is the only time field that differs. The RUC does not believe this change fundamentally altered the survey outcome in comparison to XXX valuation. The RUC noted that every key reference service in the family of cardiology procedures is a 000-day global. Also, PVADs are placed and removed during a single hospital stay. With the absence of post-operative visits and pre-service time the day before the procedure not being typical, a change in global period is appropriate. **The RUC recommends that the global period for CPT codes 33990-33993, 33995 and 33997 be changed to 000-day.**

Modifier -51

The RUC confirmed that the family of PVAD codes will **not** be modifier -51 exempt. There is a distribution of interventions that can be done in this patient population and a host of percutaneous coronary intervention (PCI) codes and imaging codes with which these procedures can be reported, although none reach the 50% threshold. The modifier will be used because, in aggregate, the codes are most frequently reported with another code and will therefore be subject to the multiple procedure reduction.

Vignettes

The RUC will revise the vignettes for the existing PVAD codes (33990 & 33991) to more closely match the new code vignettes that were vetted through the Research Subcommittee. The existing vignettes will be clarified for educational purposes so that they are focusing only on the PVAD work and do not imply additional work for atherectomy, stents, or other interventions. For example, inserting the words “(reported separately)” after atherectomy.

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New Technology/New Service

The RUC recommends that CPT codes 33995 and 33997 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

There are no direct practice expenses associated with this facility-only code family.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery Cardiovascular System Heart and Pericardium Heart (including Valves) and Great Vessels <i>Patients receiving major cardiac procedures...</i> Cardiopulmonary bypass is distinct from support of cardiac output using devices (eg, ventricular assist or intra-aortic balloon). For cardiac assist services, see 33946, 33947, 33948, 33949, 33967-33983, 33990, 33991, 33992, 33993, <u>33995</u> , <u>33997</u> . Cardiac Valves <i>(For multiple valve procedures, see 33390, 33391, 33404-33478 and add modifier 51 to the secondary valve procedure code)</i> Aortic Valves <i>Diagnostic coronary angiography performed...</i> <i>Other cardiac catheterization services may be reported...</i> <i>Percutaneous coronary interventional procedures are...</i> When transcatheter ventricular support is required in conjunction with TAVR/TAVI, the appropriate code should <u>may</u> be reported with the appropriate ventricular assist device (VAD) procedure code (33990-33993 , 33975, 33976, <u>33990, 33991, 33992, 33993, 33995, 33997, 33999</u>) or balloon pump insertion code (33967, 33970, 33973). <i>The TAVR/TAVI cardiovascular access and delivery...</i> Mitral Valve <i>Other cardiac catheterization services may be reported...</i>				

For same session/same day diagnostic cardiac catheterization...

Diagnostic coronary angiography performed...

Percutaneous coronary interventional procedures...

When transcatheter ventricular support is required in conjunction with TMVR, the appropriate code may be reported with the appropriate ventricular assist device (VAD) procedure code (33990, 33991, 33992, 33993, 33995, 33997) or balloon pump insertion code (33967, 33970, 33973).

When cardiopulmonary bypass is performed in conjunction...

Pulmonary Valve

Other cardiac catheterization services may be reported...

For same session/same day diagnostic cardiac catheterization...

Diagnostic coronary angiography performed...

Percutaneous coronary interventional procedures...

Percutaneous pulmonary artery branch interventions...

When transcatheter ventricular support is required in conjunction with TPVI, the appropriate code may be reported with the appropriate percutaneous ventricular assist device (VAD) procedure codes (33990, 33991, 33992, 33993, 33995, 33997), extracorporeal membrane oxygenation (ECMO) or extracorporeal life support services (ECLS) procedure codes (33946-33989), or balloon pump insertion codes (33967, 33970, 33973).

When cardiopulmonary bypass is performed in conjunction...

Venous Grafting Only for Coronary Artery Bypass

The following codes are used to report coronary artery...

Procurement of the saphenous vein graft is included in the description of the work for 33510-33516 and should not be reported as a separate service or co-surgery. To report harvesting of an upper extremity vein, use 35500 in addition to the bypass procedure. To report harvesting of a femoropopliteal vein segment, report 35572 in addition to the bypass procedure. When surgical assistant performs graft procurement, add modifier 80 to 33510-33516. For percutaneous ventricular assist device insertion, removal, repositioning, see 33990-, 33991, 33992, 33993, 33995, 33997.

Combined Arterial-Venous Grafting for Coronary Bypass

The following codes are used to report coronary artery...

To report combined arterial-venous grafts it is necessary...

Procurement of the saphenous vein graft is included in the description of the work for 33517-33523 and should not be reported as a separate service or co-surgery. Procurement of the artery for grafting is included in the description of the work for 33533-33536 and should not be reported as a separate service or co-surgery, except when an upper extremity artery (eg, radial artery) is procured. To report harvesting of an upper extremity artery, use 35600 in addition to the bypass procedure. To report harvesting of an upper extremity vein, use 35500 in addition to the bypass procedure. To report harvesting of a femoropopliteal vein segment, report 35572 in addition to the bypass procedure. When surgical assistant performs arterial and/or venous graft procurement, add modifier 80 to 33517-33523, 33533-33536, as appropriate. For percutaneous ventricular assist device insertion, removal, repositioning, see 33990-, 33991, 33992, 33993, 33995, 33997.

Arterial Grafting for Artery Bypass

The following codes are used to report coronary artery...

To report combined arterial-venous grafts it is necessary...

Procurement of the artery for grafting is included in the description of the work for 33533-33536 and should not be reported as a separate service or co-surgery, except when an upper extremity artery (eg, radial artery) is procured. To report harvesting of an upper extremity artery, use 35600 in addition to the bypass procedure. To report harvesting of an upper extremity vein, use 35500 in addition to the bypass procedure. To report harvesting of a femoropopliteal vein segment, report 35572 in addition to the bypass procedure. When surgical assistant performs arterial and/or venous graft procurement, add modifier 80 to 33517-33523, 33533-33536, as appropriate. For percutaneous ventricular assist device insertion, removal, repositioning, see 33990-, 33991, 33992, 33993, 33995, 33997.

Heart/Lung Transplantation

33927 *Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy*

(For implantation of ventricular assist device, see 33975, 33976, 33979, 33995, 33990, 33991)

Cardiac Assist

A ventricular assist device is placed to provide hemodynamic support to the right heart, left heart, or both. The insertion of a ventricular assist device (VAD) can be performed via percutaneous (33990, 33991, 33995) or transthoracic (33975, 33976, 33979) approach. The location of the ventricular assist device may be intracorporeal or extracorporeal.

~~Open arterial exposure when necessary to facilitate percutaneous ventricular assist device insertion (33990, 33991), may be reported separately (34714, 34715, 34716, 34812, 34820, 34833, 34834). Extensive repair or replacement of an artery may be additionally reported (eg, 35226 or 35286).~~

Removal of a transthoracic ventricular assist device (33977, 33978, 33980), or percutaneous ventricular assist device (33992, 33997) includes removal of the entire device, including the cannulas. Removal of a percutaneous ventricular assist device at the same session as insertion is not

separately reportable. For removal of a percutaneous ventricular assist device at a separate and distinct session, but on the same day as insertion, report 33992, 33997 appended with modifier 59 indicating a distinct procedural service.

Repositioning of a percutaneous ventricular assist device at the same session as insertion is not separately reportable. Repositioning of percutaneous ventricular assist device not necessitating imaging guidance is not a reportable service. For repositioning of a percutaneous ventricular assist device necessitating imaging guidance at a separate and distinct session, but on the same day as insertion, report 33993 with modifier 59 indicating a distinct procedural service.

Replacement of a ventricular assist device pump (ie, 33981-33983) includes...

Replacement of the entire implantable ventricular assist device system, ie, pump(s) and cannulas, is reported using the insertion codes (ie, 33975, 33976, 33979). Removal (ie, 33977, 33978, 33980) of the ventricular assist device system being replaced is not separately reported. Replacement of a percutaneous ventricular assist device is reported using implantation codes (ie, 33990, 33991, 33995). Removal (ie, 33992, 33997) is not reported separately when a device is replaced.

● 33995	G1	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	000 XXX	6.75
▲ 33990	G2	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; left heart, arterial access only	000 XXX	6.75
▲ 33991	G3	<u>left heart</u> , both arterial and venous access, with transseptal puncture (For insertion or replacement of implantable aortic counterpulsation ventricular assist system, see 0451T, 0452T, 0453T, 0454T)	000 XXX	8.84
▲ 33992	G4	Removal of percutaneous <u>left heart</u> ventricular assist device, <u>arterial or arterial and venous cannula(s)</u> , separate and distinct session from insertion (For removal of implantable aortic counterpulsation ventricular assist system, see 0455T, 0456T, 0457T, 0458T)	000 XXX	3.55

● 33997	G5	Removal of percutaneous right heart ventricular assist device, venous cannula, separate and distinct session from insertion (For removal of left or right heart ventricular assist device via open approach, see appropriate vessel repair code [eg, 35206, 35226, 35286, 35371])	000 XXX	3.00
▲ 33993	G6	Repositioning of percutaneous <u>right or left heart</u> ventricular assist device, with imaging guidance, at separate and distinct session from insertion (For relocating and repositioning of implantable aortic counterpulsation ventricular assist system, see 0459T, 0460T, 0461T)	000 XXX	3.10
<p>Category III Codes</p> <p><i>Percutaneous coronary interventional procedures may...</i></p> <p><i>Other cardiac catheterization services may...</i></p> <p>When transcatheter ventricular support is required, the appropriate code may be reported with the appropriate ventricular assist device (VAD) procedure (33990, 33991, 33992, 33993, <u>33995, 33997</u>) or balloon pump insertion (33967, 33970, 33973).</p> <p>0345T <i>Transcatheter mitral valve repair percutaneous approach via the coronary sinus</i></p> <p>Phrenic Nerve Stimulation System</p> <p>0451T <i>Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)</i></p> <p>(Do not report 0451T in conjunction with 33973, 33979, 33990, 33991, <u>33995, 33997</u>, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T)</p> <p>(For insertion of intra-aortic balloon assist device, see 33967, 33970, 33973)</p> <p>(For insertion or replacement of extracorporeal ventricular assist device, see 33975, 33976, 33981)</p> <p>(For insertion or replacement of intracorporeal ventricular assist device, see 33979, 33982, 33983)</p> <p>(For percutaneous insertion of ventricular assist device, see 33990, 33991, <u>33995</u>)</p>				

0452T	<i>aortic counterpulsation device and vascular hemostatic seal</i>
	(Do not report 0452T in conjunction with 33973, 33979, 33990, 33991, <u>33995</u> , <u>33997</u> , 0451T, 0455T, 0456T)
	(For insertion or replacement of intracorporeal ventricular assist device, see 33979, 33982, 33983)
0453T	<i>mechano-electrical skin interface</i>
	(Do not report 0453T in conjunction with 33973, 33979, 33990, 33991, <u>33995</u> , <u>33997</u> , 0451T, 0455T, 0457T)
	(For insertion or replacement of intracorporeal ventricular assist device, see 33979, 33982, 33983)
0454T	<i>subcutaneous electrode</i>
	(Report 0454T once for each subcutaneous electrode inserted or replaced)
	(If the entire system is inserted or replaced, use 0451T)
	(Do not report 0454T in conjunction with 33973, 33979, 33990, 33991, <u>33995</u> , <u>33997</u> , 0451T, 0455T, 0458T)
	(For insertion or replacement of intracorporeal ventricular assist device, see 33979, 33982, 33983)

SURVEY TIME QUESTION

000 DAY (no visit)	XXX MAJOR SURGICAL
<p style="text-align: center;">RSL definition:</p> <p>0 days of post-service care are included in the work RVU</p>	<p style="text-align: center;">RSL definition:</p> <p>XXX A global period does not apply to the code and evaluation and management and other diagnostic tests or minor services performed, may be reported separately on the same day</p>
<p>Background for Question 2: Surgery (000 global period)</p> <p>Pre-service period The pre-service period includes physician services provided from the day before the operative procedure until the time of the operative procedure and may include the following:</p> <ul style="list-style-type: none"> • Hospital admission work-up. • The pre-operative evaluation may include the procedural work-up, review of records, communicating with other professionals, patient and family, and obtaining consent. • Other pre-operative work may include dressing, scrubbing, and waiting before the operative procedure, preparing patient and needed equipment for the operative procedure, positioning the patient and other “non-skin-to-skin” work in the OR. <p>The following services are not included:</p> <ul style="list-style-type: none"> • Consultation or evaluation at which the decision to provide the procedure was made (reported with modifier -57). • Distinct evaluation and management services provided in addition to the procedure (reported with modifier -25). • Mandated services (reported with modifier -32). • Moderate (conscious) sedation services (reported with CPT codes 99151-99157) <p>Intra-service period The intra-service period includes all “skin-to-skin” work that is a necessary part of the procedure.</p> <p>Post-service period The post-service period includes services provided on the day of the procedure and may include the following:</p> <ul style="list-style-type: none"> • Day of procedure: Post-operative care on day of the procedure, includes "non-skin-to-skin" work in the OR, patient stabilization in the recovery room or special unit, and communicating with the patient and other professionals (including written and telephone reports and orders), and patient visits on the day of the operative procedure. 	<p>Background for Question 2: Surgery (XXX global period)</p> <p>Pre-service period The pre-service period includes physician services provided the day of the operative procedure and may include the following:</p> <ul style="list-style-type: none"> • Hospital admission work-up. • The pre-operative evaluation may include the procedural work-up, review of records, communicating with other professionals, patient and family, and obtaining consent. • Other pre-operative work may include dressing, scrubbing, and waiting before the operative procedure, preparing patient and needed equipment for the operative procedure, positioning the patient and other “non-skin-to-skin” work in the OR. <p>The following services are not included:</p> <ul style="list-style-type: none"> • Consultation or evaluation at which the decision to provide the procedure was made (reported with modifier -57). • Distinct evaluation and management services provided in addition to the procedure (reported with modifier -25). • Mandated services (reported with modifier -32). • Moderate (conscious) sedation services (reported with CPT codes 99151-99157) <p>Intra-service period The intra-service period includes all “skin-to-skin” work that is a necessary part of the procedure.</p> <p>Post-service period The post-service period includes the following:</p> <ul style="list-style-type: none"> • Day of procedure: "Non-skin-to-skin" work in the OR, patient stabilization in the recovery room or special unit, and communicating with the patient and other professionals (including written and telephone reports and orders).

<p>The following services are not included:</p> <ul style="list-style-type: none"> • Unrelated evaluation and management service provided during the postoperative period (reported with modifier -24) • Return to the operating room for a related procedure during the postoperative period (reported with modifier -78) • Unrelated procedure or service performed by the same physician during the postoperative period (reported with modifier -79) 	<p>The following services are not included:</p> <ul style="list-style-type: none"> • Patient visits on the day of the operative procedure. All further in-hospital, discharge and post discharge office visits for these codes are separately billable, and the physician work that you do for these visits should not be considered when estimating the relative value for the XXX global survey codes. • Unrelated evaluation and management service provided during the postoperative period (reported with modifier -24) • Return to the operating room for a related procedure during the postoperative period (reported with modifier -78) • Unrelated procedure or service performed by the same physician during the postoperative period (reported with modifier -79)
<p>2. How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? It is important to be as precise as possible. For example, indicate 3 or 6 minutes instead of rounding to 5 minutes or indicate 14 or 17 minutes instead of rounding to 15 minutes. Indicate your time for the survey code on the front cover. (Refer to definitions.)</p> <p><u>Note: Do not include time for work related to another service, procedure, or evaluation and management code that is separately reportable.</u></p> <p>a) Day preceding procedure (in minutes)</p> <p>Pre-service evaluation time: _____ minutes</p> <p>b) Day of procedure (in minutes)</p> <p>Pre-service evaluation: _____ minutes</p> <p>Pre-service positioning time: _____ minutes</p> <p>Pre-service scrub, dress, wait time: _____ minutes</p> <p>Intra-service time: _____ minutes</p> <p>Immediate Post-service time* _____ minutes</p> <p>*Post-operative care on day of the procedure, includes “non-skin-to-skin” work in the OR, patient stabilization in the recovery room or special unit and communicating with the patient and other professionals (including written and telephone reports and orders), and patient visits on the day of the operative procedure.</p>	<p>2. How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? It is important to be as precise as possible. For example, indicate 3 or 6 minutes instead of rounding to 5 minutes or indicate 14 or 17 minutes instead of rounding to 15 minutes. Indicate your time for the survey code on the front cover. (Refer to definitions.)</p> <p><u>Note: Do not include time for work related to another service, procedure, or evaluation and management code that is separately reportable.</u></p> <p>Day of procedure (in minutes)</p> <p>Pre-service evaluation: _____ minutes</p> <p>Pre-service positioning time: _____ minutes</p> <p>Pre-service scrub, dress, wait time: _____ minutes</p> <p>Intra-service time: _____ minutes</p> <p>Immediate Post-service time* _____ minutes</p> <p>*Immediate post-operative care on day of the procedure, includes “non-skin-to-skin” work in the OR, patient stabilization in the recovery room or special unit and communicating with the patient and other professionals (including written and telephone reports and orders). Do not include patient visits on the day of the operative procedure. All further in-hospital, discharge and post discharge office visits for these codes are separately billable, and the physician work that you do for these visits should not be considered when estimating the relative value for the XXX global survey codes.</p>

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 33995	Tracking Number G1	Original Specialty Recommended RVU: 7.90
		Presented Recommended RVU: 6.75
Global Period: 000	Current Work RVU: n/a	RUC Recommended RVU: 6.75

CPT Descriptor: Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old female presents to the Emergency Department with an inferior ST-Elevation Myocardial Infarction. Diagnostic tests show she is hypotensive, suffering from right ventricular failure, and has a completely occluded proximal right coronary artery. Despite successful stent placement to the occluded proximal right coronary artery, she manifests persistent hypotension, malperfusion, right ventricular dysfunction, and elevated central venous pressure (CVP). Decision is made to insert a percutaneous right heart ventricular assist device to provide temporary right ventricular support.

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

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work: The patient's history, echocardiogram, and laboratory and diagnostic tests are reviewed, including relevant coronary angiograms, computed tomographic (CT) angiograms, and ilio-femoral contrast angiograms. This includes a review of the CT and/or angiographic images from prior studies. A physical examination is conducted. A clinical note is generated that summarizes the clinical information if a recent note is not available. The patient is prepared for the procedure with careful documentation of baseline clinical findings such as vital signs, arterial pulses, allergies, electrocardiographic findings, laboratory results, family contact information, and other data. Appropriate antiplatelet and other pharmacologic therapy important for patient safety is ensured. Additional preprocedure functions include writing orders for adequate sedation and patient support and reviewing study arrangements and procedures with the technical, nursing, and other assisting personnel. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed. The procedure is reviewed with the patient and the patient's family. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. The patient's information is loaded in the hemodynamic monitoring equipment and into the angiographic digital archive in order to retain the data from the upcoming study.

Description of Intra-Service Work: A peripheral intravenous (IV) access site is obtained. If general anesthesia is induced, the patient is intubated and connected to a mechanical ventilator. If conscious sedation is used, oxygen saturation monitoring is secured. A radial artery catheter may be inserted for hemodynamic monitoring. The heart rate and rhythm are monitored throughout the procedure. Transesophageal echocardiography (TEE) or transthoracic echocardiography (TTE) may be used by an echocardiographer to confirm the ejection fraction and to rule out ventricular thrombus. (If performed, TTE/TEE is separately reported.) The patient is prepped and draped.

Local anesthesia is infiltrated in the groin. Venous access is obtained in the common femoral vein using ultrasound to assess the entry site. A micropuncture needle is placed into the vein and the micropuncture dilator is used to place a 0.035" guidewire. A 5-8 Fr introducer is placed to pre-dilate the vessel. Then 8, 12, 16 and 20 Fr dilators are used to further dilate

the vessel. The 23 French sheath is then placed into the vein. The console is activated, and a purge cassette is placed, and the system is connected to the catheter. The catheter is purged and tested to ensure purge fluid is exiting properly. Heparin is given and when the ACT is 250 seconds, the dilator is removed from the introducer. A flow-directed balloon tipped catheter is placed into the 23 Fr introducer and advanced over a guidewire to the pulmonary artery. The placement guidewire is then curved and inserted deep into the left or right pulmonary artery until it prolapses. The balloon-tipped catheter is then removed. The cannula is wet with sterile water and backloaded onto the placement wire, usually requiring technician assistance. The guidewire is advanced into the catheter and care is taken to stabilize the cannula and not allow distal movement of the placement wire. The catheter is then advanced into the IVC and the sensor is calibrated. Then, it is advanced through the hemostatic valve into the femoral vein and rotated as it advances into the right ventricle to get the tip upward and towards the pulmonary valve going across. The outlet is placed four centimeters distal to the pulmonary valve. The placement guidewire is removed. Position is verified with fluoroscopy and echocardiography (either transthoracic or transesophageal). The console then activates the catheter and support is provided at increasing levels. The catheter position is reassessed. The repositioning sheath is then flushed and a stopcock placed. The 23 French peel-away introducer is removed from the vein and the repositioning sheath is advanced. The entry site is secured with sutures and sterile dressings are applied.

Description of Post-Service Work: The physician confirms the hemodynamics upon the patient's arrival in the recovery area. Postoperative orders are written. The patient's family and referring physician are apprised of the procedure outcome. The results of the procedure are reviewed with the patient after sedation wears off. Intraprocedural images are reviewed, interpreted, and archived. The patient's fluoroscopic exposure time and contrast administration volume are reviewed and recorded. Procedure notes are dictated, reviewed, revised as necessary, and signed. A formal report is sent to the patient's primary care and referring providers.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Richard Wright, MD; Cliff Kavinsky, MD; Edward Tuohy, MD; Lyndon Box, MD				
Specialty Society(ies):	ACC, SCAI				
CPT Code:	33995				
Sample Size:	2840	Resp N:	58	Response: 2.0 %	
Description of Sample:	random interventional members from ACC and SCAI				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	2.00	5.00	20.00
Survey RVW:	3.00	9.00	12.00	14.00	22.00
Pre-Service Evaluation Time:			41.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	5.00	30.00	45.00	60.00	180.00
Immediate Post Service-Time:	30.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

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

Specialty Society Recommended Data

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

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

CPT Code:	33995	Recommended Physician Work RVU: 6.75		
	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:	6.00	6.00	0.00	
Intra-Service Time:	45.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
8B IV Sedation/Complex Procedure				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	28.00	28.00	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
33952	000	8.15	RUC Time

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93583	000	13.75	RUC Time

CPT Descriptor Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52352	000	6.75	RUC Time	24,454

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52351	000	5.75	RUC Time	22,640

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
31276	000	6.75	RUC Time

CPT Descriptor Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed

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: 39.6 %

Number of respondents who choose 2nd Key Reference Code: 10 % of respondents: 17.2 %

TIME ESTIMATES (Median)

	CPT Code: <u>33995</u>	Top Key Reference CPT Code: <u>33952</u>	2nd Key Reference CPT Code: <u>93583</u>
Median Pre-Service Time	25.00	48.00	48.00
Median Intra-Service Time	45.00	60.00	90.00
Median Immediate Post-service Time	28.00	30.00	40.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	20.00	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	98.00	158.00	178.00
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.

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	9%	43%	30%	17%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
9%	52%	39%

Technical Skill/Physical Effort

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	9%	57%	34%
Physical effort required	22%	52%	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

13%

57%

30%

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

20%

60%

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%

50%

50%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

10%

40%

50%

Physical effort required

0%

30%

70%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

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 IWP/UT 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.

Percutaneous ventricular assist devices (PVADs) are used for certain patients as aides to recovery following percutaneous coronary interventions or in patients with cardiogenic shock as a bridge to other therapies. This technology is distinct from the more commonly known ventricular assist devices that are implanted by surgeons. Devices are placed and removed during a single hospital stay.

Since codes for this technology were first created and valued in 2012 for left-heart arterial use, additional indications have been approved for right-heart venous use. The four existing codes for insertion, removal at a separate session, and repositioning have been revised and two new codes for right-heart venous insertion and removal at a separate session have been created. While these services are becoming more common, they are still fairly low in utilization overall.

The ACC and SCAI completed a random survey of interventional cardiologists who perform or are familiar with the service. An expert panel of ACC and SCAI physicians reviewed data from the survey. For services expected to be provided hundreds of times a year to Medicare FFS beneficiaries, the response was fairly robust and generally completed by physicians familiar with the services.

33995 is a new code for right heart venous PVAD insertion. Respondents identified peripheral ECMO cannula insertion code 33952 as the key reference service. Most respondents indicated that overall 33995 is either identical or more intense/complex than 33952. This would align with our ultimate time and RVU recommendations, where 33990 has a lower RVU but a higher IWPOT.

The second KRS is 93583 for percutaneous transcatheter septal reduction. A significant majority of these respondents indicated 33995 to be overall more intense/complex than 93583. That intensity is born out in IWPOT with our final recommendations. However, 93583 has a much longer intraservice time and higher RVU that may make comparisons challenging.

As with other existing codes in this family, a challenge for valuing this service is relatively short survey times but survey work RVUs at the 25th-percentile higher than the current value. Like existing arterial insertion code 33990, a challenge for valuing this service is a trend of decreasing intraservice times but too high a work RVU at the 25th-percentile work RVU. With a survey intraservice service time and expert operator experience indicating that insertion of a right heart venous PVAD is similar work to insertion of left heart arterial PVAD, we believe an appropriate solution is for the venous insertion code to have an identical work RVU to the arterial insertion code, set by crosswalk. Code 33995 was created to allow reporting of a newly approved indication, but it will not capture differences in physician work. This value is supported by the same comparator codes as insertion code 33990.

Accordingly, we recommend the current work RVU of 7.90 with the survey intraservice median time of 45 minutes. We recommend preservice package 3 for straightforward patient/difficult procedure with time removed from evaluation and SDW consistent with the survey and postservice package 8B for complex procedure under sedation. That makes the recommendation **7.90 work RVUs with times of 46 minutes preservice, 45 minutes intraservice, and 28 minutes post-service.**

UPDATED FOR HANDOUTS

After considering reviewer comments and discussing whether additional arguments could be made that the service has changed in some way that is more intense to justify maintaining the current work RVU for 33990 as the value for 33995, the societies developed revised recommendations based on crosswalks for each code. Additional questions/comments will be addressed at the presentation table.

Most reviewers noted that preservice package 3 is for general anesthesia. The original submissions described the service taking place under sedation but that was misaligned with package 3. The revised SOR indicates preservice package 2 for a service under sedation and removes some discussion of nonphysician work from the DOWs, though reviewer suggestions did not entirely agree and more deletions may be appropriate. We believe this change should address concerns raised about increases in preservice time for existing services.

Part of the reason different packages were selected is that these codes were surveyed as 000-global services, while they are currently XXX services. In preparing surveys, it was noted that the prior RSL was built entirely of 000 services, and that was also the approach to this survey. We also felt it would be appropriate to bundle any post-service care, if a survey were to identify a visit. That was ultimately not the case, but we do not believe this change fundamentally altered the survey outcome in comparison to XXX valuation. With the absence of post-operative visits and preservice time the day before the procedure not being typical, we do not believe this change affects the work RVU. Included in the handouts materials is a table comparing the XXX to 000 surveys for reference. We do recommend these codes be changed to 000 globals going forward.

To better account for the change in time we recommend valuing this code by crosswalk to 31276 for surgical nasal/sinus endoscopy as shown in the updated summary spreadsheet. 31276 and 33995 both have 45 minutes intraservice time. With revision to preservice package for 33995, both codes also have 98 minutes total service time. That makes the recommendation **6.75 work RVUs with times of 25 minutes preservice, 45 minutes intraservice, and 28 minutes post-service.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

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

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

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) Percutaneous ventricular assist devices may be used in conjunction with any of the various percutaneous coronary interventions, including atherectomy and stent, but also may be used alone.

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) Unlisted codes 33999 or 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? 1800

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Twice the Medicare estimated utilization below

Specialty cardiology Frequency 800 Percentage 44.44 %

Specialty interventional cardiology Frequency 800 Percentage 44.44 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 900

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please

explain the rationale for this estimate. Epidemiology, device sales figures, and expert opinion. Over 65,000 patients in the US at over 1,200 hospitals have been treated with support of a PVAD since 2008. PVAD patients receiving temporary right ventricular support would require an insertion via venous access. This type of access is estimated to be performed on less than 1,800 patients per year.

Specialty cardiology	Frequency 400	Percentage 44.44 %
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Specialty interventional cardiology	Frequency 400	Percentage 44.44 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Cardiovascular-Other

Professional Liability Insurance Information (PLI)

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

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33990

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 33990	Tracking Number G2	Original Specialty Recommended RVU: 7.90
		Presented Recommended RVU: 6.75
Global Period: 000	Current Work RVU: 7.90	RUC Recommended RVU: 6.75

CPT Descriptor: Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; left heart, arterial access only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old obese male with oxygen dependent obstructive pulmonary disease, diabetes mellitus, hypertension, and dyslipidemia presents with signs of acute systolic heart failure and unstable angina. Cardiac catheterization demonstrates a left ventricular ejection fraction of 25%, down from 60% one year ago. Coronary angiography shows a long, heavily calcified 90% stenosis in the left anterior descending artery (lad), a long, heavily calcified 80% stenosis in the left circumflex artery (lcx), and a 50% focal right coronary stenosis. Cardiac surgery consult deems him too high risk for surgical revascularization due to severe pulmonary disease and comorbidities. Rotational atherectomy of the calcified lad and lcx lesions is planned with placement of arterial pvad due to the severely impaired left ventricular function and large myocardial territories at risk.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work: The patient's history, echocardiogram, and laboratory and diagnostic tests are reviewed, including relevant coronary angiograms, computed tomographic (CT) angiograms, and ilio-femoral contrast angiograms. This includes a review of the CT and/or angiographic images from prior studies. A physical examination is conducted. A clinical note is generated that summarizes the clinical information if a recent note is not available. The patient is prepared for the procedure with careful documentation of baseline clinical findings such as vital signs, arterial pulses, allergies, electrocardiographic findings, laboratory results, family contact information, and other data. Appropriate antiplatelet and other pharmacologic therapy important for patient safety is ensured. Additional preprocedure functions include writing orders for adequate sedation and patient support and reviewing study arrangements and procedures with the technical, nursing, and other assisting personnel. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed. The procedure is reviewed with the patient and the patient's family. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. The patient's information is loaded in the hemodynamic monitoring equipment and into the angiographic digital archive in order to retain the data from the upcoming study. The patient is prepped and draped.

Description of Intra-Service Work: A peripheral intravenous (IV) access site is obtained. If general anesthesia is induced, the patient is intubated and connected to a mechanical ventilator. If conscious sedation is used, oxygen saturation monitoring is secured. A radial artery catheter may be inserted for hemodynamic monitoring. The heart rate and rhythm are monitored throughout the procedure. Transesophageal echocardiography (TEE) or transthoracic echocardiography (TTE) may be used by an echocardiographer to confirm the ejection fraction and to rule out ventricular thrombus. (If performed, TTE/TEE is separately reported.)

Local anesthesia is infiltrated in the groin. Femoral arterial access for the reference pigtail catheter is obtained by needle puncture (modified Seldinger technique). After arterial access is obtained, if a decision is made to withdraw the device immediately following the procedure, "pre-closure" of the artery is performed by placing a Perclose device in the artery and deploying a suture. The suture ends are placed in a wet saline gauze and clamped, followed by a wire exchange for the next Perclose device, which is deployed orthogonally to the first. The sutures are secured and the wire replaced, then serial dilation of the femoral artery is performed up to 11Fr. A 13 French peel-away sheath or a 14 F indwelling sheath is then positioned in the femoral artery over a standard guidewire. (Note: the device is available in both 13 F and 21 F versions). A catheter is then advanced over a wire from the femoral artery up to the ascending aorta and then used to cross the aortic valve into the left ventricle. The standard guidewire is exchanged out through the catheter for the transcatheter percutaneous ventricular assist device (pVAD) guidewire, which is then positioned in the ventricle toward the apex. The catheter is withdrawn over the wire, leaving the wire alone in the ventricle. This typically generates significant ventricular ectopy and repositioning of the wire. Using fluoroscopic guidance, the pVAD device is backloaded onto the guidewire and then advanced over the wire into the aortoiliac system, around the aortic arch, through the aortic valve, and into the ventricle. The wire is then removed. Under fluoroscopic guidance, the pVAD catheter is positioned so that the inflow of the cannula is properly positioned below the aortic valve. The pVAD transcatheter/transvalvular catheter is then activated to counteract the passive flow through the catheter from the aorta. In this manner, the pump is in a transvalvular position with uptake placed in the ventricle and arterial delivery into the aorta. The other end of the pVAD catheter exits through the arterial access site and is fixed externally to prevent untoward inward migration (i.e., too much catheter inside the heart). The external end of the device is connected to the control console, and the pump is adjusted as needed to optimize its output.

During the interventional procedure, the transcatheter/transvalvular assist device is adjusted as necessary to achieve an optimal performance level to maintain systolic pressure during long inflations of the coronaries and to provide unloading of the ventricle during the entire procedure. If device removal is appropriate at the conclusion of the case, weaning of the pump is gradually performed. The patient's temperature, hematocrit, and oxygenation and electrolytes are normalized as necessary. Once the transcatheter device is set at a low, or a neutral setting (no forward flow), the pump is withdrawn to the iliac artery and turned off. Once the activated clotting time (ACT) is reduced to less than 150 seconds, the pump is withdrawn through the sheath and removed. Arterial hemostasis is achieved with prolonged manual pressure or via an arterial closure system.

Description of Post-Service Work: The physician confirms the hemodynamics upon the patient's arrival in the recovery area. Postoperative orders are written. The patient's family and referring physician are apprised of the procedure outcome. The results of the procedure are reviewed with the patient after sedation wears off. Intraprocedural images are reviewed, interpreted, and archived. The patient's fluoroscopic exposure time and contrast administration volume are reviewed and recorded. Procedure notes are dictated, reviewed, revised as necessary, and signed. A formal report is sent to the patient's primary care and referring providers.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Richard Wright, MD; Cliff Kavinsky, MD; Edward Tuohy, MD; Lyndon Box, MD				
Specialty Society(ies):	ACC, SCAI				
CPT Code:	33990				
Sample Size:	2840	Resp N:	70	Response: 2.4 %	
Description of Sample:	random interventional members from ACC and SCAI				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	8.00	15.00	30.00
Survey RVW:	5.60	9.21	11.50	14.00	42.00
Pre-Service Evaluation Time:			50.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	5.00	30.00	45.00	60.00	180.00
Immediate Post Service-Time:	30.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

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

Specialty Society Recommended Data

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

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

CPT Code:	33990	Recommended Physician Work RVU: 6.75		
	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:	6.00	6.00	0.00	
Intra-Service Time:	45.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
8B IV Sedation/Complex Procedure				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	28.00	28.00	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
33952	000	8.15	RUC Time

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92933	000	12.29	RUC Time

CPT Descriptor Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52352	000	6.75	RUC Time	24,454

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52351	000	5.75	RUC Time	22,640

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
31276	000	6.75	RUC Time

CPT Descriptor Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed

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

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

Number of respondents who choose Top Key Reference Code: 26 % of respondents: 37.1 %

Number of respondents who choose 2nd Key Reference Code: 14 % of respondents: 20.0 %

TIME ESTIMATES (Median)

	CPT Code: 33990	Top Key Reference CPT Code: 33952	2nd Key Reference CPT Code: 92933
Median Pre-Service Time	25.00	48.00	18.00
Median Intra-Service Time	45.00	60.00	87.00
Median Immediate Post-service Time	28.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	20.00	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	98.00	158.00	135.00
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.

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	11%	46%	23%	19%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
8%	54%	38%

Technical Skill/Physical Effort

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	8%	58%	36%
Physical effort required	19%	54%	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

8%

54%

36%

2nd Key Reference Code**Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More****Overall intensity/complexity**

0%

7%

21%

43%

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

7%

14%

79%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

14%

50%

36%

Physical effort required

7%

58%

35%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

14%

14%

72%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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.

Percutaneous ventricular assist devices (PVADs) are used for certain patients as aides to recovery following percutaneous coronary interventions or in patients with cardiogenic shock as a bridge to other therapies. This technology is distinct from the more commonly known ventricular assist devices that are implanted by surgeons. Devices are placed and removed during a single hospital stay.

Since codes for this technology were first created and valued in 2012 for left-heart arterial use, additional indications have been approved for right-heart venous use. The four existing codes for insertion, removal at a separate session, and repositioning have been revised and two new codes for right-heart venous insertion and removal at a separate session have been created. While these services are becoming more common, they are still fairly low in utilization overall.

The ACC and SCAI completed a random survey of interventional cardiologists who perform or are familiar with the service. An expert panel of ACC and SCAI physicians reviewed data from the survey. For services provided in the low thousands range to Medicare FFS beneficiaries, the response was fairly robust and generally completed by physicians familiar with the services.

33990 is the revised code for left-heart arterial PVAD. Respondents identified peripheral ECMO cannula insertion code 33952 as the key reference. Most respondents indicated that overall 33990 is either identical or more intense/complex than 33952. This would align with our ultimate time and RVU recommendations, where 33990 has a lower RVU but times that produce a higher IWPOT.

The second KRS is 92933 for PCI utilizing atherectomy and stent. A significant majority of these respondents indicated 93990 to be overall more intense/complex than 92933. That intensity is born out in IWPOT with our final recommendations. However, 92933 has a much longer intraservice time and higher RVU that may make comparisons challenging.

A challenge for valuing this service is reduced survey times for intraservice and postservice, but increased survey preservice time. With the current value already below the survey 25th-percentile value, we believe it makes sense to maintain the work RVU for several reasons. First, unlike when this code was first surveyed 7 years ago, familiarity with the technology is more common and we did not need to do a targeted survey. This survey is a better snapshot of time and work. However, without compelling evidence, we would not recommend an increase. Second, while slightly longer overall, we did identify comparator codes in this range with identical intraservice times that we believe support the current value for this procedure. Those comparators for a planned tracheostomy and cystourethroscopy are included in the summary spreadsheet. Finally, PVAD insertion does bear a lot of similarities to the KRS, both clinically, in terms of time, and in terms of work.

Accordingly, we recommend the current work RVU of 7.90 with the survey intraservice median time of 45 minutes. With the evolution of preservice and postservice packages in that time and execution of this survey as a 000 code instead of XXX, we recommend preservice package 3 for straightforward patient/difficult procedure with time removed from evaluation and SDW consistent with the survey and postservice package 8B for complex procedure under sedation with. That makes the recommendation **7.90 work RVUs with times of 46 minutes preservice, 45 minutes intraservice, and 28 minutes post-service.**

UPDATED FOR HANDOUTS

After considering reviewer comments and discussing whether additional arguments could be made that the service has changed in some way that is more intense to justify maintaining the current work RVU, the societies developed revised recommendations based on crosswalks for each code. Additional questions/comments will be addressed at the presentation table.

Most reviewers noted that preservice package 3 is for general anesthesia. The original submissions described the service taking place under sedation but that was misaligned with package 3. The revised SOR indicates preservice package 2 for a service under sedation and removes some discussion of nonphysician work from the DOWs, though reviewer suggestions did not entirely agree and more deletions may be appropriate. We believe this change should address concerns raised about increases in preservice time for existing services.

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To better account for the change in time we recommend valuing this code by crosswalk to 31276 for surgical nasal/sinus endoscopy as shown in the updated summary spreadsheet. 31276 and 33990 both have 45 minutes intraservice time. With revision to preservice package for 33990, both codes also have 98 minutes total service time. That makes the recommendation **6.75 work RVUs with times of 25 minutes preservice, 45 minutes intraservice, and 28 minutes post-service.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

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

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

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) Percutaneous ventricular assist devices may be used in conjunction with any of the various percutaneous coronary interventions, including atherectomy and stent, but also may be used alone.

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) 33990

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty interventional cardiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 20000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double the predicted Medicare estimate below.

Specialty cardiology Frequency 9000 Percentage 45.00 %

Specialty interventional cardiology Frequency 9000 Percentage 45.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Please explain the rationale for this estimate. Growth has been appropriately gradual but consistent since this code was launched in 2013. We predict that would continue, with roughly 10,000 utilization in CY 2021 when this updated valuation takes effect.

Specialty cardiology	Frequency 4500	Percentage 45.00 %
Specialty interventional cardiology	Frequency 4500	Percentage 45.00 %
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:

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 33990

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: 33991 Tracking Number G3

Original Specialty Recommended RVU: **9.11**

Global Period: 000

Current Work RVU: **11.63**Presented Recommended RVU: **8.84**RUC Recommended RVU: **8.84**

CPT Descriptor: Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture
(For insertion or replacement of implantable aortic counterpulsation ventricular assist system, see 0451t, 0452t, 0453t, 0454t)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old obese male with oxygen dependent obstructive pulmonary disease, diabetes mellitus, hypertension, and dyslipidemia presents with signs of acute systolic heart failure and unstable angina. cardiac catheterization demonstrates a left ventricular ejection fraction of 15%, down from 60% one year ago. coronary angiography shows a long, heavily calcified 90% stenosis in the left anterior descending artery (lad), a long, heavily calcified 80% stenosis in the left circumflex artery (lcx), and a 50% focal right coronary stenosis. cardiac surgery consult deems him too high risk for surgical revascularization due to severe pulmonary disease and comorbidities. rotational atherectomy of the calcified lad and lcx lesions is planned with placement of arterial-venous pvad with transseptal puncture due to the severely impaired left ventricular function and large myocardial territories at risk.

Percentage of Survey Respondents who found Vignette to be Typical: 78%

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 history, echocardiogram, and laboratory and diagnostic tests are reviewed, including relevant coronary angiograms, computed tomographic (CT) angiograms, and ilio-femoral contrast angiograms. This includes a review of the CT and/or angiographic images from prior studies. A physical examination is conducted. A clinical note is generated that summarizes the clinical information if a recent note is not available. The patient is prepared for the procedure with careful documentation of baseline clinical findings such as vital signs, arterial pulses, allergies, electrocardiographic findings, laboratory results, family contact information, and other data. Appropriate antiplatelet and other pharmacologic therapy important for patient safety is ensured. Additional preprocedure functions include writing orders for adequate sedation and patient support and reviewing study arrangements and procedures with the technical, nursing, and other assisting personnel. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed. The procedure is reviewed with the patient and the patient's family. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. The potential venous and arterial access sites are prepped. The patient's information is loaded in the hemodynamic monitoring equipment and into the angiographic digital archive in order to retain the data from the upcoming study.

Description of Intra-Service Work: A peripheral intravenous (IV) access site is obtained. If general anesthesia is induced, the patient is intubated and connected to a mechanical ventilator. If conscious sedation is used, oxygen saturation monitoring is secured. Pulmonary and radial artery catheters may be inserted for hemodynamic monitoring. The heart rate and rhythm are monitored throughout the procedure. Transesophageal echocardiography (TEE) or transthoracic echocardiography (TTE) may be used by an echocardiographer to confirm ejection fraction and to rule out left atrial thrombus. (If performed, TEE is separately reported.) The patient is prepped and draped.

Local anesthesia is infiltrated in the groin. The femoral artery and femoral vein are accessed percutaneously or by cutdown. After arterial access is obtained, if a decision is made to withdraw the device immediately following the procedure, "pre-closure" of the artery is performed by placing a Perclose device in the artery and deploying a suture. An appropriate catheter is inserted over a wire through the venous sheath into the venous system under fluoroscopic guidance up to the superior vena cava. The guidewire is removed. A rigid transeptal puncture needle is carefully advanced through the catheter stopping just short of the end of the catheter. The needle-catheter unit is flushed and attached to a second pressure manifold and then withdrawn to the level of the fossa ovalis in the interatrial septum under fluoroscopic guidance. The imaging system is rotated in both the anterior and lateral positions to confirm proper positioning with respect to the arterial catheter positioned just above the aortic valve. The needle-catheter unit is then advanced several millimeters while observing the pressure waveform. The transeptal puncture is achieved. Left atrial position is confirmed by pressure waveform analysis, oxygen saturation measurement, and contrast injection through the system. If the needle-catheter unit has not traversed the septum properly, complications are first excluded and then the device is repositioned and a repeat attempt is performed until successful. The transseptal procedure typically requires more than one attempt to achieve success. The transseptal needle is removed, the catheter is flushed, and a guidewire is advanced through the catheter into the left atrium. The catheter is removed and a dilating catheter is advanced over the guidewire across the interatrial septum into the left atrium in order to dilate the septum. The venous access site is progressively dilated over a guidewire to allow the placement of a large bore cannula. The large bore 21 F venous percutaneous ventricular assist device (pVAD) cannula is flushed and then advanced over the guidewire into the left atrium under fluoroscopic guidance. The femoral artery is progressively dilated over the previously placed guidewire to allow placement of a large bore 16 F pVAD arterial return catheter, which is advanced over the wire into the proximal iliac artery or distal aorta for arterial return. The pVAD cannulas are deaired and connected to the external pump. The pump is activated and proper flows are ensured. If flows are inadequate, suggesting malpositioning of the left atrial cannula, the cannula is repositioned under fluoroscopic guidance. During the interventional procedure, the pump is running at high performance level and thus maintains delivery of oxygenated blood to the body while the heart is compromised and unloads the heart during the entire procedure.

If device removal is appropriate at the conclusion of the case, weaning of the pump is gradually performed. The patient's temperature, hematocrit, pH, and oxygenation and electrolytes are normalized as necessary, and the patient is weaned. The heart pump console is turned off. The left atrial catheter is withdrawn from the atrium, into the inferior vena cava, and once the activated clotting time (ACT) is reduced to less than 150 seconds, the device is ultimately withdrawn from the femoral vein under direct fluoroscopic or echocardiographic guidance. The arterial catheter(s) is/are usually removed, and arterial hemostasis is achieved with prolonged manual compression, with an arterial closure system, or by surgical closure.

Description of Post-Service Work: The physician confirms the hemodynamics upon the patient's arrival in the recovery area. Postoperative orders are written. The patient's family and referring physician are apprised of the procedure outcome. The results of the procedure are reviewed with the patient after sedation wears off. Intraprocedural images are reviewed, interpreted, and archived. The patient's fluoroscopic exposure time and contrast administration volume are reviewed and recorded. Procedure notes are dictated, reviewed, revised as necessary, and signed. A formal report is sent to the patient's primary care and referring providers.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Richard Wright, MD; Cliff Kavinsky, MD; Edward Tuohy, MD; Lyndon Box, MD				
Specialty Society(ies):	ACC, SCAI				
CPT Code:	33991				
Sample Size:	2840	Resp N:	47	Response: 1.6 %	
Description of Sample:	random interventional members from ACC and SCAI				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	1.00	4.00	20.00
Survey RVW:	7.85	12.15	13.75	16.00	35.00
Pre-Service Evaluation Time:			50.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	5.00	40.00	60.00	90.00	120.00
Immediate Post Service-Time:	30.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

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

Specialty Society Recommended Data

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

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

CPT Code:	33991	Recommended Physician Work RVU: 8.84		
	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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
8B IV Sedation/Complex Procedure				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	28.00	28.00	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93583	000	13.75	RUC Time

CPT Descriptor Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
33952	000	8.15	RUC Time

CPT Descriptor Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52354	000	8.00	RUC Time	8,791

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36905	000	9.00	RUC Time	41,983

CPT Descriptor 2 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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43276	000	8.84	RUC Time

CPT Descriptor 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

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: 48.9 %

Number of respondents who choose 2nd Key Reference Code: 10 % of respondents: 21.2 %

TIME ESTIMATES (Median)

	CPT Code: 33991	Top Key Reference CPT Code: 93583	2nd Key Reference CPT Code: 33952
Median Pre-Service Time	25.00	48.00	48.00
Median Intra-Service Time	60.00	90.00	60.00
Median Immediate Post-service Time	28.00	40.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	20.00
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	113.00	178.00	158.00
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.

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	9%	43%	48%

Mental Effort and Judgment

	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> The number of possible diagnosis and/or the number of management options that must be considered The 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%	31%	65%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

0%

22%

78%

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%

13%

87%

2nd Key Reference Code**Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

Overall intensity/complexity

0%

0%

20%

30%

50%

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%

40%

60%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

0%

40%

60%

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 IWP/UT 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.

Percutaneous ventricular assist devices (PVADs) are used for certain patients as aides to recovery following percutaneous coronary interventions or in patients with cardiogenic shock as a bridge to other therapies. This technology is distinct from the more commonly known ventricular assist devices that are implanted by surgeons. Devices are placed and removed during a single hospital stay.

Since codes for this technology were first created and valued in 2012 for left-heart arterial use, additional indications have been approved for right-heart venous use. The four existing codes for insertion, removal at a separate session, and repositioning have been revised and two new codes for right-heart venous insertion and removal at a separate session have been created. While these services are becoming more common, they are still fairly low in utilization overall.

The ACC and SCAI completed a random survey of interventional cardiologists who perform or are familiar with the service. An expert panel of ACC and SCAI physicians reviewed data from the survey. For services provided in the low thousands range to Medicare FFS beneficiaries, the response was fairly robust and generally completed by physicians familiar with the services.

33991 is the revised code for left-heart arterial and venous PVAD with transseptal puncture. Respondents identified code 93583 for percutaneous transcatheter septal reduction as the key reference service. Nearly all of these respondents indicated that overall 33991 is either identical or more intense/complex than 93583.

The second KRS is 33952 for peripheral ECMO cannula insertion. A significant majority of these respondents indicated 93991 to be overall more intense/complex than 33952. That intensity is born out in IWPOT with our final recommendations where 93991 has identical intraservice time but a higher work RVU than 33952.

Similar to the existing arterial implantation code, a challenge for valuing this service is reduced survey service times. The current work RVU is already below the survey 25th-percentile value. However, in this instance we believe the reduction in time is so significant that it makes sense to look for alternative solutions. As with 33990, we do not believe compelling evidence exists to justify an increase to the 25th-percentile value.

Accordingly, we recommend a crosswalk to the work RVU for ECMO code 33954 for peripheral ECMO insertion. We recommend preservice package 3 for straightforward patient/difficult procedure with time removed from evaluation and SDW consistent with the survey and postservice package 8B for complex procedure under sedation. That makes the recommendation **9.11 work RVUs with times of 46 minutes preservice, 60 minutes intraservice, and 28 minutes post-service.**

UPDATED FOR HANDOUTS

After considering reviewer comments and discussing whether additional arguments could be made that the service has changed in some way that is more intense to justify maintaining the current work RVU, the societies developed revised recommendations based on crosswalks for each code. Additional questions/comments will be addressed at the presentation table.

Most reviewers noted that preservice package 3 is for general anesthesia. The original submissions described the service taking place under sedation but that was misaligned with package 3. The revised SOR indicates preservice package 2 for a service under sedation and removes some discussion of nonphysician work from the DOWs, though reviewer suggestions did not entirely agree and more deletions may be appropriate. We believe this change should address concerns raised about increases in preservice time for existing services.

Part of the reason different packages were selected is that these codes were surveyed as 000-global services, while they are currently XXX services. In preparing surveys, it was noted that the prior RSL was built entirely of 000 services, and that was also the approach to this survey. We also felt it would be appropriate to bundle any post-service care, if a survey were to identify a visit. That was ultimately not the case, but we do not believe this change fundamentally altered the survey outcome in comparison to XXX valuation. With the absence of post-operative visits and preservice time the day before the procedure not being typical, we do not believe this change affects the work RVU. Included in the handouts materials is a table comparing the XXX to 000 surveys for reference. We do recommend these codes be changed to 000 globals going forward.

To better account for the change in time we recommend valuing this code by crosswalk to 43276 for endoscopic retrograde cholangiopancreatography (ERCP) as shown in the updated summary spreadsheet. 43276 and 33991 both have 60 minutes intraservice time. With revision to preservice package for 33991, 33991 has 10 minutes less total service time as a more intense service. That makes the recommendation **8.84 work RVUs with times of 25 minutes preservice, 60 minutes intraservice, and 28 minutes post-service.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

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

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

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) Percutaneous ventricular assist devices may be used in conjunction with any of the various percutaneous coronary interventions, including atherectomy and stent, but also may be used alone.

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) 33991

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? 240

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Twice the Medicare estimate below

Specialty cardiology Frequency 60 Percentage 25.00 %

Specialty interventional cardiology Frequency 140 Percentage 58.33 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 120
 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 has hovered around 100 units since the code was created for CY 2013. We don't predict it to grow significantly beyond that.

Specialty cardiology	Frequency 30	Percentage 25.00 %
Specialty interventional cardiology	Frequency 70	Percentage 58.33 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? No

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 33991

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: 33992	Tracking Number G4	Original Specialty Recommended RVU: 3.75
		Presented Recommended RVU: 3.55
Global Period: 000	Current Work RVU: 3.75	RUC Recommended RVU: 3.55

CPT Descriptor: Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), separate and distinct session from insertion
(For removal of implantable aortic counterpulsation ventricular assist system, see 0455t, 0456t, 0457t, 0458t)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male presents with a large anterior stemi and progresses rapidly to cardiogenic shock. an arterial-venous pvad is implanted emergently. Despite successful stent placement to the occluded proximal left anterior descending artery, he manifests persistent hypotension, pulmonary edema, and ef 25%. The PVAD is maintained in place for prolonged hemodynamic support post procedure. Two days later, he has clinically improved with ejection fraction up to 35%. He remains stable during weaning of the PVAD and the device is now removed successfully.

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

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work: The patient is weaned from the pVAD as the native heart improves function. In most cases, patients are no longer in the cardiac catheterization lab procedure room but in a critical care setting when this device removal is contemplated. Typically, patients will be brought back to the catheterization laboratory or surgical suite for device removal. The patient's temperature, hematocrit, pH, level of oxygenation, and electrolytes are normalized as necessary and the patient is weaned.

Description of Intra-Service Work: For arterial approach devices, the device flow is reduced to minimal flow (or neutral setting), and withdrawn from the ventricle into the aorta under fluoroscopic or echocardiographic guidance. Once it approaches the iliac artery, the device is turned off and with the activated clotting time (ACT) less than 150 seconds, the device is removed. The arterial catheter(s) is/are removed and arterial hemostasis is achieved with prolonged manual compression, with an arterial closure system, or by surgical closure. The patient's vital signs are recorded every hour until release to the step-down unit with checks of the groin by the nursing every hour for the next 4 hours then every 2 hours as directed.

For arterial-venous approach devices, the heart pump console is turned off. The left atrial catheter is withdrawn from the left atrium, across the right atrium, into the inferior vena cava and, once the ACT is reduced to less than 150 seconds, the device is ultimately withdrawn from the femoral vein under direct fluoroscopic or echocardiographic guidance. Prolonged manual compression is applied to the exit site to achieve hemostasis, and a deep skin suture may also be applied to the area around the cannulation site to enhance hemostasis. The arterial catheter(s) is/are removed and manual pressure applied, or the artery is closed surgically with prolonged manual compression, with an arterial closure system, or by surgical closure. The patient's vital signs are recorded every hour until release to the step-down unit with checks of the groin by the nursing every hour for the next 4 hours then every 2 hours as directed.

Description of Post-Service Work: During the immediate postprocedure period, the physician evaluates and manages the patient's hemodynamics and bleeding in order to ascertain stability post-device removal, as this period is vital in terms of

confirming that removal was clinically appropriate. In addition, failure to achieve adequate hemostasis must be addressed urgently. If there is a clinically apparent decrement in cardiac function, the physician must decide whether replacement of the support device or alternate therapies are necessary, including inotrope/medical therapies as appropriate. Because the typical patient is not stable, multiple adjustments of inotropic/vasoactive agents and volume status are determined minute to minute. In addition, the physician talks to the patient's family and the nursing and other staff, and talks to and coordinates care with other physicians, writes orders, writes a procedure note, and discusses the outcome with the patient and the patient's family during this time.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Richard Wright, MD; Cliff Kavinsky, MD; Edward Tuohy, MD; Lyndon Box, MD				
Specialty Society(ies):	ACC, SCAI				
CPT Code:	33992				
Sample Size:	2840	Resp N:	64	Response: 2.2 %	
Description of Sample:	random interventional members from ACC and SCAI				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	5.00	10.00	30.00
Survey RVW:	2.90	5.00	7.00	8.63	42.00
Pre-Service Evaluation Time:			30.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	5.00	27.00	38.00	60.00	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):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
Prolonged Services:	0.00	99354x 0.00 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:	33992	Recommended Physician Work RVU: 3.55		
	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:	38.00			
Please, pick the <u>post-service</u> 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? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93458	000	5.60	RUC Time

CPT Descriptor Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
33952	000	8.15	RUC Time

CPT Descriptor Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
31628	000	3.55	RUC Time	32,338
<u>CPT Descriptor 1</u> Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
49405	000	4.00	RUC Time	6,108

CPT Descriptor 2 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36482	000	3.50	RUC Time

CPT Descriptor 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

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: 18.7 %

Number of respondents who choose 2nd Key Reference Code: 12 % of respondents: 18.7 %

TIME ESTIMATES (Median)

	CPT Code: 33992	Top Key Reference CPT Code: 93458	2nd Key Reference CPT Code: 33952
Median Pre-Service Time	25.00	38.00	48.00
Median Intra-Service Time	38.00	45.00	60.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	20.00
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	83.00	113.00	158.00
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.

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	8%	25%	50%	17%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
8%	42%	50%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	25%	25%	50%

Physical effort required	8%	42%	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

17%

42%

41%

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More**

Overall intensity/complexity	0%	17%	50%	17%	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

8%

67%

25%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	17%	58%	25%
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Physical effort required	8%	75%	17%
--------------------------	----	-----	-----

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

17%

42%

41%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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.

Percutaneous ventricular assist devices (PVADs) are used for certain patients as aides to recovery following percutaneous coronary interventions or in patients with cardiogenic shock as a bridge to other therapies. This technology is distinct from the more commonly known ventricular assist devices that are implanted by surgeons. Devices are placed and removed during a single hospital stay.

Since codes for this technology were first created and valued in 2012 for left-heart arterial use, additional indications have been approved for right-heart venous use. The four existing codes for insertion, removal at a separate session, and repositioning have been revised and two new codes for right-heart venous insertion and removal at a separate session have been created. While these services are becoming more common, they are still fairly low in utilization overall.

The ACC and SCAI completed a random survey of interventional cardiologists who perform or are familiar with the service. An expert panel of ACC and SCAI physicians reviewed data from the survey. For services provided in the low thousands range to Medicare FFS beneficiaries, the response was fairly robust and generally completed by physicians familiar with the services.

33992 is the revised code for removal of a left-heart arterial or arterial and venous PVAD. Respondents identified diagnostic coronary catheterization code 93458 as the key reference. Most respondents indicated that overall 33992 is more intense/complex than 93458.

The second KRS is 33952 for peripheral ECMO insertion. A majority of these respondents indicated 33992 to be of overall identical intensity/complexity to 33952.

As with other existing codes in this family, a challenge for valuing this service is reduced survey times but survey work RVUs at the 25th-percentile higher than the current value. With the current value already below the survey 25th-percentile value, we believe it makes sense to maintain the work RVU for several reasons. First, unlike when this code was first surveyed 7 years ago, familiarity with the technology is more common and we did not need to do a targeted survey. This survey is a better snapshot of time and work. However, without compelling evidence, we would not recommend an increase. Second, we identified comparator codes in this range with comparable intraservice times that we believe support the current value for this procedure. Those comparators for bronchoscopy and venous ablation are included in the summary spreadsheet.

Accordingly, we recommend the current work RVU of 3.75 with the survey intraservice median time of 38 minutes. With the evolution of preservice and postservice packages in that time and execution of this survey as a 000 code instead of XXX, we recommend preservice package 3 for straightforward patient/difficult procedure with time removed from evaluation and SDW consistent with the survey and postservice package 8A for straightforward patient/ procedure under sedation with time removed consistent with the survey. That makes the recommendation **3.75 work RVUs with times of 43 minutes preservice, 38 minutes intraservice, and 20 minutes post-service.**

UPDATED FOR HANDOUTS

After considering reviewer comments and discussing whether additional arguments could be made that the service has changed in some way that is more intense to justify maintaining the current work RVU, the societies developed revised recommendations based on crosswalks for each code. Additional questions/comments will be addressed at the presentation table.

Most reviewers noted that preservice package 3 is for general anesthesia. The original submissions described the service taking place under sedation but that was misaligned with package 3. The revised SOR indicates preservice package 2 for a service under sedation. We believe this change should address concerns raised about increases in preservice time for existing services.

Part of the reason different packages were selected is that these codes were surveyed as 000-global services, while they are currently XXX services. In preparing surveys, it was noted that the prior RSL was built entirely of 000 services, and that was also the approach to this survey. We also felt it would be appropriate to bundle any post-service care, if a survey were to identify a visit. That was ultimately not the case, but we do not believe this change fundamentally altered the survey outcome in comparison to XXX valuation. With the absence of post-operative visits and preservice time the day before the procedure not being typical, we do not believe this change affects the work RVU. Included in the handouts materials is a table comparing the XXX to 000 surveys for reference. We do recommend these codes be changed to 000 globals going forward.

To better account for the change in time we recommend valuing this code by crosswalk to MPC code 31628 for bronchoscopy as shown in the updated summary spreadsheet. 31628 and 33992 have comparable intraservice times of 40 minutes and 38 minutes respectively. With revision to preservice package for 33992, 33992 has 83 minutes total time while

31628 has 78 minutes total time. That makes the recommendation **3.55 work RVUs with times of 25 minutes preservice, 38 minutes intraservice, and 20 minutes post-service.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

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

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

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

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

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33992

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? 5000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Twice the Medicare estimate below

Specialty cardiology Frequency 2250 Percentage 45.00 %

Specialty interventional cardiology Frequency 2250 Percentage 45.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,500

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service has grown modestly as more PVADs are placed and some of those are left in long enough to require removal at a separate session. Roughly 25% of patients have removal billed at a separate session from implantation, so the removal number may be 2,500 in CY 2021.

Specialty cardiology Frequency 1125 Percentage 45.00 %

Specialty interventional cardiology	Frequency 1125	Percentage 45.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 33992

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: 33997 Tracking Number G5

Original Specialty Recommended RVU: **3.51**

Global Period: 000

Current Work RVU: **na**Presented Recommended RVU: **3.00**RUC Recommended RVU: **3.00**

CPT Descriptor: Removal of percutaneous right heart ventricular assist device, venous cannula, separate and distinct session from insertion

(for removal of left or right heart ventricular assist device via open approach, see appropriate vessel repair code [eg, 35206, 35226, 35286, 35371])

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old female presents with an inferior st-elevation myocardial infarction. diagnostic tests show she is hypotensive, suffering from right ventricular failure, and has a completely occluded proximal right coronary artery. Despite successful stent placement to the occluded proximal right coronary artery, she manifests persistent hypotension, malperfusion, right ventricular dysfunction, and elevated central venous pressure (CVP). A percutaneous right heart ventricular assist device is implanted emergently. The percutaneous right heart ventricular assist device is maintained in place for prolonged hemodynamic support post procedure. Three days later, she has clinically improved with right ventricular recovery and decreased CVP. She remains stable during weaning of the PVAD and the device is now removed successfully.

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

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work: The patient is weaned from the pVAD as the native heart improves function. In most cases, patients are no longer in the cardiac catheterization lab procedure room but in a critical care setting when this device removal is contemplated. Typically, patients will be brought back to the catheterization laboratory or surgical suite for device removal. The patient's temperature, hematocrit, pH, level of oxygenation, and electrolytes are normalized as necessary and the patient is weaned.

Description of Intra-Service Work: For venous approach devices, the heart pump console is turned off. The left atrial catheter is withdrawn from the pulmonary artery and right ventricle, into the inferior vena cava and, once the ACT is reduced to less than 150 seconds, the device is ultimately withdrawn from the femoral vein under direct fluoroscopic or echocardiographic guidance. Prolonged manual compression is applied to the exit site to achieve hemostasis, and a deep skin suture may also be applied to the area around the cannulation site to enhance hemostasis. The patient's vital signs are recorded every hour until release to the step-down unit with checks of the groin by the nursing every hour for the next 4 hours then every 2 hours as directed.

Description of Post-Service Work: During the immediate postprocedure period, the physician evaluates and manages the patient's hemodynamics and bleeding in order to ascertain stability post-device removal, as this period is vital in terms of confirming that removal was clinically appropriate. In addition, failure to achieve adequate hemostasis must be addressed urgently. If there is a clinically apparent decrement in cardiac function, the physician must decide whether replacement of the support device or alternate therapies are necessary, including inotrope/medical therapies as appropriate. Because the typical patient is not stable, multiple adjustments of inotropic/vasoactive agents and volume status are determined minute to minute. In addition, the physician talks to the patient's family and the nursing and other staff, and talks to and coordinates

care with other physicians, writes orders, writes a procedure note, and discusses the outcome with the patient and the patient's family during this time.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Richard Wright, MD; Cliff Kavinsky, MD; Edward Tuohy, MD; Lyndon Box, MD				
Specialty Society(ies):	ACC, SCAI				
CPT Code:	33997				
Sample Size:	2840	Resp N:	57	Response: 2.0 %	
Description of Sample:	random interventional members from ACC and SCAI				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	2.00	5.00	30.00
Survey RVW:	2.40	4.50	6.00	8.00	85.00
Pre-Service Evaluation Time:			30.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	5.00	16.00	30.00	40.00	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):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
Prolonged Services:	0.00	99354x 0.00 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:	33997	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:	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 <u>post-service</u> 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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
33952	000	8.15	RUC Time

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93458	000	5.60	RUC Time

CPT Descriptor Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52332	000	2.82	RUC Time	147,635
<u>CPT Descriptor 1</u> Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)				
<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52287	000	3.20	RUC Time	44,045

CPT Descriptor 2 Cystourethroscopy, with injection(s) for chemodenervation of the bladder

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
62267	000	3.00	RUC Time

CPT Descriptor Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes

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

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

Number of respondents who choose Top Key Reference Code: 11 % of respondents: 19.2 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 12.2 %

TIME ESTIMATES (Median)

	CPT Code: <u>33997</u>	Top Key Reference CPT Code: <u>33952</u>	2nd Key Reference CPT Code: <u>93458</u>
Median Pre-Service Time	25.00	48.00	38.00
Median Intra-Service Time	30.00	60.00	45.00
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	20.00	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	158.00	113.00
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.

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	55%	27%	18%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
9%	45%	46%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	9%	55%	36%
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%

36%

55%

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

14%

29%

57%

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%

29%

42%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

14%

43%

43%

Physical effort required

29%

29%

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

14%

57%

29%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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.

Percutaneous ventricular assist devices (PVADs) are used for certain patients as aides to recovery following percutaneous coronary interventions or in patients with cardiogenic shock as a bridge to other therapies. This technology is distinct from the more commonly known ventricular assist devices that are implanted by surgeons. Devices are placed and removed during a single hospital stay.

Since codes for this technology were first created and valued in 2012 for left-heart arterial use, additional indications have been approved for right-heart venous use. The four existing codes for insertion, removal at a separate session, and repositioning have been revised and two new codes for right-heart venous insertion and removal at a separate session have been created. While these services are becoming more common, they are still fairly low in utilization overall.

The ACC and SCAI completed a random survey of interventional cardiologists who perform or are familiar with the service. An expert panel of ACC and SCAI physicians reviewed data from the survey. For services provided in the low hundreds range to Medicare FFS beneficiaries, the response was fairly robust and generally completed by physicians familiar with the services.

33997 is the new code for removal of a right-heart venous PVAD. Respondents identified peripheral ECMO insertion code 33952 as the key reference. Most respondents indicated that overall 33997 has identical intensity/complexity to 33952. The second KRS is 93458 for diagnostic coronary catheterization. A majority of these respondents indicated 33997 to be of overall higher intensity/complexity than 93458.

Like existing removal arterial code 33992, a challenge for valuing this service is a trend of decreasing intraservice times but too high a work RVU at the 25th-percentile work RVU. With a survey intraservice service time and expert operator experience indicating that removal of a right heart venous PVAD is less work than removal of left heart arterial PVAD, we believe an appropriate solution is for the venous removal to have a lower work RVU than the arterial removal. Code 33997 was created to allow reporting of a newly approved indication, and it also will differentiate meaningful differences in physician work.

Accordingly, we recommend a crosswalk to the work RVU of peripheral ECMO repositioning code 33958. We recommend preservice package 3 for straightforward patient/difficult procedure with time removed from evaluation and SDW consistent with the survey and postservice package 8A for straightforward patient/ procedure under sedation with time removed consistent with the survey. That makes the recommendation **3.51 work RVUs with times of 43 minutes preservice, 30 minutes intraservice, and 20 minutes post-service.**

UPDATED FOR HANDOUTS

After considering reviewer comments and discussing whether additional arguments could be made that the service has changed in some way that is more intense to justify maintaining the current work RVU, the societies developed revised recommendations based on crosswalks for each code. Additional questions/comments will be addressed at the presentation table.

Most reviewers noted that preservice package 3 is for general anesthesia. The original submissions described the service taking place under sedation but that was misaligned with package 3. The revised SOR indicates preservice package 2 for a service under sedation. We believe this change should address concerns raised about increases in preservice time for existing services.

Part of the reason different packages were selected is that these codes were surveyed as 000-global services, while they are currently XXX services. In preparing surveys, it was noted that the prior RSL was built entirely of 000 services, and that was also the approach to this survey. We also felt it would be appropriate to bundle any post-service care, if a survey were to identify a visit. That was ultimately not the case, but we do not believe this change fundamentally altered the survey outcome in comparison to XXX valuation. With the absence of post-operative visits and preservice time the day before the procedure not being typical, we do not believe this change affects the work RVU. Included in the handouts materials is a table comparing the XXX to 000 surveys for reference. We do recommend these codes be changed to 000 globals going forward.

To better account for the change in time we recommend valuing this code by crosswalk to MPC code 62267 as shown in the updated summary spreadsheet. 62267 and 33997 have identical intraservice times of 30 minutes. With revision to preservice package for 33997, 33997 has 75 minutes total time while 62267 has 79 minutes total time. That makes the recommendation **3.00 work RVUs with times of 25 minutes preservice, 30 minutes intraservice, and 20 minutes post-service.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

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

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

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

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

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Unlisted 33999 or 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? 400

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Twice the Medicare estimate below

Specialty cardiology Frequency 180 Percentage 45.00 %

Specialty interventional cardiology Frequency 180 Percentage 45.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 200

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Similar to arterial PVAD, we predict roughly 25% of patients have removal billed at a seaprate session from implantation, so the removal number may be 200 in CY 2021.

Specialty cardiology Frequency 90 Percentage 45.00 %

Specialty interventional cardiology Frequency 90 Percentage 45.00 %

Specialty Frequency 0 Percentage 0.00 %

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

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Cardiovascular-Other

Professional Liability Insurance Information (PLI)

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

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33992

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 33993	Tracking Number G6	Original Specialty Recommended RVU: 3.26
		Presented Recommended RVU: 3.10
Global Period: 000	Current Work RVU: 3.26	RUC Recommended RVU: 3.10

CPT Descriptor: Repositioning of percutaneous right or left heart ventricular assist device, with imaging guidance, at separate and distinct session from insertion

(For relocating and repositioning of implantable aortic counterpulsation ventricular assist system, see 0459t, 0460t, 0461t)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male presents with a large anterior stemi and progresses rapidly to cardiogenic shock. an arterial pvad is implanted emergently. despite successful stent placement to the occluded proximal left anterior descending artery, he manifests persistent hypotension, pulmonary edema, and ef 25%. the pvad is maintained in place for prolonged hemodynamic support post procedure. upon transfer to the coronary care unit, the patient's oxygen saturation and blood pressure drop, and an alarm sounds on the device console. vasopressors are started to augment blood pressure. echocardiogram confirms the pvad has come back from the desired left ventricular position to a position now completely in the ascending aorta, indicating the need to reposition the device. the patient is brought back to the catheterization laboratory, where the device is repositioned into the left ventricular under fluoroscopic guidance.

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: When device position malfunction occurs, the patient is returned to the catheterization lab or hybrid lab for urgent fluoroscopic and/or echocardiographic visualization. Such patients typically continue on support due to ongoing hemodynamic instability so the patient is connected to the physiologic monitoring available there. The access site(s) is/are usually prepared as if for another sterile procedure, and the patient is draped. Repositioning is performed under fluoroscopic and/or echocardiographic guidance.

Description of Intra-Service Work: For venous approach devices, the devices are visualized and repositioned as necessary with respect to the right atrium and pulmonary artery as needed. For arterial approach devices, the pump is visualized and the device is repositioned with respect to the aortic valve as needed. For combined arterial and venous devices, the venous and arterial cannulas are visualized and repositioned as necessary with respect to the right atrium and aortoiliac system. For combined arterial and venous devices with transeptal access, the venous and arterial cannulas are visualized and repositioned as necessary with respect to the right and left atria and the aortoiliac system. Once back in position, the pump is restarted to maintain adequate cardiac support.

Description of Post-Service Work: During the immediate post-repositioning period, the physician evaluates and manages the patient's hemodynamics in order to ascertain stability post-device repositioning, as this period is vital in terms of confirming that repositioning was clinically successful. This may include the evaluation of a postprocedure echocardiogram performed at the bedside, or analysis of cardiac output or other hemodynamic indices. Because the typical patient is not stable, multiple adjustments of inotropic/vasoactive agents and volume status are determined minute to minute, as well as more minor repositioning of the device. The physician also works with the rest of the team, including other physicians and nurses, in order to increase stability of the device position externally, so that device movement is minimized. In addition, the physician talks to the patient's family and the nursing and other staff, and talks to and

coordinates care with other physicians, writes orders, writes a procedure note, and discusses the outcome with the patient and the patient's family during this time.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Richard Wright, MD; Cliff Kavinsky, MD; Edward Tuohy, MD; Lyndon Box, MD				
Specialty Society(ies):	ACC, SCAI				
CPT Code:	33993				
Sample Size:	2840	Resp N:	70	Response: 2.4 %	
Description of Sample:	random interventional members from ACC and SCAI				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	5.00	10.00	25.00
Survey RVW:	2.00	4.00	5.00	7.00	15.00
Pre-Service Evaluation Time:			30.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	5.00	15.00	25.00	34.00	601.00
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)

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

CPT Code:	33993	Recommended Physician Work RVU: 3.10		
	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:	25.00			
Please, pick the <u>post-service</u> 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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
33211	000	3.14	RUC Time

CPT Descriptor Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93458	000	5.60	RUC Time

CPT Descriptor Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
31628	000	3.55	RUC Time	32,338

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
52287	000	3.20	RUC Time	44,045

CPT Descriptor 2 Cystourethroscopy, with injection(s) for chemodenervation of the bladder

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
31296	000	3.10	RUC Time

CPT Descriptor Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)**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: 18.5 %

Number of respondents who choose 2nd Key Reference Code: 12 % of respondents: 17.1 %

TIME ESTIMATES (Median)

	CPT Code: <u>33993</u>	Top Key Reference CPT Code: <u>33211</u>	2nd Key Reference CPT Code: <u>93458</u>
Median Pre-Service Time	25.00	50.00	38.00
Median Intra-Service Time	25.00	45.00	45.00
Median Immediate Post-service Time	20.00	45.00	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	70.00	140.00	113.00
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.

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	15%	46%	31%	8%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
15%	31%	54%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	15%	46%	39%
Physical effort required	15%	62%	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

15%

39%

46%

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

42%

25%

17%

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

25%

25%

50%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

17%

33%

50%

Physical effort required

25%

33%

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

33%

17%

50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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.

Percutaneous ventricular assist devices (PVADs) are used for certain patients as aides to recovery following percutaneous coronary interventions or in patients with cardiogenic shock as a bridge to other therapies. This technology is distinct from the more commonly known ventricular assist devices that are implanted by surgeons. Devices are placed and removed during a single hospital stay.

Since codes for this technology were first created and valued in 2012 for left-heart arterial use, additional indications have been approved for right-heart venous use. The four existing codes for insertion, removal at a separate session, and repositioning have been revised and two new codes for right-heart venous insertion and removal at a separate session have been created. While these services are becoming more common, they are still fairly low in utilization overall.

The ACC and SCAI completed a random survey of interventional cardiologists who perform or are familiar with the service. An expert panel of ACC and SCAI physicians reviewed data from the survey. For services provided in the low thousands range to Medicare FFS beneficiaries, the response was fairly robust and generally completed by physicians familiar with the services.

33993 is the revised code for repositioning of a PVAD. Respondents identified insertion of temporary pacing electrode code 33211 as the key reference. A plurality respondents indicated that overall 33993 is of identical of identical intensity/complexity to 33211. The second KRS is 93458 for diagnostic coronary catheterization. A plurality of these respondents indicated 93993 to be less intense/complex than 93458. That intensity is born out in IWPOT with our final recommendations. However, 92933 has a longer intraservice time and higher RVU that may make comparisons challenging.

A challenge for valuing this service is reduced survey intraservice time. With the current value already below the survey 25th-percentile value, we believe it makes sense to maintain the work RVU for several reasons. First, unlike when this code was first surveyed 7 years ago, familiarity with the technology is more common and we did not need to do a targeted survey. This survey is a better snapshot of time and work. However, without compelling evidence, we would not recommend an increase. Second, we did identify comparator codes in this range with similar intraservice times that we believe support the current value for this procedure. Those comparators for cystourethroscopy and percutaneous plural drainage are included in the summary spreadsheet.

Accordingly, we recommend the current work RVU of 3.26 with the survey intraservice median time of 25 minutes. With the evolution of preservice and postservice packages in that time and execution of this survey as a 000 code instead of XXX, we recommend preservice package 3 for straightforward patient/difficult procedure with time removed from evaluation and SDW consistent with the survey and postservice package 8A for straightforward procedure under sedation with time removed consistent with the survey. That makes the recommendation **3.26 work RVUs with times of 43 minutes preservice, 25 minutes intraservice, and 20 minutes post-service.**

UPDATED FOR HANDOUTS

After considering reviewer comments and discussing whether additional arguments could be made that the service has changed in some way that is more intense to justify maintaining the current work RVU, the societies developed revised recommendations based on crosswalks for each code. Additional questions/comments will be addressed at the presentation table.

Most reviewers noted that preservice package 3 is for general anesthesia. The original submissions described the service taking place under sedation but that was misaligned with package 3. The revised SOR indicates preservice package 2 for a service under sedation. We believe this change should address concerns raised about increases in preservice time for existing services.

Part of the reason different packages were selected is that these codes were surveyed as 000-global services, while they are currently XXX services. In preparing surveys, it was noted that the prior RSL was built entirely of 000 services, and that was also the approach to this survey. We also felt it would be appropriate to bundle any post-service care, if a survey were to identify a visit. That was ultimately not the case, but we do not believe this change fundamentally altered the survey outcome in comparison to XXX valuation. With the absence of post-operative visits and preservice time the day before the procedure not being typical, we do not believe this change affects the work RVU. Included in the handouts materials is a table comparing the XXX to 000 surveys for reference. We do recommend these codes be changed to 000 globals going forward.

To better account for the change in time we recommend valuing this code by crosswalk to code 31296 for surgical nasal sinus endoscopy as shown in the updated summary spreadsheet. 31296 and 33993 have identical intraservice times of 25 minutes. With revision to preservice package for 33933, 33933 has 70 minutes total time while 31296 has 61 minutes total time. That makes the recommendation **3.10 work RVUs with times of 25 minutes preservice, 25 minutes intraservice, and 20 minutes post-service.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

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

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

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

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

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33993

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? 2000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Twice the Medicare estimate below

Specialty cardiology Frequency 900 Percentage 45.00 %

Specialty interventional cardiology Frequency 900 Percentage 45.00 %

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. The service has grown modestly as more PVADs are placed and some of those require repositioning. Roughly 10% of patients have have required repositioning in utilizationd ata, so the removal number may be 1,000 in CY 2021.

Specialty cardiology Frequency 450 Percentage 45.00 %

Specialty interventional cardiology Frequency 450 Percentage 45.00 %

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:

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 33993

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

	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	AP	AQ	AR	AS	AT
15							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					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	MIN	25th	MED	75th	MAX
17	1st REF	33952	000	Extracorporeal membrane oxygenation (ECMO)/extraco	26	0.098			8.15			158	30	3	15			60			30	1									
18	2nd REF	92933	000	Percutaneous transluminal coronary atherectomy, with	14	0.130			12.29			135	12	1	5			87			30										
19	CURREN T	33990	XXX	Insertion of ventricular assist device, percutaneous incl		0.105			7.90			135	29	1	5			60			40										
20	SVY	33990	000	Insertion of ventricular assist device, percutaneous incl	70	0.206	5.60	9.21	11.50	14.00	42.00	150	50	15	10	5	30	45	60	180	30						0	4	8	15	30
21	REC	33990	000	PVAD insertion, left heart, arterial		0.126	6.75					98	18	1	6			45			28										
22	COMP	45390	000	Colonoscopy, flexible; with endoscopic mucosal resect		0.117	6.04					83	15	3	5			45			15										
23	COMP	36903	000	Introduction of needle(s) and/or catheter(s), dialysis circ		0.109	6.39					96	17	4	5			50			20										
24	XWALK	31276	000	Nasal/sinus endoscopy, surgical, with frontal sinus expl		0.127	6.75					98	15	8	10			45			20										
25	MPC	52352	000	Cystourethroscopy, with ureteroscopy and/or pyelosco		0.118	6.75					118	33	5	15			45			20										
26	MPC	52351	000	Cystourethroscopy, with ureteroscopy and/or pyelosco		0.096	5.75					118	33	5	15			45			20										
27	28B																														
28							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					SURVEY EXPERIENCE				
29	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	MIN	25th	MED	75th	MAX
30	1st REF	33952	000	Extracorporeal membrane oxygenation (ECMO)/extraco	23	0.098			8.15			158	30	3	15			60			30	1									
31	2nd REF	93583	000	Percutaneous transcatheter septal reduction therapy (eg	10	0.133			13.75			178	30	3	15			90			40										
32	2nd REF	92933	000	Percutaneous transluminal coronary atherectomy, with	10	0.130			12.29			135	12	1	5			87			30										
33	CURREN T	33999	n/a	Unlisted procedure, cardiac surgery		#DIV/0!						0																			
34	SVY	33995	000	Insertion of ventricular assist device, percutaneous, incl	58	0.222	3.00	9.00	12.00	14.00	22.00	141	41	15	10	5	30	45	60	180	30						0	1	2	5	20
35	REC	33995	000	PVAD insertion, right heart, venous		0.126	6.75					98	18	1	6			45			28										
36	COMP	45390	000	Colonoscopy, flexible; with endoscopic mucosal resect		0.117	6.04					83	15	3	5			45			15										
37	COMP	36903	000	Introduction of needle(s) and/or catheter(s), dialysis circ		0.109	6.39					96	17	4	5			50			20										
38	XWALK	31276	000	Nasal/sinus endoscopy, surgical, with frontal sinus expl		0.127	6.75					98	15	8	10			45			20										
39	MPC	52352	000	Cystourethroscopy, with ureteroscopy and/or pyelosco		0.118	6.75					118	33	5	15			45			20										
40	MPC	52351	000	Cystourethroscopy, with ureteroscopy and/or pyelosco		0.096	5.75					118	33	5	15			45			20										
41	28B																														
42							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					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	MIN	25th	MED	75th	MAX
44	1st REF	93583	000	Percutaneous transcatheter septal reduction therapy (eg	23	0.133			13.75			178	30	3	15			90			40										
45	2nd REF	33952	000	Extracorporeal membrane oxygenation (ECMO)/extraco	10	0.098			8.15			158	30	3	15			60			30	1									
46	CURREN T	99991	XXX	Insertion of ventricular assist device, percutaneous incl		0.106			11.63			185	44	1	5			90			45										
47	SVY	33991	000	Insertion of ventricular assist device, percutaneous incl	47	0.192	7.85	12.15	13.75	16.00	35.00	165	50	15	10	5	40	60	90	120	30						0	0	1	4	20
48	REC	33991	000	PVAD insertion, left heart, arterial & venous, transseptal		0.129	8.84					113	18	1	6			60			28										
49	COMP	31253	000	Nasal/sinus endoscopy, surgical with ethmoidectomy; t		0.113	9.00					126	15	8	13			70			20										
50	XWALK	43276	000	Endoscopic retrograde cholangiopancreatography (ERC		0.125	8.84					123	23	10	5			60			25										
51	MPC	36905	000	Percutaneous transluminal mechanical thrombectomy a		0.106	9.00					126	22	4	5			75			20										

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	AP	AQ	AR	AS	AT										
52	MPC	52354	000	Cystourethroscopy, with ureteroscopy and/or pyelosco		0.106	9.00					126	22	4	5			75			20																				
53	2																												8B												
54							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					SURVEY EXPERIENCE														
55	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	MIN	25th	MED	75th	MAX										
56	1st REF	93458	000	Catheter placement in coronary artery(s) for coronary a	12	0.092			5.60			113	30	3	5			45			30																				
57	2nd REF	33952	000	Extracorporeal membrane oxygenation (ECMO)/extraco	12	0.098			8.15			158	30	3	15			60			30	1																			
58	CURREN T	33992	XXX	Removal of percutaneous ventricular assist device at se		0.060			3.75			95	14	1	5			45			30																				
59	SVY	33992	000	Removal of percutaneous left heart ventricular assist de	64	0.144	2.90	5.00	7.00	8.63	42.00	113	30	15	10	5	27	38	60	180	20						0	3	5	10	30										
60	REC	33992	000	PVAD removal, left heart, arterial or arterial & venous		0.069	3.55					83	18	1	6			38			20																				
61	COMP	31629	000	Bronchoscopy, rigid or flexible, including fluoroscopic e		0.085	3.74					73	10	3	5			35			20																				
62	COMP	36482	000	Endovenous ablation therapy of incompetent vein, extre		0.075	3.50					81	17	4	10			35			15																				
63	MPC/XWL K	31628	000	Bronchoscopy, rigid or flexible, including fluoroscopic e		0.069	3.55					78	10	3	5			40			20																				
64	MPC	49405	000	Image-guided fluid collection drainage by catheter (eg, a		0.071	4.00					95	25	5	5			40			20																				
65	2																												8A												
66							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					SURVEY EXPERIENCE														
67	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	MIN	25th	MED	75th	MAX										
68	1st REF	33952	000	Extracorporeal membrane oxygenation (ECMO)/extraco	11	0.098			8.15			158	30	3	15			60			30	1																			
69	2nd REF	93458	000	Catheter placement in coronary artery(s) for coronary a	7	0.092			5.60			113	30	3	5			45			30																				
70	2nd REF	93451	000	Right heart catheterization including measurement(s) of	7	0.034			2.47			98	30	3	5			30			30																				
71	CURREN T	33999	n/a	Unlisted procedure, cardiac surgery		#DIV/0!						0																													
72	SVY	33997	000	Removal of percutaneous right heart ventricular assist d	57	0.149	2.40	4.50	6.00	8.00	85.00	105	30	15	10	5	16	30	40	180	20						0	0	2	5	30										
73	REC	33997	000	PVAD removal, right heart, venous		0.069	3.00					75	18	1	6			30			20																				
74	XWALK	62267	000	Percutaneous aspiration within the nucleus pulposus, in		0.068	3.00					79	14	10	10			30			15																				
75	COMP	32557	000	Pleural drainage, percutaneous, with insertion of indwel		0.079	3.12					67	13	3	6			30			15																				
76	MPC	52332	000	Cystourethroscopy, with insertion of indwelling uretera		0.088	2.82					56	15	1	5			25			10																				
77	MPC	52287	000	Cystourethroscopy, with injection(s) for chemodenervat		0.120	3.20					58	7	5	10			21			15																				
78	2																												8A												
79							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day					SURVEY EXPERIENCE														
80	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	MIN	25th	MED	75th	MAX										
81	1st REF	33211	000	Insertion or replacement of temporary transvenous dual	13	0.022			3.14			140	50					45			45																				
82	2nd REF	93458	000	Catheter placement in coronary artery(s) for coronary a	12	0.092			5.60			113	30	3	5			45			30																				
83	CURREN T	33993	XXX	Repositioning of percutaneous ventricular assist device		0.074			3.26			80	14	1	5			30			30																				
84	SVY	33993	000	Repositioning of percutaneous right or left heart ventric	70	0.139	2.00	4.00	5.00	7.00	15.00	100	30	15	10	5	15	25	34	601	20						0	1	5	10	25										
85	REC	33993	000	PVAD repositioning, right or left heart		0.087	3.10					70	18	1	6			25			20																				
86	COMP	52334	000	Cystourethroscopy with insertion of ureteral guide wire		0.082	3.37					75	18	6	6			30			15																				
87	COMP	32557	000	Pleural drainage, percutaneous, with insertion of indwel		0.079	3.12					67	13	3	6			30			15																				
88	XWALK	31296	000	Nasal/sinus endoscopy, surgical; with dilation of frontal		0.095	3.10					61	15	1	5			25			15																				
89	MPC	31628	000	Bronchoscopy, rigid or flexible, including fluoroscopic e		0.069	3.55					78	10	3	5			40			20																				

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	AP	AQ	AR	AS	AT
90	MPC	52287	000	Cystourethroscopy, with injection(s) for chemodenervation of prostate gland		0.120	3.20					58	7	5	10			21			15										

September 3, 2019

Scott Manaker, MD
AMA/RVS Update PE Subcommittee
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

RE: Tab 5 Practice Expense

Dear Dr. Manaker:

Tab 5 on the October 2019 RUC agenda addresses six codes for percutaneous ventricular assist device procedures. These 000 global procedures are provided exclusively in the facility setting. As such, we recommend no direct practice expense inputs for Tab 5.

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

Cliff Kavinsky, MD
SCAI RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2019

Transrectal High Intensity Focused US Prostate Ablation – Tab 6

In May 2019, the CPT Editorial Panel established a new code to report ablation of malignant prostate tissue with high intensity focused ultrasound (HIFU), including ultrasound guidance.

55880 Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance

The RUC reviewed the survey results from 30 urologists and recommends 33 minutes of pre-service evaluation time, 15 minutes of pre-service positing time, 10 minutes of pre-service scrub, dress, wait time, 180 minutes of intra-service time, 30 minutes of immediate post-service time, one 99238 half-day management discharge, one 99214 and two 99213 post-operative office visits. The RUC agrees with pre-service time package 3 as this corresponds best with the survey data, with 12 minutes added to the pre-service positioning time as the patient will initially be positioned supine for line and catheter placement. The patient will then be repositioned in dorsal-lithotomy with padding applied to prevent nerve damage for the three-hour procedure that consists of multiple individual HIFU micro-treatments (ablations), each one requiring individual monitoring and individual physician intervention in order to treat the entire gland. The scrub, dress, wait time and immediate post-service time were also reduced to be consistent with the survey median. The RUC thoroughly reviewed the recommended work involved in this service and agreed that the survey 25th percentile value of 20.00 accurately accounts for the physician work required to perform this procedure.

The RUC compared the survey code to the top key reference service (KRS) and MPC code 55840 *Prostatectomy, retropubic radical, with or without nerve sparing*; (work RVU= 21.36 and intra-service time of 180 minutes) and noted that both codes have identical intra-service time and should be valued similarly. The RUC also noted that although the survey code has less total time, 71 percent of the survey respondents who selected the top KRS rated the survey code more intense and complex, warranting the recommended work RVU of 20.00. For further support, the RUC compared the survey code to CPT code 31552 *Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older* (work RVU = 20.50 and intra-service time of 180 minutes) and noted that both codes have identical intra-service time and should be valued similarly. **The RUC recommends a work RVU of 20.00 for CPT code 55880.**

Practice Expense

The RUC recommends the direct practice expense inputs as submitted by the specialty society.

New Technology/New Service

The RUC recommends that CPT code 55880 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
Surgery Male Genital System Prostate Other Procedures				
●55880	H1	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	090	20.00

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 55880 Tracking Number H1

Original Specialty Recommended RVU: **20.00**

Global Period: 090 Current Work RVU:

Presented Recommended RVU: **20.00**RUC Recommended RVU: **20.00**

CPT Descriptor: Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male with prostate cancer presents for high intensity-focused ultrasound (HIFU) prostate tissue ablation.

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 43% , In the ASC 53%, 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 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

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

Description of Pre-Service Work: Review results of preadmission testing including laboratory tests and imaging. Review and update H&P. Write orders for preoperative medications including antibiotics and prophylactic DVT medication. Meet with anesthesiologist, radiology technician and other qualified health care professionals to review planned procedure. Meet with patient and family to review procedure and postoperative management. Review and complete informed consent with patient. Verify all required equipment, instruments and supplies are available. Verify HIFU equipment/software is operable. Wait for the anesthesiologist to complete the induction of general anesthesia. Monitor and/or assist with patient lithotomy positioning; padding of bony prominences; and application of thermal regulation drapes. Prepare genitalia in standard fashion. Scrub and gown. Perform surgical time out with operating surgical team.

Description of Intra-Service Work: After induction of general anesthesia, a urethral catheter is placed. A digital rectal exam is performed to confirm absence of fecal material. The treatment probe that is covered with a condom for cool fluid circulation is inserted in the rectum. Real-time ultrasound images of the prostate are obtained in the sagittal and transverse planes to ensure that treatment would be technically feasible (eg, the anterior gland is accessible and there is absent acoustic shadowing). Treatment planning is performed with custom software which enables the prostate to be divided into anterior, middle and posterior zones. Just prior to each treatment, the urethral catheter is removed and then replaced before the next treatment. During HIFU treatment real-time ultrasound of the apex of the prostate is used to enable identification and avoidance of the external urinary sphincter. Multiple individual HIFU micro-treatments (ablations) are performed, each one requiring individual monitoring and individual physician intervention in order to treat the entire gland. Upon completion of HIFU treatment, the rectal probe is removed. The urethral catheter is confirmed to be draining sufficiently. A B&O suppository is placed for urgency symptoms and rectal pressure is applied as needed for any rectal bleeding.

Description of Post-Service Work: Surgical drapes are removed, and the patient is returned to supine position. The surgeon waits for the anesthesiologist to awaken the patient. The patient is transferred from the operating table to a stretcher. The patient is accompanied to the recovery area, and assistance is provided in moving the patient to the recovery area bed. The procedure and expected care are reviewed with the recovery room nursing staff. The procedure is discussed with the patient in the recovery room when awake. A postoperative pain assessment is conducted, and proper drainage of the catheter is ensured. Postoperative orders and brief operative notes are prepared. Prior to discharge, the patient is examined. Postoperative pain assessment is conducted, and the catheter is hand irrigated to remove any accumulated blood clots.. Patient medical record notes, such as nursing, pharmacy, and discharge planning, are reviewed. Patient and family

questions are answered. A postoperative patient handout is given to both the patient and care provider which includes catheter care, precautions related to bowel movements and side effect management. An operative report is dictated and the procedure is recorded in the patient record. A note is sent to the referring physician regarding the outcome of the procedure. At each postoperative office visit, the patient is screened for adverse events, medications are reconciled, labs ordered and reviewed, prostate symptoms and erectile function is assessed. Catheter care is reviewed and/or the catheter will be removed. Progress notes are entered into the medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Thomas Turk, MD; Kyle Richards, MD; Andrew Peterson, MD; Jonathan Kiechle, MD				
Specialty Society(ies):	American Urological Association				
CPT Code:	55880				
Sample Size:	144	Resp N:	30	Response: 20.8 %	
Description of Sample:	target - list from manufacturer of trained surgeons				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	6.00	11.00	28.00	60.00
Survey RVW:	15.00	20.00	21.36	25.00	36.00
Pre-Service Evaluation Time:			50.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	90.00	153.00	180.00	214.00	270.00
Immediate Post Service-Time:	30.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	38.00	99238x 1.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	86.00	99211x 0.00 12x 0.00 13x 2.00 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)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55880	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:	33.00	33.00	0.00	
Pre-Service Positioning Time:	15.00	3.00	12.00	
Pre-Service Scrub, Dress, Wait Time:	10.00	15.00	-5.00	
Intra-Service Time:	180.00			
Please, pick the <u>post-service</u> 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):	86.00	99211x 0.00	12x 0.00	13x 2.00	14x 1.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

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

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
55840	090	21.36	RUC Time

CPT Descriptor Prostatectomy, retropubic radical, with or without nerve sparing;**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
55873	090	13.60	RUC Time

CPT Descriptor Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37215	090	17.75	RUC Time	8,490

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
55840	090	21.36	RUC Time	1,694

CPT Descriptor 2 Prostatectomy, retropubic radical, with or without nerve sparing;

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 80.0 %

Number of respondents who choose 2nd Key Reference Code: 5 % of respondents: 16.6 %

TIME ESTIMATES (Median)

	CPT Code: <u>55880</u>	Top Key Reference CPT Code: <u>55840</u>	2nd Key Reference CPT Code: <u>55873</u>
Median Pre-Service Time	58.00	51.00	56.00
Median Intra-Service Time	180.00	180.00	100.00
Median Immediate Post-service Time	30.00	33.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	60.00	0.00
Median Discharge Day Management Time	19.0	38.00	19.00
Median Office Visit Time	86.0	86.00	69.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	373.00	448.00	274.00
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.

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	29%	29%	42%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	21%	79%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	8%	29%	63%
Physical effort required	50%	21%	29%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

8%

38%

54%

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

0%

80%

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%

0%

100%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

0%

20%

80%

Physical effort required

0%

40%

60%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

20%

40%

40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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

At the May 2019 CPT meeting, the Editorial Panel accepted a request to establish a new code (55880) to report ablation of malignant prostate tissue with high intensity focused ultrasound (HIFU), including ultrasound guidance. Based on the coding change application submitted by industry, the AUA noted that a limited number of urologists performed this procedure and therefore requested the use of a targeted sample for the survey, using email contact information obtained from the two companies that market the available devices. The Research Subcommittee agreed to this request and also agreed that it would not be prudent to send a survey request to a random sample to members of the AUA as only trained and experienced providers would be able to provide useful data.

Recommendation

We recommend the survey 25th percentil work RVU of 20.00.

Pre-time package 3 and Post-time package 9b are selected. The patient is straightforward and the ablation procedure is difficult. Each patient's anatomy and prostate size is different and precise ablation is imperative to prevent nerve damage. Scrub, dress, wait package time and immediate post-service package time is reduced to be consistent with the survey median. The positioning package time is increased to the survey median of 15 minutes as the patient will be initially positioned supine for line and catheter placement, then repositioned in dorsal-lithotomy with padding applied to prevent nerve damage for the 3 hour procedure. In addition, the imaging and ablation equipment need to be positioned to minimize conflicts between the equipment and the patient during surgery. It is typical for procedures that include extensive different equipment to have additional equipment and patient positioning time including laparoscopic procedures (eg, 49652-49657) and endovenous interventional procedures (eg, 34701-34708).

Key Reference Code Comparison

CPT	DESCRIPTOR	RVW	IWPUT	Total Time	Pre Time	Intra Time	Imm Post Time	Visit Time
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	13.60	0.083	274	56	100	30	88
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	20.00	0.078	373	58	180	30	105
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	21.36	0.071	448	51	180	33	184

MPC Code Comparison

CPT	DESCRIPTOR	RVW	IWPUT	Total Time	Pre Time	Intra Time	Imm Post Time	Visit Time
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	124
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	20.00	0.078	373	58	180	30	105
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	21.36	0.071	448	51	180	33	184

SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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) 55899

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? 1875

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Manufacturer 2018 estimated volume included in CPT coding change application increased by 25% for 2019 estimate.

Specialty urology Frequency 1875 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,687

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate that 90% of national frequency will be Medicare-aged patients.

Specialty urology Frequency 1687 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

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. 55840

ISSUE: Transrectal High Intensity Focused US Prostate Ablation

TAB: 6

					RVW					Total Time	PRE			INTRA				POST			POST-OFFICE					
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	32	31	38	15	14	13	12
REF1	55840	Prostatectomy, retropubic radical, with or without nerve sparing;	24	0.071			21.36			448	33	3	15	51	180			33	1	1	1.0			1	2	
REF2	55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	5	0.083			13.60			274	33	8	15	56	100			30			0.5				3	
current	55880	NEW		N/A						0																
SVY	55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	30	0.080	15.00	20.00	21.36	25.00	36.00	409	50	15	10	90	153	180	214	270	30			1.0			1	2
REC	55880	25th percentile		0.078			20.00			373	33	15	10		180			30			0.5			1	2	

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

Meeting Date: 10/2019

CPT Code	Long Descriptor	Global Period
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	090

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
55880	A 67-year-old male with prostate cancer presents for high intensity-focused ultrasound (HIFU) prostate tissue ablation.

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

A panel of urologists collaborated to develop and approve the 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*):

Key reference code 55840 was used as the PE reference. This code is also a 90-day global facility only code for a similar service.

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

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/or caregiver to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of test/lab results, patient specific information and other relevant patient

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

	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 catheter. Confirmation of discharge ABX if needed, pain medication. Coordination with PCP's office for transfer of records. Transitioning discharge information to the office medical record, including correspondence and imaging or lab results pending at discharge.

c. Post-service period:

At each postoperative office visit, clinical staff will assist the surgeon obtain a detailed history and physical examination, screen for adverse events using CTCAE (Common Terminology Criteria for Adverse Events), reconcile medication, order and review labs, and assess PSA and HRQoL (health-related quality of life), including I-PSS (International Prostate Symptom Score) and IIEF (International Index of Erectile Function). Clinical staff will also assist with review of catheter care and assist with removal when appropriate and answer patient/family questions at face-to-face visits and electronically between visits.

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. 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**

14. 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.
EQ168	light, exam	Time is equal to office visit total time.

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

N/A

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

Although this procedure does not include an incision, a urologist exam room includes an exam light that would not be moved out to the hallway during the follow-up visits. Therefore, the light has been included in the PE detail recommendations.

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

17. 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	C	D	E	F	G	H	I	J
1	RUC Practice	Expense Spreadsheet					REFERENCE CODE		RECOMMENDED	
2							55840		55880	
3		RUC Collaboration Website					Prostatectomy, retropubic radical, with or without nerve sparing;		Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU),	
4	Clinical Activity Code	Meeting Date: 10/2019 Tab: 6 Specialty: AUA	Standards/Guidelines	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	N/A	90
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					\$ -	\$ 87.58	\$ -	\$ 80.37
8		TOTAL CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	197.0	0.0	191.0
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	125.0	0.0	125.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE					\$ -	\$ 72.89	\$ -	\$ 70.67
13		PRE-SERVICE PERIOD								
14		Start: Following visit when decision for surgery/procedure made								
15	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5*	L037D	RN/LPN/MTA	0.37		5		5
16	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20*	L037D	RN/LPN/MTA	0.37		20		20
17	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8*	L037D	RN/LPN/MTA	0.37		8		8
18	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20*	L037D	RN/LPN/MTA	0.37		20		20
19	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7*	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	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	0.37	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
87		99211 16 minutes		16						
88		99212 27 minutes		27						
89		99213 36 minutes		36				2		2
90		99214 53 minutes		53				1		1
91		99215 63 minutes		63						
92	CA039	Post-operative visits (total time)		L037D	RN/LPN/MTA	0.37	0.0	125.0	0.0	125.0
99		End: with last office visit before end of global period								

	A	B	C	D	E	F	G	H	I	J
1	RUC Practice	Expense Spreadsheet					REFERENCE CODE		RECOMMENDED	
2							55840		55880	
3		RUC Collaboration Website					Prostatectomy, retropubic radical, with or without nerve sparing;		Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU).	
4	Clinical Activity Code	Meeting Date: 10/2019 Tab: 6 Specialty: AUA	Standards/Guidelines	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	N/A	90
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					\$ -	\$ 87.58	\$ -	\$ 80.37
8		TOTAL CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	197.0	0.0	191.0
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	125.0	0.0	125.0
100	Supply Code	MEDICAL SUPPLIES		PRICE	UNIT					
101		TOTAL COST OF SUPPLY QUANTITY x PRICE					\$ -	\$ 12.16	\$ -	\$ 7.17
102	SA048	pack, minimum multi-specialty visit		2.1122	pack			3		3
103	SA052	pack, post-op incision care (staple)		4.992	pack			1		
104	SC051	syringe 10-12ml		0.1905	item			1		1
105	SK054	pad, urinary incontinence (Depends)		0.509	item			1		1
106	SM021	sanitizing cloth-wipe (patient)		0.0452	item			3		3
110	Equipment Code	EQUIPMENT		Purchase Price	Equipment Formula	Cost Per Minute				
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE					\$ -	\$ 2.53	\$ -	\$ 2.53
112	EQ168	light, exam		1530.8117	Office Visits	0.004062356		125		125
113	EF031	table, power		6091.913	Office Visits	0.016166271		125		125

**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.

558XX Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance

CPT® Codes

EDAP Technomed, Inc.

Vendor/Company Name

By: Hugo Embert



Printed Signature

CEO

Title

June 11, 2019

Date

**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.

558XX Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance

CPT® Codes

Sonacare Medical

Vendor/Company Name

By:

Karen Cornett

Karen Cornett

Printed Signature

Senior Director of Clinical Operations

Title

14 June 2019

Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations
****CMS-Other - Utilization over 30,000****

October 2019

Screening CT of Thorax – Tab 7

In October 2018, AMA staff identified the CMS/Other Source codes with 2017e Medicare utilization over 30,000. CPT code G0297 was identified. In January 2019, the RUC recommended to refer to CPT Editorial Panel to establish a permanent code for this procedure. In May 2019, the CPT Editorial Panel revised three codes and added one code to distinguish diagnostic computed tomography, thorax from computed tomography, thorax, low dose for lung cancer screening.

Compelling Evidence

The code identified by the screen, CPT code G0297, is CMS/Other sourced. Therefore, how the times and values were established is unknown or flawed. CPT code 71271 is being established as a Category I code in place of CPT code G0297. The specialty society presented compelling evidence for CPT code 71271 only, based on flawed methodology. The RUC accepted compelling evidence for valuing the new code based on flawed methodology.

71250 Computed tomography, thorax, diagnostic; without contrast material

CPT code 71250 describes an important service used to investigate a diverse set of pathologies in the thorax. It is an essential exam for diagnosing and characterizing pulmonary infection, primary and metastatic malignancy, autoimmune disease, interstitial lung disease, trauma, and other causes of dyspnea and chest pain. The RUC reviewed the survey results from 104 radiologists and recommends pre-service time of 3 minutes, intra-service time of 14 minutes and post-service time of 3 minutes. The RUC noted that the one minute decrease in intra-service time from 2016 to 2019 was attributed to survey variation: three surveys support the current intra-service time (2016 survey of 71250 with 15 minutes intra-service time, 2019 survey of 71250 with 14 minutes intra-service time, and 2019 survey of 71271 which was agreed upon as a nearly identical service with 15 minutes of intra-service time. The two minute reduction in individual pre- and post-service time was attributed to a change in survey instruction since 2016 to a more precise measurement without rounding. Current surveys specify that surveyees should, for example, indicate 3 or 6 minutes instead of rounding to 5 minutes or indicate 14 or 17 minutes instead of rounding to 15 minutes. The RUC noted that this change likely accounted for the decrease in pre- and post- service time for this code which was recently surveyed in 2016 with no interval change in physician work.

The RUC determined that the current value of 1.16 which falls below the survey 25th percentile appropriately accounts for the physician work required to perform this service. The RUC compared CPT code 71250 to the top key reference service code 74150 *Computed tomography, abdomen; without contrast material* (work RVU = 1.19, 3 minutes pre-service time, 12 minutes intra-service time, 5 minutes post-service time) and noted that the services involve a similar amount of physician work and time and are supported by the survey respondents who selected the

reference code, 86% of whom reported 71250 as identical in overall complexity and intensity relative to the key reference code. The RUC also compared CPT code 71250 to the second key reference service code 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU = 1.74, 5 minutes pre-service time, 22 minutes intra-service time, 5 minutes post-service time). Both codes are computed tomography codes, with the reference code involving more anatomic regions than the survey code. Evaluating both the abdomen and pelvis requires more time than evaluating the thorax alone which is reflected in the higher intra service and total times and in the appropriately higher valuation of the reference code.

For further support, the RUC referenced MPC code 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.40, 5 minutes pre-service time, 18 minutes intra-service time, 5 minutes post-service time) and noted that the reference code has four more minutes of intra-service time compared to the survey code. This is necessary to evaluate the abdomen on CT both with and without contrast and is reflected in the appropriately higher work value for the reference code. Additionally, the recommended work value is supported by bracketing between two CT codes 70487 *Computed tomography, maxillofacial area; with contrast material(s)* (work RVU = 1.13, 5 minutes pre-service time, 12 minutes intra-service time, 5 minutes post-service time) and 70488 *Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.27, 5 minutes pre-service time, 15 minutes intra-service time, 5 minutes post-service time).

The RUC agreed that the current work RVU of 1.16 for CPT code 71250 should be maintained. Further, this recommendation maintains relativity across the four codes for CT of the thorax as well as other recently reviewed CT code families. **The RUC recommends a work RVU of 1.16 for CPT code 71250.**

71260 *Computed tomography, thorax, diagnostic; with contrast material(s)*

CPT code 71260 describes an important service for diagnosing and characterizing pathology in the thorax particularly when there is concern for malignancy. The addition of contrast material increases the amount of physician work because the reviewing physician needs to assess the pulmonary parenchyma, mediastinal/ hilar structures, and chest wall for enhancing lesions, as well as meticulously interrogate the major arteries and veins for abnormalities. The RUC reviewed the survey results from 104 radiologists and recommends pre-service time of 4 minutes, intra-service time of 15 minutes and post-service time of 3 minutes. The RUC noted that the one minute decrease in intra-service time from 2016 to 2019 was attributed to survey variation: two surveys support the current intra-service time (2016 survey of 71260 with 16 minutes intra-service time and the 2019 survey of 71260 with 14 minutes intra-service time). The overall 3 minute reduction in the total pre- and post-service time was attributed to a change in survey instruction since 2016 to a more precise measurement without rounding. Current surveys specify that surveyees should, for example, indicate 3 or 6 minutes instead of rounding to 5 minutes or indicate 14 or 17 minutes instead of rounding to 15 minutes. The RUC noted that this change likely accounted for the decrease in pre- and post- service time for this code, which was recently surveyed in 2016 with no interval change in physician work.

The RUC determined that the current value of 1.24, which falls below the survey 25th percentile, appropriately accounts for the physician work required to perform this service. The RUC compared CPT code 71260 to the top key reference service code 74160 *Computed tomography,*

abdomen; with contrast material(s) (work RVU = 1.27, 3 minutes pre-service time, 15 minutes intra-service time, 5 minutes post-service time) and noted that the services involve identical intra-service time and a similar amount of physician work and are supported by the survey respondents who selected the reference code, 88% of whom reported 71260 as identical in overall complexity and intensity relative to the key reference code. The RUC also compared CPT code 71260 to the second key reference service code 71275 *Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU = 1.82, 5 minutes pre-service time, 25 minutes intra-service time, 5 minutes post-service time). Both codes are computed tomography codes that involve assessment of the thorax; however, the work of CTA of the chest requires more time to individually interrogate the pulmonary artery branches that are opacified with contrast during this exam. Thus, the reference code is appropriately valued higher due to the increased time.

For further support, the RUC referenced MPC code 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.40, 5 minutes pre-service time, 18 minutes intra-service time, 5 minutes post-service time) and noted that the reference code has three more minutes of intra-service time compared to the survey code. This is necessary to evaluate the abdomen on CT both with and without contrast and is reflected in the appropriately higher work value for the reference code. Additionally, the recommended work value is supported by bracketing between two CT codes 70487 *Computed tomography, maxillofacial area; with contrast material(s)* (work RVU = 1.13, 5 minutes pre-service time, 12 minutes intra-service time, 5 minutes post-service time) and 70488 *Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.27, 5 minutes pre-service time, 15 minutes intra-service time, 5 minutes post-service time).

The RUC agreed that the current work RVU of 1.24 for CPT code 71260 should be maintained. Further, this recommendation maintains relativity across the four codes for CT of the thorax as well as other recently reviewed CT code families. **The RUC recommends a work RVU of 1.24 for CPT code 71260.**

71270 Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections

CPT code 71270 describes an important service for investigating pathology in the thorax, particularly when there is concern for malignancy. It is a technically challenging examination to interpret and subtle findings or pattern/distribution of abnormalities in the pulmonary parenchyma may define a certain disease process, which guides treatment for patients. The RUC reviewed the survey results from 104 radiologists and recommends pre-service time of 5 minutes, intra-service time of 18 minutes and post-service time of 4 minutes. The RUC noted that the two minute decrease in intra-service time from 2016 to 2019 was attributed to survey variation: two surveys support the current intra-service time (2016 survey of 71270 with 20 minutes intra-service time and the 2019 survey of 71270 with 18 minutes intra-service time). The 1 minute reduction in the post-service time was attributed to a change in survey instruction since 2016 to a more precise measurement without rounding. Current surveys specify that surveyees should, for example, indicate 3 or 6 minutes instead of rounding to 5 minutes or indicate 14 or 17 minutes instead of rounding to 15 minutes. The RUC noted that this change likely accounted for the decrease in post- service time for this code, which was recently surveyed in 2016 with no interval change in physician work.

The RUC determined that the current value of 1.38 which falls below the survey 25th percentile appropriately accounts for the physician work required to perform this service. The RUC compared CPT code 71270 to the top key reference service code 71275 *Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU = 1.82, 5 minutes pre-service time, 25 minutes intra-service time, 5 minutes post-service time) and noted that the reference code requires more time and more physician work in comparison to the survey code. More time is required to individually interrogate the pulmonary artery branches that are opacified with contrast during this exam; thus, the reference code is appropriately valued higher than the survey code. The RUC also compared CPT code 71270 to the second key reference service code 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.40, 5 minutes pre-service time, 18 minutes intra-service time, 5 minutes post-service time) and noted that the intra-service times are identical and the amount of physician work is similar.

For further support, the RUC referenced CPT code 70491 *Computed tomography, soft tissue neck; with contrast material(s)* (work RVU = 1.38, 5 minutes pre-service time, 17 minutes intra-service time, 5 minutes post-service time) and noted that both are computed tomography codes with the same amount of physician work and nearly identical times. Additionally, the recommended work value is supported by bracketing between two CT codes 70490 *Computed tomography, soft tissue neck; without contrast material* (work RVU = 1.28, 5 minutes pre-service time, 15 minutes intra-service time, 5 minutes post-service time) and 70492 *Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections* (work RVU = 1.62, 5 minutes pre-service time, 20 minutes intra-service time, 5 minutes post-service time).

The RUC agreed that the current work RVU of 1.38 for CPT code 71270 should be maintained. Further, this recommendation maintains relativity across the four codes for CT of the thorax as well as other recently reviewed CT code families. **The RUC recommends a work RVU of 1.38 for CPT code 71270.**

71271 *Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)*

CPT code 71271 describes an important service used to screen at-risk patients for lung cancer so that tumors can be detected early. All patients have underlying lung disease but are not acutely symptomatic. They are screened with low dose helical CT which has proven to be more effective in reducing mortality from lung cancer than standard screening chest x-rays. Unlike some other screening exams, an abnormal lung cancer screening CT does not require an additional imaging study to further characterize the abnormality. The RUC reviewed the survey results from 101 radiologists and recommends pre-service time of 3 minutes, intra-service time of 15 minutes and post-service time of 3 minutes.

The RUC determined that a value of 1.16 which falls below the survey 25th percentile appropriately accounts for the physician work required to perform this service. The RUC noted that the physician work involved in the new code for low-dose screening exam is comparable to the diagnostic exam performed in CPT code 71250. CPT code 71271 is being established as a Category I code in place of CPT code G0297. In the 2016 MPFS, the society recommended that CMS crosswalk G0297 to 71250 with “additional physician work added to account for the added intensity of the service.” CPT code 71250 is currently valued higher than G0297 only because 71250 was revalued in 2016, after the original crosswalk. When originally valued, the RUC recommended a value of 1.16 for 71250. However, CMS assigned a work RVU of 1.02 based on the

single lowest individual response to the survey. The work RVU for 71250 was increased to its current value of 1.16 in 2016 based on this flawed methodology. G0297 was not revalued at that time.

The RUC compared CPT code 71271 to the top key reference service code 74150 *Computed tomography, abdomen; without contrast material* (work RVU = 1.19, 3 minutes pre-service time, 12 minutes intra-service time, 5 minutes post-service time) and noted that the services involve a similar amount of physician work and total time. The RUC also compared CPT code 71271 to the second key reference service code 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU = 1.74, 5 minutes pre-service time, 22 minutes intra-service time, 5 minutes post-service time) and noted that the reference service has substantially more intra-service and total time and is appropriately valued higher than the survey code.

For further support, the RUC referenced MPC code 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.40, 5 minutes pre-service time, 18 minutes intra-service time, 5 minutes post-service time) and noted that the reference code has three more minutes of intra-service time compared to the survey code. This is necessary to evaluate the abdomen on CT both with and without contrast and is reflected in the appropriately higher work value for the reference code. Additionally, the recommended work value is supported by bracketing between two CT codes 70487 *Computed tomography, maxillofacial area; with contrast material(s)* (work RVU = 1.13, 5 minutes pre-service time, 12 minutes intra-service time, 5 minutes post-service time) and 70488 *Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.27, 5 minutes pre-service time, 15 minutes intra-service time, 5 minutes post-service time).

The RUC agreed that the new code involves similar work overall to CPT code 71250 and should be valued the same. Further, this recommendation maintains relativity across the four codes for CT of the thorax as well as other recently reviewed CT code families. **The RUC recommends a work RVU of 1.16 for CPT code 71271 and requests deletion of CPT code G0297. In the event this G-code is not deleted, the RUC requests that G0297 be crosswalked to 71271 and the same value and inputs be assigned.**

New Technology/New Service

The RUC recommends that CPT code 71271 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 Practice Expense Subcommittee made minor adjustments to the clinical staff time for CPT code 71271. Clinical activity CA007 *Review patient clinical extant information and questionnaire* was reduced from 3 minutes to 1 minute. Clinical activity CA011 *Provide education/obtain consent* was increased from 2 minutes to 3 minutes. In addition, 2 minutes of clinical staff time for CA037 *Conduct patient communications* was moved to CA038 *Coordinate post-procedure services* for a total of 6 minutes for that clinical activity. **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Radiology/Diagnostic Radiology (Diagnostic Imaging) Chest				
▲71250	I1	Computed tomography, thorax, <u>diagnostic</u> ; without contrast material	XXX	1.16 (No Change)
▲71260	I2	with contrast material(s)	XXX	1.24 (No Change)
▲71270	I3	without contrast material, followed by contrast material(s) and further sections <u>(Do not report 71270 in conjunction with 71250, 71260, 71271)</u> <i>(For cardiac computed tomography of the heart, see 75571-75574)</i> <i>(To report 3D rendering, see 76376, 76377)</i>	XXX	1.38 (No Change)
●71271	I4	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) (Do not report 71271 in conjunction with 71250, 71260, 71270) (For cardiac computed tomography of the heart, see 75571, 75572, 75573, 75574)	XXX	1.16
G0297 (Deletion suggested)	-	Low dose ct scan (ldet) for lung cancer screening	XXX	N/A (2019 work RVU = 1.02)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 71250	Tracking Number II	Original Specialty Recommended RVU: 1.16
		Presented Recommended RVU: 1.16
Global Period: XXX	Current Work RVU: 1.16	RUC Recommended RVU: 1.16

CPT Descriptor: Computed tomography, thorax, diagnostic; without contrast material

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female smoker has developed progressive dyspnea over the past six months. A chest radiograph demonstrates a basilar interstitial abnormality. A computed tomography (CT) scan of the thorax is requested for further evaluation.

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

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work: Review reason for the examination and any pertinent clinical history. The physician reviews any prior imaging, including search of disparate PACS and HIE when available. Determine appropriate CT protocol for the examination, confirm that noncontrast-only images are indicated, and determine the need for prone imaging and additional 2D reconstructions. Communicate protocol to the CT technologists.

Description of Intra-Service Work: Supervise acquisition of scout views, prescribe area of coverage, and supervise acquisition of axial source image sections. Review initial and subsequent series of CT image data to ensure adequacy of anatomic coverage. Assess need for repeat sections or reconstruction of thin sections in specific locations. Supervise reconstruction of coronal and/or sagittal two-dimensional (2D) multiplanar reformatted images; assess the need for oblique or other 2D images. Evaluate and interpret findings related to the trachea, bronchi, and distal airways. Evaluate and interpret findings within the lung parenchyma including the interstitium, lobular units, and pleura using supine and, when necessary, prone series, as well as reformatted images with lung algorithm/lung windows. Evaluate and interpret findings related to the lung hila and mediastinum including the heart including the presence or absence of coronary artery calcification and, if present, the degree of coronary artery calcification using visual scoring (mild, moderate, severe), aorta and arch vessels, mediastinal lymph nodes, and esophagus.

Evaluate and interpret findings related to the chest wall structures, including bones, axillae, and soft tissues in axial, sagittal, and coronal planes using bone and soft tissue windows. Evaluate and interpret findings related to the base of neck and upper abdomen in axial and reformatted projections using soft tissue and bone windows. Compare current findings to previous studies. Document the radiation dose administered and ensure database entry, if appropriate. Address outliers with the technologist at the time of interpretation to facilitate root-cause analysis of above-target radiation dose. Dictate report for the medical record.

Description of Post-Service Work: Review, edit, and sign report for medical record. Discuss findings with the ordering provider, specialist consultants, and/or patient as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Kurt Schoppe, MD; Lauren Golding, MD; Andy Moriarity, MD; Debra Dyer, MD; Gregory Nicola, MD				
Specialty Society(ies):	ACR				
CPT Code:	71250				
Sample Size:	7000	Resp N:	104	Response: 1.4 %	
Description of Sample:	The ACR surveyed a total of 7,000 members (a random sample of 3,500 members and a separate random sample of 3,500 members who indicated that they perform CT and thoracic procedures).				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	143.00	300.00	800.00	3500.00
Survey RVW:	1.00	1.19	1.25	1.54	5.00
Pre-Service Evaluation Time:			3.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	7.00	10.00	14.00	17.00	50.00
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:	71250	Recommended Physician Work RVU: 1.16		
		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:		14.00		
Please, pick the <u>post-service</u> 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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74150	XXX	1.19	RUC Time

CPT Descriptor Computed tomography, abdomen; without contrast material**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74176	XXX	1.74	RUC Time

CPT Descriptor Computed tomography, abdomen and pelvis; without contrast material**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99308	XXX	1.16	RUC Time	10,996,182

CPT Descriptor 1 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused 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 patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74170	XXX	1.40	RUC Time	103,040

CPT Descriptor 2 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

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

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

Number of respondents who choose Top Key Reference Code: 43 % of respondents: 41.3 %

Number of respondents who choose 2nd Key Reference Code: 22 % of respondents: 21.1 %

TIME ESTIMATES (Median)

	CPT Code: <u>71250</u>	Top Key Reference CPT Code: <u>74150</u>	2nd Key Reference CPT Code: <u>74176</u>
Median Pre-Service Time	3.00	3.00	5.00
Median Intra-Service Time	14.00	12.00	22.00
Median Immediate Post-service Time	3.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	20.00	20.00	32.00
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.

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	2%	86%	9%	2%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
9%	84%	7%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	2%	79%	19%

Physical effort required	2%	93%	5%
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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

2%	72%	26%
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2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More**

Overall intensity/complexity	0%	5%	82%	9%	5%
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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%	86%	9%
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Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	9%	68%	23%
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Physical effort required	5%	82%	14%
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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%	82%	14%
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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 G0297 (*Low dose ct scan (ldct) for lung cancer screening*) was caught on the screen for CMS/Other codes with 2017e Medicare utilization over 30,000. The American College of Radiology (ACR) submitted an

action plan at the January 2019 meeting referring this code to CPT to establish a code for this procedure. The CPT Editorial Panel approved the creation of CPT code 712X0, and revised CPT codes 71250, 71260, and 71270, which describe diagnostic computed tomography of the thorax, as part of the larger CT of the thorax family. The ACR surveyed this code family for the October 2019 RUC meeting and convened an expert panel of physicians familiar with these services to review the survey data. The descriptors for these four codes are shown below.

- **71250** (*Computed tomography, thorax, diagnostic; without contrast material*),
- **71260** (*Computed tomography, thorax, diagnostic; with contrast material(s)*),
- **71270** (*Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections*)
- **712X0** (*Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)*)

Survey Process

The ACR surveyed a total of 7,000 members (a random sample of 3,500 members and a separate random sample of 3,500 members who indicated that they perform computed tomography and/or thoracic procedures).

Work RVU and Time Recommendations

The expert panel recommends maintaining the current value of CPT code 71250 at 1.16 RVU with median survey times of 3 minutes pre-service, 14 minutes intra-service, and 3 minutes post-service.

Rationale

CPT code 71250 (*Computed tomography, thorax, diagnostic; without contrast material*), is an invaluable tool used to investigate a diverse set of pathologies in the thorax. It is an essential exam for diagnosing and characterizing pulmonary infection, primary and metastatic malignancy, autoimmune disease, interstitial lung disease, trauma, and other causes of dyspnea and chest pain. Positive results can direct the course of management in admitting the patient to the hospital or directing specialist care. A negative result is also important, as it can relieve patient anxiety, provide assurance to ordering physicians, and save time for emergency departments.

CPT code 71250 is a technically challenging examination to interpret due to complex anatomy and diverse pathology that occurs in this region. Subtle findings or pattern/distribution of abnormalities in the pulmonary parenchyma may define a certain disease process, which guides treatment for patients with certain types of interstitial lung disease, sarcoid, and various inflammatory conditions, for example. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training necessary to accurately interpret is the basis for the societies' recommendation for valuation.

Key Reference Services for 71250

Our recommended work RVU of 1.16 compares favorably to the most commonly chosen key reference services of 74150 (*Computed tomography, abdomen; without contrast material*) as well as 74176 (*Computed tomography, abdomen and pelvis; without contrast material*). The recommended (current) wRVU for 71250 is similar to (slightly less than) the most frequently chosen key reference service code, 74150. The intra service times of the surveyed code and 74150 are also similar and they have identical total times. The similar values

and intra service times demonstrate the comparable levels of work between the two services. This is also supported by our survey respondents, 86% of whom reported 74150 as identical in complexity and intensity as the surveyed code. The surveyed code and the second key reference service code, 74176, are also computed tomography codes, with 74176 involving more anatomic regions than 71250. Evaluating both the abdomen and pelvis requires more time than evaluating the thorax alone, which is reflected in the higher intra service and total times, and in the appropriately higher valuation of 74176.

CPT Code	Short Descriptor	wRVU	Pre	Intra	Post	Total Time	IWPUT
71250	CT thorax, dx; w/o contrast	1.16	3	14	3	20	0.073
74150	CT abdomen; w/o contrast	1.19	3	12	5	20	0.084
74176	CT abdomen & pelvis; w/o contrast	1.74	5	22	5	32	0.069

MPC Codes for 71250

Our recommendation for CPT code 71250 compares favorably to MPC codes 99308 (*Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused 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 patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit*) and 74170 (*Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections*).

MPC code 99308 has one more minute of intra service time and identical wRVU as recommended for 71250. CPT code 99308 has more pre and post service time, but is generally a less intense service typically provided by a nurse practitioner for a patient who has already been initially evaluated in a nursing facility. The greater intensity of 71250 compares well with the greater total time of 99308, and the two codes are appropriately valued the same in wRVU.

CPT code 74170 has four more minutes of intra service time compared to the surveyed code, which are necessary to evaluate the abdomen on CT both with and without contrast. This is reflected in the appropriately higher wRVU for 74170, compared to our recommended wRVU for 71250.

CPT Code	Short Descriptor	wRVU	Pre	Intra	Post	Total Time	IWPUT
99308	Sub nursing fac care, per day, for E&M of patient, 2 components	1.16	7	15	9	31	0.053
71250	CT thorax, dx; w/o contrast	1.16	3	14	3	20	0.073
74170	CT, abdomen; w/o & w/contrast	1.40	5	18	5	28	0.065

Summary:

In summary, our expert panel recommends maintaining the current value of 71250 at 1.16 RVU with median service period times of 3, 14, and 3 minutes. The recommended current value compares favorably with the key reference services, 74150 and 74176. Relativity is also appropriate across the four codes for CT of the thorax as well as recently surveyed CT code families, which encompasses the most selected key reference service codes for each of the surveyed codes. This is depicted in the table below.

Additionally, the recommended wRVU is supported by bracketing between two recently reviewed CT codes 70487 (CT maxillofacial with contrast) at 1.13 wRVU, intraservice time of 12 minutes and 70488 (CT maxillofacial with and without contrast) at 1.27 wRVU, intraservice time of 15 minutes.

CPT Code	Descriptor	wRVU	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
70486	Computed tomography, maxillofacial area; without contrast material	0.85	3	10	3	16	0.072	RUC	Apr-14
70487	Computed tomography, maxillofacial area; with contrast material(s)	1.13	5	12	5	22	0.076	RUC	Apr-14
71250	Computed tomography, thorax, diagnostic; without contrast material	1.16	3	14	3	20	0.073		Oct-19
712X0	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	1.16	3	15	3	21	0.068		Oct-19
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	1.24	4	15	3	22	0.072		Oct-19
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	1.27	5	15	5	25	0.070	RUC	Apr-14
70490	Computed tomography, soft tissue neck; without contrast material	1.28	5	15	5	25	0.070	RUC	Jan-17
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	1.38	5	18	4	27	0.065		Oct-19
70491	Computed tomography, soft tissue neck; with contrast material(s)	1.38	5	17	5	27	0.068	RUC	Jan-17
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	1.62	5	20	5	30	0.070	RUC	Jan-17

SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 71250

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? 6586803

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 71250 is estimated to be provided 6,586,803 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 6229910 Percentage 94.58 %

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? 2,195,601 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 71250 is estimated to be provided 2,195,601 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 2076637 Percentage 94.58 %

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:

Advanced imaging

BETOS Sub-classification Level II:

CAT/CT/CTA: 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 71250

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: 71260	Tracking Number I2	Original Specialty Recommended RVU: 1.24
		Presented Recommended RVU: 1.24
Global Period: XXX	Current Work RVU: 1.24	RUC Recommended RVU: 1.24

CPT Descriptor: Computed tomography, thorax; with contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male with a history of smoking presents with persistent cough. Chest radiographs demonstrate mediastinal widening and new interstitial opacities on the left. A contrast-enhanced computed tomography (CT) of the chest is ordered. (Note: Three-dimensional rendering, if ordered and performed, is coded separately. Interpretation of two-dimensional thin section coronal and/or sagittal reformatted images is included and not separately reported with 71260.)

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

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work: Review reason for the exam and any pertinent clinical history including history of contrast allergy, renal insufficiency, or other contraindication to IV contrast. The physician reviews any prior imaging, including search of disparate PACS and HIE when available. Determine and communicate appropriate CT protocol for the examination to the CT technologists.

Description of Intra-Service Work: Supervise insertion of the IV catheter, selection of contrast media, and set-up of the mechanical injector. Interpret scout views of the area to be imaged. Supervise administration of intravenous contrast. Review initial and subsequent series of CT image data to ensure adequacy of anatomic coverage. Assess need for repeat sections. Supervise reconstruction of coronal and/or sagittal two-dimensional multiplanar reformatted images. Evaluate and interpret findings related to the trachea, bronchi, and distal airways. Evaluate and interpret findings within the lung parenchyma including the interstitium, lobular units, and pleura using supine and, when necessary, prone series, as well as reformatted images with lung algorithm/lung windows. Evaluate and interpret findings related to the lung hila and mediastinum including the heart including the presence or absence of coronary artery calcification and, if present, the degree of coronary artery calcification using visual scoring (mild, moderate, severe), aorta and arch vessels, mediastinal lymph nodes, and esophagus. Evaluate and interpret findings related to the chest wall structures, including bones, axillae, and soft tissues in axial, sagittal, and coronal planes using bone and soft tissue windows. Evaluate and interpret findings related to the base of neck and upper abdomen in axial and reformatted projections using soft tissue and bone windows. Evaluate for abnormal enhancement. Compare current findings to previous studies. Document the radiation dose administered and ensure database entry, if appropriate. Address outliers with the technologist at the time of interpretation to facilitate root-cause analysis of above-target radiation dose. Dictate report for the medical record.

Description of Post-Service Work: Review, edit, and sign report for medical record. Discuss findings with the ordering provider, specialist consultants, and/or patient as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Kurt Schoppe, MD; Lauren Golding, MD; Andy Moriarity, MD; Debra Dyer, MD; Gregory Nicola, MD				
Specialty Society(ies):	ACR				
CPT Code:	71260				
Sample Size:	7000	Resp N:	104	Response: 1.4 %	
Description of Sample:	The ACR surveyed a total of 7,000 members (a random sample of 3,500 members and a separate random sample of 3,500 members who indicated that they perform CT and thoracic procedures).				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	150.00	300.00	793.00	3000.00
Survey RVW:	1.12	1.27	1.37	1.70	5.00
Pre-Service Evaluation Time:			4.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	12.00	15.00	20.00	60.00
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:	71260	Recommended Physician Work RVU: 1.24		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		4.00	0.00	4.00
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 <u>post-service</u> 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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74160	XXX	1.27	RUC Time

CPT Descriptor Computed tomography, abdomen; with contrast material(s)**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
71275	XXX	1.82	RUC Time

CPT Descriptor Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**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.

Most Recent

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
99308	XXX	1.16	RUC Time	10,996,182

CPT Descriptor 1 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused 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 patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.

Most Recent

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
74170	XXX	1.40	RUC Time	103,040

CPT Descriptor 2 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

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

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

Number of respondents who choose Top Key Reference Code: 48 % of respondents: 46.1 %

Number of respondents who choose 2nd Key Reference Code: 24 % of respondents: 23.0 %

TIME ESTIMATES (Median)

	CPT Code: <u>71260</u>	Top Key Reference CPT Code: <u>74160</u>	2nd Key Reference CPT Code: <u>71275</u>
Median Pre-Service Time	4.00	3.00	5.00
Median Intra-Service Time	15.00	15.00	25.00
Median Immediate Post-service Time	3.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	22.00	23.00	35.00
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

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

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	4%	88%	6%	2%

Mental Effort and Judgment

	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> The number of possible diagnosis and/or the number of management options that must be considered The 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%	88%	8%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

2%

81%

17%

Physical effort required

2%

94%

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

2%

77%

21%

2nd Key Reference Code**Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

Overall intensity/complexity

0%

4%

79%

13%

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

17%

63%

21%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

8%

79%

13%

Physical effort required

8%

79%

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

8%

75%

17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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 G0297 (*Low dose ct scan (ldct) for lung cancer screening*) was caught on the screen for CMS/Other codes with 2017e Medicare utilization over 30,000. The American College of Radiology (ACR) submitted an action plan at the January 2019 meeting referring this code to CPT to establish a code for this procedure. The CPT Editorial Panel approved the creation of CPT code 712X0, and revised CPT codes 71250, 71260, and 71270, which describe diagnostic computed tomography of the thorax, as part of the larger CT of the thorax family. The ACR surveyed this code family for the October 2019 RUC meeting and convened an expert panel of physicians familiar with these services to review the survey data. The descriptors for these four codes are shown below.

- **71250** (*Computed tomography, thorax, diagnostic; without contrast material*),
- **71260** (*Computed tomography, thorax, diagnostic; with contrast material(s)*),
- **71270** (*Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections*)
- **712X0** (*Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)*)

Survey Process

The ACR surveyed a total of 7,000 members (a random sample of 3,500 members and a separate random sample of 3,500 members who indicated that they perform computed tomography and/or thoracic procedures).

Work RVU and Time Recommendations

The ACR recommends maintaining the current value of CPT code 71260 at 1.24 RVU with median survey times of 4 minutes pre-service, 15 minutes intra-service, and 3 minutes post-service.

Rationale

CPT code 71260 (*Computed tomography, thorax, diagnostic; with contrast material(s)*) is an important tool for diagnosing and characterizing pathology in the thorax particularly when there is concern for malignancy.

CPT code 71260 is a technically challenging examination to interpret due to complex anatomy and diverse pathology that occurs in this region. Subtle findings or pattern/distribution of abnormalities in the pulmonary parenchyma may define a certain disease process, which guides treatment for patients. For example, detection of a small enhancing metastatic lesion distant from other tumor may impact a patient's eligibility for surgery. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training needed to accurately interpret this exam supports the society's recommendation to maintain current value.

The addition of contrast material increases the amount of physician work because one needs to assess the pulmonary parenchyma, mediastinal/hilar structures, and chest wall for enhancing lesions, as well as meticulously interrogate the major arteries and veins for abnormalities. The diversity of potential diagnoses also increases as contrast enhancement is important for differentiating processes such as pleural effusion and empyema.

Key Reference Services for 71260

Our work RVU recommendation is similar to the most commonly chosen key reference survey code, 74160 (*Computed tomography, abdomen; with contrast material(s)*). The intra-service times of the surveyed code and 74160 are identical which accurately demonstrates the comparable levels of work between the two

services. This is also supported by our survey respondents, 88% of whom reported 74160 as identical in complexity and intensity to the surveyed code. The surveyed code and the second most common key reference service code, 71275 (*Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing*), both involve assessment of the thorax, however the work of CTA of the chest requires more time to individually interrogate the pulmonary artery branches that are opacified with contrast during this exam. CPT code 71275 is appropriately valued higher because of this increased time.

CPT Code	Short Descriptor	wRVU	Pre	Intra	Post	Total Time	IWPUT
71260	CT thorax, dx; w/contrast	1.24	4	15	3	22	0.072
74160	CT abdomen; w/contrast	1.27	3	15	5	23	0.073
71275	CTA chest; w& w/o contrast	1.82	5	25	5	35	0.064

MPC Codes for 71260

Our recommendation for CPT code 71260 compares favorably to MPC codes 99308 (*Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused 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 patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.*) and 74170 (*Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections*).

MPC code 99308 has identical intra-service time and 9 more minutes of pre and post service time. CPT code 99308 is generally a less intense service typically provided by a nurse practitioner for a patient who has already been initially evaluated in a nursing facility. The increased intensity of 71260 with identical intra-service time fits well with the slightly higher recommended wRVU for 71260 relative to 99308.

Our second MPC code, 74170, has three more minutes of intra-service time, which are necessary to evaluate the abdomen on CT both with and without contrast. This is reflected in the appropriately higher wRVU for 74170 than that recommended for surveyed code 71260.

CPT Code	Short Descriptor	wRVU	Pre	Intra	Post	Total Time	IWPUT
99308	Sub nursing fac care, per day, for E&M of patient, 2 components	1.16	7	15	9	31	0.053
71260	CT thorax, dx; w/contrast	1.24	4	15	3	22	0.072
74170	CT, abdomen; w/o & w/cont	1.40	5	18	5	28	0.065

Summary:

In summary, our expert panel recommends maintaining the current value of 71260 at 1.24 RVU with median survey times of 4, 15, and 3 minutes. This compares favorably with the key reference service codes, 74160

and 71275. Relativity is also appropriate across the four codes for CT of the thorax as well as recently surveyed CT code families, which encompasses the most selected key reference service codes for each of the surveyed codes. This is depicted in the table below. Additionally, the recommended wRVU is supported by bracketing between two recently reviewed CT codes 70486 (CT maxillofacial with contrast) at 1.13 wRVU, intraservice time of 12 minutes and 70488 (CT maxillofacial with and without contrast) at 1.27 wRVU, intraservice time of 15 minutes.

CPT Code	Descriptor	wRVU	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
70486	Computed tomography, maxillofacial area; without contrast material	0.85	3	10	3	16	0.072	RUC	Apr-14
70487	Computed tomography, maxillofacial area; with contrast material(s)	1.13	5	12	5	22	0.076	RUC	Apr-14
71250	Computed tomography, thorax, diagnostic; without contrast material	1.16	3	14	3	20	0.073		Oct-19
712X0	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	1.16	3	15	3	21	0.068		Oct-19
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	1.24	4	15	3	22	0.072		Oct-19
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	1.27	5	15	5	25	0.070	RUC	Apr-14
70490	Computed tomography, soft tissue neck; without contrast material	1.28	5	15	5	25	0.070	RUC	Jan-17
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	1.38	5	18	4	27	0.065		Oct-19
70491	Computed tomography, soft tissue neck; with contrast material(s)	1.38	5	17	5	27	0.068	RUC	Jan-17
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	1.62	5	20	5	30	0.070	RUC	Jan-17

SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 71260

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? 5344638

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 71260 is estimated to be provided 5,344,638 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 5091965 Percentage 95.27 %

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? 1,781,546 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 71260 is estimated to be provided 1,781,546 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 1697322 Percentage 95.27 %

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:
Advanced imaging

BETOS Sub-classification Level II:
CAT/CT/CTA: 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 71260

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: 71270	Tracking Number I3	Original Specialty Recommended RVU: 1.38
		Presented Recommended RVU: 1.38
Global Period: XXX	Current Work RVU: 1.38	RUC Recommended RVU: 1.38

CPT Descriptor: Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old female presents with dyspnea and hemoptysis. Prior chest radiograph showed an abnormality suspicious for a vascular lesion. A computed tomography (CT) scan of the thorax with and without contrast is requested for further evaluation.

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

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work: Review reason for the exam and any pertinent clinical history including history of contrast allergy, renal insufficiency, or other contraindication to IV contrast. The physician reviews any prior imaging, including search of disparate PACS and HIE when available. Confirm that both pre- and postcontrast images are indicated. Communicate appropriate CT protocol for the examination to the CT technologists.

Description of Intra-Service Work: Supervise insertion of the IV catheter, selection of contrast media, and set-up of the mechanical injector. Interpret scout views of the area to be imaged. Supervise administration of intravenous contrast. Review initial and subsequent series of CT image data to ensure adequacy of anatomic coverage. Assess need for repeat sections. Supervise reconstruction of coronal and/or sagittal two-dimensional multiplanar reformatted images. Evaluate and interpret findings related to the trachea, bronchi, and distal airways. Evaluate and interpret findings within the lung parenchyma including the interstitium, lobular units, and pleura using supine and, when necessary, prone series, as well as reformatted images with lung algorithm/lung windows. Evaluate and interpret findings related to the lung hila and mediastinum including the heart including the presence or absence of coronary artery calcification and, if present, the degree of coronary artery calcification using visual scoring (mild, moderate, severe), aorta and arch vessels, mediastinal lymph nodes, and esophagus. Evaluate and interpret findings related to the chest wall structures, including bones, axillae, and soft tissues in axial, sagittal, and coronal planes using bone and soft tissue windows. Evaluate and interpret findings related to the base of neck and upper abdomen in axial and reformatted projections using soft tissue and bone windows. Evaluate for abnormal enhancement, comparing noncontrast and contrast-enhanced images. Compare current findings to previous studies. Document the radiation dose administered and ensure database entry, if appropriate. Address outliers with the technologist at the time of interpretation to facilitate root-cause analysis of above-target radiation dose. Dictate report for the medical record.

Description of Post-Service Work: Review, edit, and sign report for medical record. Discuss findings with the ordering provider, specialist consultants, and/or patient as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Kurt Schoppe, MD; Lauren Golding, MD; Andy Moriarity, MD; Debra Dyer, MD, Gregory Nicola, MD				
Specialty Society(ies):	ACR				
CPT Code:	71270				
Sample Size:	7000	Resp N:	104	Response: 1.4 %	
Description of Sample:	The ACR surveyed a total of 7,000 members (a random sample of 3,500 members and a separate random sample of 3,500 members who indicated that they perform CT and thoracic procedures).				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	28.00	100.00	2000.00
Survey RVW:	1.18	1.41	1.62	1.82	5.00
Pre-Service Evaluation Time:			5.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	15.00	18.00	25.00	70.00
Immediate Post Service-Time:	4.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	71270	Recommended Physician Work RVU: 1.38		
	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:	18.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	4.00	0.00	4.00	

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

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
71275	XXX	1.82	RUC Time

CPT Descriptor Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74170	XXX	1.40	RUC Time

CPT Descriptor Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

KEY MPC COMPARISON CODES:

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99308	XXX	1.16	RUC Time	10,996,182

CPT Descriptor 1 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused 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 patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74170	XXX	1.40	RUC Time	103,040

CPT Descriptor 2 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 44 % of respondents: 42.3 %

Number of respondents who choose 2nd Key Reference Code: 37 % of respondents: 35.5 %

TIME ESTIMATES (Median)

	CPT Code: <u>71270</u>	Top Key Reference CPT Code: <u>71275</u>	2nd Key Reference CPT Code: <u>74170</u>
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	18.00	25.00	18.00
Median Immediate Post-service Time	4.00	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	27.00	35.00	28.00
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

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

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	11%	64%	16%	9%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
9%	66%	25%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	14%	66%	20%
Physical effort required	9%	64%	27%

Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

<u>Less</u>	<u>Identical</u>	<u>More</u>
18%	61%	20%

2nd Key Reference Code

	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	8%	73%	19%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
16%	65%	19%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	11%	68%	22%
Physical effort required	5%	86%	8%

Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

<u>Less</u>	<u>Identical</u>	<u>More</u>
8%	70%	22%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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 G0297 (*Low dose ct scan (ldct) for lung cancer screening*) was caught on the screen for CMS/Other codes with 2017e Medicare utilization over 30,000. The American College of Radiology (ACR) submitted an action plan at the January 2019 meeting referring this code to the CPT to establish a code for this procedure. The CPT Editorial Panel approved the creation of CPT code 712X0, and revised CPT codes 71250, 71260, and 71270, which describe diagnostic computed tomography of the thorax, as part of the larger CT of the thorax family. The ACR surveyed this code family for the October 2019 RUC meeting and convened an expert panel of physicians familiar with these services to review the survey data. The descriptors for these four codes are shown below.

- **71250** (*Computed tomography, thorax, diagnostic; without contrast material*),
- **71260** (*Computed tomography, thorax, diagnostic; with contrast material(s)*),
- **71270** (*Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections*)
- **712X0** (*Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)*)

Survey Process

The ACR surveyed a total of 7,000 members (a random sample of 3,500 members and a separate random sample of 3,500 members who indicated that they perform computed tomography and/or thoracic procedures).

Work RVU and Time Recommendations

The ACR recommends maintaining the current value of CPT code 71270 at 1.38 RVU with median survey times of 5 minutes pre-service, 18 minutes intra-service, and 4 minutes post-service.

Rationale

CPT code 71270 (*Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections*) is an important tool in investigating pathology in the thorax, particularly when there is concern for malignancy.

CPT code 71270 is a technically challenging examination to interpret. Subtle findings or pattern/distribution of abnormalities in the pulmonary parenchyma may define a certain disease process, which guides treatment for patients. For example, detection of a small enhancing metastatic lesion distant from other tumor may impact a patient's eligibility for surgery. A combination of its utility (as a positive and negative predictor of pathology), intensity, and the amount of technical training needed to accurately interpret this exam supports the society's recommendation to maintain current value.

The addition of contrast material increases the amount of physician work because one needs to assess the pulmonary parenchyma, mediastinal/hilar structures, and chest wall for enhancing lesions, as well as meticulously interrogate the major arteries and veins for abnormalities. The diversity of potential diagnoses also increases as contrast enhancement is important for differentiating processes such as infection and tumor. Comparing pre and post contrast images can help distinguish true enhancement from structures of higher density that may appear to enhance.

Key Reference Services for 71270

Our work RVU recommendation compares favorably to the most commonly chosen key reference survey code, 71275 (*Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing*) which was recently reviewed in January 2014.

CPT code 71275 requires more time and has a greater wRVU in comparison to the surveyed code, which supports this relationship appropriately. More time is required for 71275 to individually interrogate the pulmonary artery branches that are opacified with contrast during this exam.

Our work RVU recommendation is similar to the second most commonly chosen key reference survey code, 74170 (*Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections*). The intra service time of the surveyed code and 74170 are identical, and the wRVU are similar, which supports this relationship appropriately. The similarity of these codes is supported by our survey respondents, 73% of whom reported 71470 as identical in complexity and intensity to the surveyed code.

CPT Code	Short Descriptor	wRVU	Pre	Intra	Post	Total Time	IWPUT
71270	CT thorax, dx; w/ & w/o contrast	1.38	5	18	4	27	0.065
74170	CT abdomen; w/o & w/contrast	1.40	5	18	5	28	0.065
71275	CTA chest; w& w/o contrast	1.82	5	25	5	35	0.064

MPC Codes for 71270

Our recommendation for CPT code 71270 compares favorably to MPC codes 99308 (*Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused 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 patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.*) and 74170 (*Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections*).

MPC code 99308 has similar intra-service time and 7 more minutes of pre and post service time compared to the surveyed code. CPT code 99308 is generally a less intense service typically provided by a nurse practitioner for a patient who has already been initially evaluated in a nursing facility. The increased intensity of 71270 with similar intra-service time fits well with the higher recommended wRVU for 71270 relative to 99308.

CPT code 74170 and the surveyed code have identical intra-service times and similar overall total times. CPT code 74170 is needed to evaluate the abdomen on CT both with and without contrast. This is reflected in the appropriately higher wRVU for 74170 than that recommended for 71270.

CPT Code	Short Descriptor	wRVU	Pre	Intra	Post	Total Time	IWPUT
99308	Sub nursing fac care, per day, for E&M of patient, 2 components	1.16	7	15	9	31	0.053
71270	CT thorax, dx; w/ & w/o contrast	1.38	5	18	4	27	0.065
74170	CT, abdomen; w/o & w/cont	1.40	5	18	5	28	0.065

Summary:

In summary, our expert panel recommends maintaining the current value of 71270 at 1.38 RVU with median survey times of 5, 18, and 4 minutes. This compares favorably with key reference service codes 71275 and

74170. Relativity is also appropriate across the four codes for CT of the thorax as well as recently surveyed CT code families, which encompasses the most selected key reference service codes for each of the surveyed codes. This is depicted in the table below.

CPT Code	Descriptor	wRVU	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
70486	Computed tomography, maxillofacial area; without contrast material	0.85	3	10	3	16	0.072	RUC	Apr-14
70487	Computed tomography, maxillofacial area; with contrast material(s)	1.13	5	12	5	22	0.076	RUC	Apr-14
71250	Computed tomography, thorax, diagnostic; without contrast material	1.16	3	14	3	20	0.073		Oct-19
712X0	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	1.16	3	15	3	21	0.068		Oct-19
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	1.24	4	15	3	22	0.072		Oct-19
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	1.27	5	15	5	25	0.070	RUC	Apr-14
70490	Computed tomography, soft tissue neck; without contrast material	1.28	5	15	5	25	0.070	RUC	Jan-17
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	1.38	5	18	4	27	0.065		Oct-19
70491	Computed tomography, soft tissue neck; with contrast material(s)	1.38	5	17	5	27	0.068	RUC	Jan-17
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	1.62	5	20	5	30	0.070	RUC	Jan-17

SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 71270

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? 215349

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 71270 is estimated to be provided 215,349 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 194203 Percentage 90.18 %

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?

71,783 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 71270 is estimated to be provided 71,783 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 64734 Percentage 90.18 %

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:

Advanced imaging

BETOS Sub-classification Level II:

CAT/CT/CTA: 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 71270

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: 71271	Tracking Number I4	Original Specialty Recommended RVU: 1.19
		Presented Recommended RVU: 1.16
Global Period: XXX	Current Work RVU:	RUC Recommended RVU: 1.16

CPT Descriptor: Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69-year-old asymptomatic male patient has smoked one pack of cigarettes a day for 39 years. A screening CT scan of the chest without contrast is requested to screen for lung cancer.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work: Review clinical information provided by referring provider or obtained from the patient (eg appropriateness for lung cancer screening based on age and smoking history, other risk factors, availability of prior chest CT examinations, presence of significant life-limiting co-morbidities, and the presence of signs or symptoms of lung cancer that would necessitate converting the lung cancer screening CT to a diagnostic chest CT). Review any prior imaging, including search of disparate PACS and HIE (Health Information Exchange) when available. Determine appropriate CT protocol for the examination, confirm that low-dose screening CT is indicated. Communicate protocol to the CT technologists.

Description of Intra-Service Work: Supervise the CT acquisition, including scout views, area of coverage, acquisition of axial source image sections, and image reconstructions. Review CT image data to ensure adequacy of anatomic coverage and correct reconstructions were obtained. Supervise the performance of the examination to specifications of a LDCT (including appropriate reductions in CTDIvol for smaller patients and appropriate increases in CTDIvol for larger patients).

Identify and describe pulmonary nodules according to standardized lexicon, such as Lung-RADS, including a final Lung-RADS assessment category and management recommendation. Describe nodule location, morphology (solid, part-solid, ground-glass), size, attenuation (soft tissue, fat, calcification), and margins (spiculated, lobulated, smooth).

Evaluate and interpret findings related to the trachea, bronchi, distal airways, lung parenchyma including the interstitium, lobular units, and pleura with lung algorithm/lung windows. Evaluate and interpret findings related to the lung hila and mediastinum including the heart including the presence or absence of coronary artery calcification and, if present, the degree of coronary artery calcification using visual scoring (mild, moderate, severe), aorta and arch vessels, mediastinal lymph nodes, and esophagus. Evaluate and interpret findings related to the chest wall structures, including bones, axillae, and soft tissues in axial, sagittal, and coronal planes using bone and soft tissue windows. Evaluate and interpret findings related to the base of neck and upper abdomen in axial and reformatted projections using soft tissue and bone windows.

Compare current findings to previous studies. Review and verify the radiation dose administered. Address radiation dose outliers and issues with image quality with the technologist at the time of interpretation to facilitate root-cause analysis of above-target radiation dose. Dictate report for the medical record.

Description of Post-Service Work: Review, edit, and sign report for medical record. Discuss findings with the ordering provider, specialist consultants, and/or patient as needed. A letter informing the patient of the results of his or her screening lung CT is completed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Kurt Schoppe, MD; Lauren Golding, MD; Andy Moriarity, MD; Debra Dyer, MD; Gregory Nicola, MD				
Specialty Society(ies):	ACR				
CPT Code:	71271				
Sample Size:	7000	Resp N:	101	Response: 1.4 %	
Description of Sample:	The ACR surveyed a total of 7,000 members (a random sample of 3,500 members and a separate random sample of 3,500 members who indicated that they perform CT and thoracic procedures).				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	100.00	300.00	2000.00
Survey RVW:	0.90	1.19	1.30	1.74	5.00
Pre-Service Evaluation Time:			3.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	10.00	15.00	19.00	50.00
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:	71271	Recommended Physician Work RVU: 1.16		
	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 <u>post-service</u> 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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74150	XXX	1.19	RUC Time

CPT Descriptor Computed tomography, abdomen; without contrast material**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74176	XXX	1.74	RUC Time

CPT Descriptor Computed tomography, abdomen and pelvis; without contrast material**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99308	XXX	1.16	RUC Time	10,996,182

CPT Descriptor 1 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused 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 patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74170	XXX	1.40	RUC Time	103,040

CPT Descriptor 2 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 29.7 %

Number of respondents who choose 2nd Key Reference Code: 25 % of respondents: 24.7 %

TIME ESTIMATES (Median)

	CPT Code: <u>71271</u>	Top Key Reference CPT Code: <u>74150</u>	2nd Key Reference CPT Code: <u>74176</u>
Median Pre-Service Time	3.00	3.00	5.00
Median Intra-Service Time	15.00	12.00	22.00
Median Immediate Post-service Time	3.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	21.00	20.00	32.00
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.

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	13%	63%	23%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
30%	50%	20%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	23%	60%	17%

Physical effort required	13%	80%	7%
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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%

43%

40%

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More**

Overall intensity/complexity	0%	12%	56%	24%	8%
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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%

64%

28%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	0%	72%	28%
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Physical effort required	8%	80%	12%
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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%

44%

48%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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 G0297 (*Low dose ct scan (ldct) for lung cancer screening*) was caught on the screen for CMS/Other codes with 2017e Medicare utilization over 30,000. The American College of Radiology (ACR) submitted an

action plan at the January 2019 meeting referring this code to the CPT to establish a code for this procedure. The CPT Editorial Panel approved the creation of CPT code 71271, and revised CPT codes 71250, 71260, and 71270, which describe diagnostic computed tomography of the thorax, as part of the larger CT of the thorax family. The ACR surveyed this code family for the October 2019 RUC meeting and convened an expert panel of physicians familiar with these services to review the survey data. The descriptors for these four codes are shown below.

- **71250** (*Computed tomography, thorax, diagnostic; without contrast material*),
- **71260** (*Computed tomography, thorax, diagnostic; with contrast material(s)*),
- **71270** (*Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections*)
- **71271** (*Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)*)

Survey Process

The ACR surveyed a total of 7,000 members (a random sample of 3,500 members and a separate random sample of 3,500 members who indicated that they perform computed tomography and/or thoracic procedures).

Compelling Evidence

We are requesting compelling evidence for only one code in this family, 71271 (*Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)*). This code is being established as a Category I code in place of G-code G0297. In the 2016 MPFS, ACR recommended that CMS crosswalk G0297 to 71250 (*Computed tomography, thorax; without contrast material*) with “additional physician work added to account for the added intensity of the service.” 71250 is currently valued higher than G0297 only because 71250 was revalued in 2016, after the original crosswalk. When originally valued, the RUC recommended a value of 1.16 for 71250, which was below the 25th percentile survey wRVU of 1.20. CMS subsequently assigned a wRVU of 1.02 to this code, which was based on the single lowest survey response. The wRVU for 71250 was increased to its current value of 1.16 in 2016 based on this flawed methodology. G0297 was not revalued at that time. G0297 has never been valued by the RUC. We believe the threshold for compelling evidence for 71271 has been met due to the flawed methodology used for valuation of G0297.

Work RVU and Time Recommendations

The ACR recommends a wRVU of 1.16 based on similarity of physician work compared to 71250 (*Computed tomography, thorax; without contrast material*), with median survey times of 3 minutes pre-service, 15 minutes intra-service, and 3 minutes post-service.

Rationale

CPT code 71271 is an invaluable tool to screen at-risk patients for lung cancer so that tumors can be detected early. In 2011, the results of the NCI-sponsored National Lung Screening Trial (NLST) were published. The NLST showed that people aged 55 to 74 years with a history of heavy smoking are 20 percent less likely to die from lung cancer if they are screened with low dose helical CT than with standard screening chest x-rays. Previous studies had shown that screening with standard chest x-rays does not reduce the mortality rate from lung cancer.

CPT code 71271 is a technically challenging examination to interpret, requiring meticulous analysis of the lung parenchyma to detect nodules as small as 1-2 mm. Interpreting radiologists must also utilize standardized lexicon for description and classification of nodules, and formulate standard recommendations based on

guidelines derived from the NLST. Unlike some other screening exams, an abnormal lung cancer screening CT does not require an additional imaging study to further characterize the abnormality.

The patient population for 71271 is defined by CMS as 55-77 years old, smoking history of at least 30 pack years, and a current smoker or quit in the past 15 years. The lung parenchyma is typically abnormal with emphysema, scarring, bronchial wall thickening and distortion of the airways. Patients typically have COPD.

Key Reference Services for 71271

Our work RVU recommendation compares favorably to the most commonly chosen key reference survey code, 74150 (*Computed tomography, abdomen; without contrast material*). CPT code 74150 has a slightly higher wRVU compared to the surveyed code and only one minute more total time, which accurately demonstrates the comparable levels of work between the two services. Our second most commonly chosen key reference code, 74176 (*Computed tomography, abdomen and pelvis; without contrast material*), has substantially more intra-service and total time, and is appropriately valued higher than the survey code, 71271.

CPT Code	Short Descriptor	wRVU	Pre	Intra	Post	Total Time	IWPUT
71271	CT thorax, low dose for lung cancer screening; w/o contrast	1.16	3	15	3	21	0.068
74150	CT abdomen; w/o contrast	1.19	3	12	5	20	0.084
74176	CT abdomen & pelvis; w/o contrast	1.74	5	22	5	32	0.069

MPC Codes for 71271

Our recommendation for CPT code 71271 compares favorably to MPC codes 99308 (*Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused 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 patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.*) and 74170 (*Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections*).

MPC code 99308 has identical intra-service time and 10 more minutes of pre and post service time. CPT code 99308 is generally a less intense service typically provided by a nurse practitioner for a patient who has already been initially evaluated in a nursing facility. The increased intensity of 71271 with identical intra service time fits well with the identical recommended wRVU for 71271 relative to 99308.

MPC code 74170 has three more minutes of intra-service time, which are necessary to evaluate the abdomen on CT both with and without contrast. This is reflected in the appropriately higher wRVU for 74170 than that recommended for 71271.

CPT Code	Short Descriptor	wRVU	Pre	Intra	Post	Total Time	IWPUT
99308	Sub nursing fac care, per day, for E&M of patient, 2 components	1.16	7	15	9	31	0.053
71271	CT thorax, low dose for lung cancer screening; w/o contrast	1.16	3	15	3	21	0.068

74170	CT, abdomen; w/o & w/cont	1.40	5	18	5	28	0.065
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Summary:

In summary, our expert panel recommends a wRVU of 1.16 with median survey times of 3, 15, and 3 minutes. This compares favorably with key reference service codes, 74150 and 74176. Relativity is also appropriate across the four codes for CT of the thorax as well as recently surveyed CT code families, which encompasses the most selected key reference service codes for each of the surveyed codes. This is depicted in the table below. Additionally, the recommended wRVU is supported by bracketing between two recently reviewed CT codes 70486 (CT maxillofacial with contrast) at 1.13 wRVU, intraservice time of 12 minutes and 70488 (CT maxillofacial with and without contrast) at 1.27 wRVU, intraservice time of 15 minutes.

CPT Code	Descriptor	wRVU	Pre Time	Intra Time	Post Time	TOTAL Time	IWPUT	Source	RUC Mtg Date
70486	Computed tomography, maxillofacial area; without contrast material	0.85	3	10	3	16	0.072	RUC	Apr-14
70487	Computed tomography, maxillofacial area; with contrast material(s)	1.13	5	12	5	22	0.076	RUC	Apr-14
71250	Computed tomography, thorax, diagnostic; without contrast material	1.16	3	14	3	20	0.073		Oct-19
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	1.16	3	15	3	21	0.068		Oct-19
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	1.24	4	15	3	22	0.072		Oct-19
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	1.27	5	15	5	25	0.070	RUC	Apr-14
70490	Computed tomography, soft tissue neck; without contrast material	1.28	5	15	5	25	0.070	RUC	Jan-17
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	1.38	5	18	4	27	0.065		Oct-19
70491	Computed tomography, soft tissue neck; with contrast material(s)	1.38	5	17	5	27	0.068	RUC	Jan-17
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	1.62	5	20	5	30	0.070	RUC	Jan-17

SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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) G0297

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? 583581

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2018 claims data for CPT code G0297, the service described by CPT code 712X0 is estimated to be provided 583,581 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 573018 Percentage 98.18 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

194,527 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2018 claims data for CPT code G0297, the service described by CPT code 712X0 is estimated to be provided 194,527 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 191006 Percentage 98.18 %

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:

Advanced imaging

BETOS Sub-classification Level II:

CAT/CT/CTA: 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. G0297

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: CT Thorax																												
14	TAB: 7																												
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				
17	1st REF	74150	Computed tomography, abdomen; without contrast material	43	0.084			1.19			20	3					12			5									
18	2nd REF	74176	Computed tomography, abdomen and pelvis; without contrast material	22	0.069			1.74			32	5					22			5									
19	Apr-16	71250	Computed tomography, thorax; without contrast material		0.062			1.16			25	5					15			5									
20	SVY	71250	Computed tomography, thorax, diagnostic; without contrast material	104	0.080	1.00	1.19	1.25	1.54	5.00	20	3			7	10	14	17	50	3	0	143	300	800	3500				
21	SVY - Subset	71250	Computed tomography, thorax, diagnostic; without contrast material	72	0.071	1.00	1.19	1.25	1.56	5.00	23	4			7	10	15	18	50	4	0	115	325	838	3500				
22	SVY - Random	71250	Computed tomography, thorax, diagnostic; without contrast material	32	0.095	1.00	1.19	1.25	1.51	2.02	17	3			8	10	12	15	25	2	0	188	275	550	2400				
23	REC	71250	Computed tomography, thorax, diagnostic; without contrast material		0.073	1.16					20	3				14				3									
24																													
25						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE								
26	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				
27	1st REF	74160	Computed tomography, abdomen; with contrast material(s)	48	0.073			1.27			23	3					15			5									
28	2nd REF	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	24	0.064			1.82			35	5					25			5									
29	Apr-16	71260	Computed tomography, thorax; with contrast material(s)		0.064			1.24			26	5					16			5									
30	SVY	71260	Computed tomography, thorax, diagnostic; with contrast material(s)	104	0.081	1.12	1.27	1.37	1.70	5.00	22	4			1	12	15	20	60	3	0	150	300	793	3000				
31	SVY - Subset	71260	Computed tomography, thorax, diagnostic; with contrast material(s)	72	0.078	1.15	1.27	1.37	1.72	5.00	24	5			1	12	15	20	60	4	0	119	325	800	3000				
32	SVY - Random	71260	Computed tomography, thorax, diagnostic; with contrast material(s)	32	0.082	1.12	1.27	1.37	1.66	2.25	21	3			10	12	15	17	30	3	0	150	275	500	2400				
33	REC	71260	Computed tomography, thorax, diagnostic; with contrast material(s)		0.072	1.24					22	4				15				3									
34																													
35						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE								
36	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				
37	1st REF	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	44	0.064			1.82			35	5					25			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
38	2nd REF	74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	37	0.065			1.40			28	5					18			5					
39	Apr-16	71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections		0.058			1.38			30	5					20			5					
40	SVY	71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	104	0.079	1.18	1.41	1.62	1.82	5.00	27	5			1	15	18	25	70	4	0	10	28	100	2000
41	SVY - Subset	71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	72	0.071	1.19	1.40	1.62	1.82	5.00	29	5			1	15	20	25	70	4	0	10	20	100	2000
42	SVY - Random	71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	32	0.107	1.18	1.45	1.74	1.80	3.00	21	3			10	15	15	20	40	3	0	10	50	127	800
43	REC	71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections		0.065	1.38					27	5					18			4					
44																									
45						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
46	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
47	1st REF	74150	Computed tomography, abdomen; without contrast material	30	0.084			1.19			20	3					12			5					
48	2nd REF	74176	Computed tomography, abdomen and pelvis; without contrast material	25	0.069			1.74			32	5					22			5					
49	CMS-Other	G0297	Low dose ct scan (ldct) for lung cancer screening		0.053			1.02			25	5					15			5					
50	SVY	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	101	0.078	0.90	1.19	1.30	1.74	5.00	21	3			1	10	15	19	50	3	0	50	100	300	2000
51	SVY - Subset	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	69	0.078	0.90	1.19	1.30	1.74	5.00	21	3			1	10	15	20	50	3	0	50	100	280	2000
52	SVY - Random	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	32	0.100	0.90	1.19	1.33	1.70	2.25	18	3			8	10	12	15	35	3	0	49	100	371	1200
53	REC	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		0.068	1.16					21	3					15			3					

**AMA/SPECIALTY SOCIETY REALTIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

CPT Long Descriptor:Global Period: XXX Meeting Date: 10/2019Specialty Society: American College of Radiology

Vignette (vignette required even if PE only code(s)):

Surveyed CPT Code	71250	Global Period: XXX
CPT Code Descriptor	Computed tomography, thorax, diagnostic; without contrast material <i>(Do not report 71270 in conjunction with 71250, 71260, 71271)</i> <i>(For cardiac computed tomography of the heart, see 75571-75574)</i> <i>(To report 3D rendering, see 76376, 76377)</i>	
Typical Patient/Service	A 65-year-old female smoker has developed progressive dyspnea over the past six months. A chest radiograph demonstrates a basilar interstitial abnormality. A computed tomography (CT) scan of the thorax is requested for further evaluation.	

Surveyed CPT Code	71260	Global Period: XXX
CPT Code Descriptor	Computed tomography, thorax, diagnostic; with contrast material(s) <i>(Do not report 71270 in conjunction with 71250, 71260, 71271)</i> <i>(For cardiac computed tomography of the heart, see 75571-75574)</i> <i>(To report 3D rendering, see 76376, 76377)</i>	
Typical Patient/Service	A 75-year-old male with a history of smoking presents with persistent cough. Chest radiographs demonstrate mediastinal widening and new interstitial opacities on the left. A contrast-enhanced computed tomography (CT) of the chest is ordered. (Note: Three-dimensional rendering, if ordered and performed, is coded separately. Interpretation of two-dimensional thin section coronal and/or sagittal reformatted images is included and not separately reported with 71260.)	

Surveyed CPT Code	71270	Global Period: XXX
CPT Code Descriptor	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections <i>(Do not report 71270 in conjunction with 71250, 71260, 71271)</i> <i>(For cardiac computed tomography of the heart, see 75571-75574)</i> <i>(To report 3D rendering, see 76376, 76377)</i>	
Typical Patient/Service	A 76-year-old female presents with dyspnea and hemoptysis. Prior chest radiograph showed an abnormality suspicious for a vascular lesion. A computed tomography (CT) scan of the thorax with and without contrast is requested for further evaluation.	

Surveyed CPT Code	71271	Global Period: XXX
CPT Code Descriptor	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) <i>(Do not report 71271 in conjunction with 71250, 71260, 71270)</i> <i>(For cardiac computed tomography of the heart, see 75571, 75572, 75573, 75574)</i>	
Typical Patient/Service	A 69-year-old asymptomatic male patient has smoked one pack of cigarettes a day for 39 years. A screening CT scan of the chest without contrast is requested to screen for lung cancer.	

**AMA/SPECIALTY SOCIETY REALTIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

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 ACR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for diagnostic and screening CT of the thorax.

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 71250, 71260, and 71270 are current codes. As such, we included the existing direct practice expense inputs for those three codes on the PE spreadsheet. The specialties also included the direct practice expense inputs for CPT Code G0297 *Low dose ct scan (ldct) for lung cancer screening* as a reference code for new code 71271.

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

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 and the global.

71250: 71%

71260: 56%

71270: 66%

71271 (G0297): 77%

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

No additional minutes requested above standards for 71250, 71260, or 71270. The following additional minutes are recommended for 71271:

- **CA004 provide preservice education and obtain consent** – we are requesting 3 minutes. There are strict payer criteria* for patients receiving lung cancer screening. Staff must review the criteria and confirm the attestation form and clinical documentation from the ordering physician for CPT code G0296. If the patient does not qualify for screening (e.g. they have respiratory symptoms), then the referring physician must be called and a different order must be placed if an imaging exam is to be performed.

*Effective for claims with dates of service on and after February 5, 2015, Medicare beneficiaries must meet all of the following criteria:

**AMA/SPECIALTY SOCIETY REALTIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

- Be 55–77 years of age;
- Be asymptomatic (no signs or symptoms of lung cancer);
- Have a tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes);
- Be a current smoker or one who has quit smoking within the last 15 years; and,
- Receive a written order for lung cancer screening with LDCT that meets the requirements described in the NCD.

Source: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9246.pdf>

- **CA011 provide education/obtain consent** - we are requesting 2 minutes for the non-contrast code 71250 and 3 minutes for the codes with contrast 71260 and 71270. We are requesting 3 minutes for 71271 which is a non-contrast code with an addition 1 minute for the CT technologist to review the questionnaire and confirm that there have been no changes in the patient's clinical status that would make them ineligible for screening CT (e.g. symptoms have developed in the interval since the exam was scheduled). Also, additional information is required from the patient for registry reporting (including cancer history, prior occupational and environmental exposures, etc). As well, time is spent with patients to educate them on the process for screening, including the need for follow up exams.
- **CA038 Coordinate post procedure services**- we are requesting 6 minutes required for the CT technologist to generate a letter that must be sent to each patient with their results and follow up instructions. The follow up exams are scheduled with the patient based on the interpretation of the most recent exam. This time also includes adding patient information to a registry and verified (required by CMS regulation). All lung cancer screening patients must be tracked. Additionally, as part of registry reporting there is mandatory management of LCS program quality metrics with requisite chart review & data entry.

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 are requesting 0 minutes for *obtain vital signs* (CA010).

**AMA/SPECIALTY SOCIETY REALTIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

9. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

- **Specific to 71271** – see question #5
- Confirm availability of prior images/studies
- Review patient clinical extant information and questionnaire

b. Service period (includes pre, intra and post):

- **Specific to 71271** – see question #5
- Greet patient, provide gowning, ensure appropriate medical records are available.
- Provide education/obtain consent
- Prepare room, equipment, and supplies.
- Confirm order and protocol exam.
- Prepare, set-up and start IV.
- Bring patient into CT room and assist patient onto CT table. Position patient's anatomy for anatomic coverage and comfort. If contrast is required, prepare injector, perform a test injection if needed, and ensure free movement of IV tubing with CT gantry motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Obtain scout image. Confirm appropriate patient positioning to ensure adequate coverage of anatomic region and potential pathology. Adjust patient positioning if needed. Set acquisition parameters. Instruct patient to hold still with breath holds (and training) as needed. Obtain axial images. Confirm appropriate imaging coverage. For the without followed by with contrast material examination, the process above is repeated to obtain axial images with contrast. The images are checked for quality and above steps are repeated for any additional covered needed. Coronal and sagittal reformations are performed. Send the images from the console to the image archive.
- Technologist QC's images in PACS, checking for all images, reformats, and dose page- In the CY 2017 Medicare Physician Fee Schedule (MPFS) final rule, CMS finalized a policy to establish a range of appropriate standard minutes for the clinical labor activity, "Technologist QCs images in PACS, checking for all images, reformats, and dose page." This establishes 2 minutes as the standard for the simple case, 3 minutes as the standard for the intermediate case, 4 minutes as the standard for the complex case, and 5 minutes as the standard for the highly complex case. This policy is reiterated in the CY 2020 MPFS pg. 37. 3 minutes has been used on all recent RUC and CMS approved CT exams as the prototypical intermediate case, which requires assessment of usually 100's of images for quality issues, evaluation of multiplanar reconstructions, and appropriate documentation. Since plain films are set at 2 minutes, the work for CT is greater, but not the same time or difficulty as MRI, which is now typically 4 minutes.

c. Post-service period:

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- Coordinate post-procedure services (see above for 71271)

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:*

Detailed description of activities performed by clinical staff (CT technologist) during the intra-service period included in CA021 for CT of the Thorax:

- When a patient is placed on the CT scanner, the technologist uses their best judgment to ensure the patient is centered within the gantry. The technologist gives the patient breath holding instructions. After the patient is positioned on the bed, the technologist secures the CT room door and retreats to the CT console. The technologist deploys a remote communication event via intercom to ensure patient safety and comfort. The technologist then confirms choice of protocol on the CT console, and activates entry of patient into CT gantry via an automated table. At this point, a second remote communication event occurs confirming patient is safe and comfortable. The technologist then performs a "scout" image of the patient so the appropriate region of interest can be selected for the diagnostic scan. Technologists may perform either an anterior-posterior scout image, or a lateral scout image, or both. The technologist uses the anterior-posterior image to select the field-of-view (FOV) for the diagnostic image and reconstruction. The scout images provide an opportunity to verify correct patient positioning. After adjusting the height of the table the technologist will "rescout" the patient to ensure proper exposure parameters are used. The technologist initiates a practice breath hold. Once positioning and exposure settings have been confirmed, the technologist acquires the images. Once the CT is complete, the technologist ensures the anatomic area of interest has been imaged and the proper number of images have transferred successfully to the computer. The technologist ensures sufficient image quality at the CT console while the patient remains on the table. If no additional imaging is necessary, the technologist helps the patient get off the table and escorts him or her out of the CT room.

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

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

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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. 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

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:

- **Technologist PACS Workstation Proxy (ED050)** –PACS formula; Equals total service period time
- **Professional PACS Workstation (ED053)** – Equals physician work intra time + 1/2 physician work pre-time
- **Room, CT (EL007)** – Highly technical formula

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:

For CPT codes 71260 and 71270, we are substituting SJ053 (swab-pad, alcohol) for SJ043 (povidone-swabstick). SJ053 is the appropriate tool needed to clean the rubber contrast bottle cap for 71260 and 71270. The alcohol prep pad included in the starter kit is used to clean the skin. There is no duplication of supplies.

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

21. 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

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

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).

- CA007 *Review patient clinical extant information and questionnaire*: reduced from 3 minutes to 1 minute for 71271
- CA011 *Provide education/obtain consent*: increased from 2 minutes to 3 minutes for 71271
- CA037 *Conduct patient communications*: reduced from 2 minutes to 0 minutes
- CA038 *Coordinate post-procedure services*: increased from 4 minutes to 6 minutes

A		B			D		E		G		H		I		J		K		L		M		N		O		P		Q		R		S		T		U		V		
1	RUC Practice Expense Spreadsheet								CURRENT		71250		RECOMMENDED		71250		CURRENT		71260		RECOMMENDED		71260		CURRENT		71270		RECOMMENDED		71270		REFERENCE CODE		G0297		RECOMMENDED		71271		
2																																									
3	RUC Collaboration Website								Computed tomography, thorax, diagnostic; without contrast material (April 2016)		Computed tomography, thorax, diagnostic; without contrast material (October 2019)		Computed tomography, thorax, diagnostic; with contrast material(s) (April 2016)		Computed tomography, thorax, diagnostic; with contrast material(s) (October 2019)		Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections (April 2016)		Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections (October 2019)		Low dose ct scan (ldct) for lung cancer screening (2016)		Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) (October 2019)																		
4	Clinical Activity Code	Meeting Date: October 2019 Tab: Diagnostic & Screening CT Thorax Specialty: ACR			Clinical Staff Type Code	Clinical Staff Type																																			
5	LOCATION								Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7	TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME								\$ 88.94	\$ -	\$ 80.48	\$ -	\$ 119.03	\$ -	\$ 110.15	\$ -	\$ 148.62	\$ -	\$ 139.71	\$ -	\$ 165.66	\$ -	\$ 84.35	\$ -																	
8	TOTAL CLINICAL STAFF TIME				L046A	CT Technologist	37.0	0.0	37.0	0.0	45.0	0.0	45.0	0.0	54.0	0.0	54.0	0.0	40.0	0.0	47.0	0.0																			
9	TOTAL PRE-SERVICE CLINICAL STAFF TIME				L046A	CT Technologist	4.0	0.0	3.0	0.0	4.0	0.0	3.0	0.0	4.0	0.0	3.0	0.0	4.0	0.0	6.0	0.0																			
10	TOTAL SERVICE PERIOD CLINICAL STAFF TIME				L046A	CT Technologist	33.0	0.0	34.0	0.0	41.0	0.0	42.0	0.0	50.0	0.0	51.0	0.0	32.0	0.0	35.0	0.0																			
11	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	4.0	0.0	6.0	0.0																			
12	TOTAL COST OF CLINICAL STAFF TIME x RATE PER						\$ 17.02	\$ -	\$ 17.02	\$ -	\$ 20.70	\$ -	\$ 20.70	\$ -	\$ 24.84	\$ -	\$ 24.84	\$ -	\$ 18.04	\$ -	\$ 20.81	\$ -																			
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			L037D	RN/LPN/MTA																																			
19	CA005	Complete pre-procedure phone calls and prescription																																							
20	CA006	Confirm availability of prior images/studies			L046A	CT Technologist	2		2		2		2		2		2		2		2																				
21	CA007	Review patient clinical extant information and questionnaire			L046A	CT Technologist	2		1		2		1		2		1		2		1																				
22	CA008	Perform regulatory mandated quality assurance activity (pre-																																							
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			L046A	CT Technologist	3		3		3		3		3		3		3		3																				
34	CA010	Obtain vital signs																																							
35	CA011	Provide education/obtain consent			L046A	CT Technologist	2		2		3		3		3		3		2		3																				
36	CA012	Review requisition, assess for special needs																																							
37	CA013	Prepare room, equipment and supplies			L046A	CT Technologist	2		2		4		4		4		4		2		2																				
38	CA014	Confirm order, protocol exam			L046A	CT Technologist			1				1				1				1																				
39	CA015	Setup scope (nonfacility setting only)																																							
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring			L046A	CT	2		2		5		5		5		5		2		2																				
41	CA017	Sedate/apply anesthesia																																							
48	Intra-service (of service period)																																								
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)			L046A	CT Technologist	15				17				26				15																						
50	CA019	Assist physician or other qualified healthcare professional---																																							
51	CA020	Assist physician or other qualified healthcare professional---																																							
52	CA021	Perform procedure/service---NOT directly related to physician work time			L046A	CT Technologist			15				17				26				15																				
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			L046A	CT Technologist	3		3		3		3		3		3		3		3																				
63	CA025	Clean scope																																							
64	CA026	Clean surgical instrument package																																							
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray																																							
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 dose page			L046A	CT Technologist	3		3		3		3		3		3		2		3																				
69	CA031	Review examination with interpreting MD/DO			L046A	CT	2		2		2		2		2		2		2		2																				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.			L046A	CT Technologist	1		1		1		1		1		1		1		1																				
71	CA033	Perform regulatory mandated quality assurance activity																																							
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting,																																							
73	CA035	Review home care instructions, coordinate visits/prescriptions																																							
74	CA036	Discharge day management					n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a																				
75	CA038	Coordinate post-procedure services			L037D	RN/LPN/MTA																																			
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																																			
85	CA038	Coordinate post-procedure services			L037D	RN/LPN/MTA																																			
100	Supply	MEDICAL SUPPLIES			PRICE	UNIT																																			
101	TOTAL COST OF SUPPLY QUANTITY x PRICE						\$ 0.65	\$ -	\$ 0.65	\$ -	\$ 7.36	\$ -	\$ 6.92	\$ -	\$ 7.36	\$ -	\$ 6.92	\$ -	\$ 0.65	\$ -	\$ 0.65	\$ -																			
102	SA019	kit, iv starter			1.4675	kit					1		1		1		1																								
103	1 tourniquet																																								
104	1 alcohol prep pad																																								
105	1 PVP ointment																																								

	A	B	D	E	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1		RUC Practice Expense Spreadsheet			CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
2					71250		71250		71260		71260		71270		71270		G0297		71271	
3		RUC Collaboration Website			Computed tomography, thorax, diagnostic; without contrast material (April 2016)		Computed tomography, thorax, diagnostic; without contrast material (October 2019)		Computed tomography, thorax, diagnostic; with contrast material(s) (April 2016)		Computed tomography, thorax, diagnostic; with contrast material(s) (October 2019)		Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections (April 2016)		Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections (October 2019)		Low dose ct scan (ldct) for lung cancer screening (2016)		Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) (October 2019)	
4		Clinical Activity Code	Meeting Date: October 2019 Tab: Diagnostic & Screening CT Thorax Specialty: ACR	Clinical Staff Type Code	Clinical Staff Type															
5		LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME			\$ 88.94	\$ -	\$ 80.48	\$ -	\$ 119.03	\$ -	\$ 110.15	\$ -	\$ 148.62	\$ -	\$ 139.71	\$ -	\$ 165.66	\$ -	\$ 84.35	\$ -
8		TOTAL CLINICAL STAFF TIME	L046A	CT Technologist	37.0	0.0	37.0	0.0	45.0	0.0	45.0	0.0	54.0	0.0	54.0	0.0	40.0	0.0	47.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L046A	CT Technologist	4.0	0.0	3.0	0.0	4.0	0.0	3.0	0.0	4.0	0.0	3.0	0.0	4.0	0.0	6.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L046A	CT Technologist	33.0	0.0	34.0	0.0	41.0	0.0	42.0	0.0	50.0	0.0	51.0	0.0	32.0	0.0	35.0	0.0
11		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	4.0	0.0	6.0	0.0
106		1 PVP prep pad																		
107		2 gauze sponges (2"x2")																		
108		1 bandage (1"x3")																		
109		1 sm roll surgical tape																		
110		1 gloves (pair)																		
111		1 underpad 2ft x 3ft (Chux)																		
112	SB006	drape, non-sterile, sheet 40in x 60in	0.199	item					1		1		1		1					
113	SB026	gown, patient	0.547	item	1		1		1		1		1		1		1		1	
114	SB036	paper, exam table	0.014	foot	7		7		7		7		7		7		7		7	
115	SC001	angiocatheter 14g-24g	1.7412	item					1		1		1		1					
116	SC012	heparin lock	0.8028	item					1		1		1		1					
117	SC019	iv tubing (extension)	0.6075	foot					1		1		1		1					
118	SC029	needle, 18-27g	0.0767	item					1		1		1		1					
119	SC053	syringe 20ml	0.626	item					1		1		1		1					
120	SG079	tape, surgical paper 1in (Micropore)	0.004	inch					5				5							
121	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	0.73	item					1		1		1		1					
122	SJ043	povidone swabsticks (3 pack uou)	0.4267	item					1				1							
123	SJ053	swab-pad, alcohol	0.0198	item					1		1		1		1					
125																				
126	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula																
127		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE			\$ 71.28	\$ -	\$ 62.81	\$ -	\$ 90.97	\$ -	\$ 82.53	\$ -	\$ 116.42	\$ -	\$ 107.95	\$ -	\$ 146.97	\$ -	\$ 62.89	\$ -
128	ED050	Technologist PACS workstation	5557	PACS	33		34		41		42		50		51		37		35	
129	ED053	Professional PACS Workstation	14829.6153	Other	18		16		19		17		23		21		18		17	
130	EL007	room, CT	1320491.88	Highly Technical													29			
131	EL007-90	room, CT	1320491.88	Highly Technical	25		22		32		29		41		38				22	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2019

Medical Physics Dose Evaluation (PE Only) – Tab 8

In May 2019, the CPT Editorial Panel created a new code to describe medical physics dose evaluation for radiation exposure that exceeds institutional review threshold.

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 five clinical activities and the times proposed by the specialty societies were:

- CA012 *Review requisition, assess for special needs:* **30 minutes**
- CA014 *Confirm order, protocol exam:* **15 minutes**
- CA021 *Perform procedure/service---NOT directly related to physician work time:* **90 minutes**
- CA031 *Review examination with interpreting MD/DO:* **5 minutes**
- CA034 *Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.):* **30 minutes**

The PE Subcommittee considered these time elements totaling 170 minutes of *Medical Physicist* (L152A) clinical staff time and was unable to make a recommendation to the RUC based on the specialty society expert panel proposal. The PE Subcommittee instead recommends that the specialty societies conduct a PE survey to obtain data that would drive the Subcommittee's decisions. There are 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 clinical staff type works independently from a physician and there are no elements of the practice expense that are informed by time from a physician work survey. Although it is not a common service, the specialty estimates that it is done 16,000 per year, including both in the facility and non-facility settings. The specialty societies expressed concern that although PE surveys generally include only non-facility-based providers, it would be impossible to get a decent response rate if only this subset is included. The PE Subcommittee discussed that if the specialty society can include facility-based providers in addition to nonfacility based providers in their survey sample, a PE survey would be possible. The PE Subcommittee determined that it could not recommend the direct practice expense inputs without additional data from a PE survey and that facility-based providers should be included in the survey. **The RUC recommends that CPT code 76145 be surveyed for direct practice expense for the January 2020 RUC meeting.**

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	Refer to January 2020 RUC Meeting for PE Survey

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2019

Remote Retinal Imaging – Tab 9

At the May 2019 CPT Editorial Panel meeting, the Panel revised CPT codes 92227 and 92228 and created new CPT code 92229 to describe remote imaging of the retina for detection or monitoring of retinal disease.

92228 Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral.

The RUC reviewed the survey results from 38 ophthalmologists and determined a work RVU of 0.32, below the survey 25th percentile and the current work value, accurately reflects the typical physician and qualified health care professional work necessary for this service. The RUC recommends 1 minute pre-service time, 7 minutes intra-service time and 1 minute post-service time. The RUC recommended work value of 0.32 is based on a direct crosswalk to MPC code 71111 *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (work RVU=0.32, 1 minute pre-service time, 7 intra-service time and 1 minute post-service time). The coding structure for CPT code 92228 is atypical as there is work at two different sites of service and one code to use for reporting. The specialty explained that as volume for these codes and other remote services increases it will be important to account for the work being done at multiple sites. The RUC discussed potential physician work in both the physicians' office where the imaging is acquired (referred to as the "acquiring site") as well as in the remote office where the interpretation and report is being performed by a physician (referred to as the "reading site").

Although some RUC members voiced support for higher work values aligned with the physician work survey, ultimately, the RUC determined that 92228 should only account for the work of the physician at the reading site. The pre and post-service physician work times reflect discussion that the physician or qualified health care professional (QHP) work performed at the image acquisition center should not be included in this code. The specialty societies agreed to remove physician or QHP work "to place an order for the test and notify the patient" afterwards from the pre- and post-service work descriptions and reduce the pre- and post- times to 1 minute each. Some RUC members had concerns that, where previously 92227 was for detection and 92228 was for monitoring and/or management of active retinal disease, the revisions to the descriptor are that both codes can be used to report screening or monitoring services and the distinction is in whom provides the interpretation. This revision of the descriptor will result in a change in patient population to include patients with both known disease as well as those with no history of retinopathy. CPT code 92228 currently describes detection of retinal disease and therefore the test results are typically abnormal. The revised descriptor is for the detection or monitoring of retinal disease and thus will shift to a mix of abnormal and normal test results. The RUC agreed that normal exams require less work to evaluate than those with disease, making it difficult to support maintaining the current value of the code at 0.37 work RVUs. The physician intra-service work at the reading center is to locate the images in the electronic health record, review the images and formulate an interpretation.

The RUC compared the survey code to the top key reference service, CPT code 92250 *Fundus photography with interpretation and report* (work RVU = 0.40; 10 minutes intra-service time), noting that the work of the codes are very similar, although, the survey code involves interpretation at CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

a remote site. The survey respondents that selected this reference code indicated that CPT code 92250 is very similar in intensity and complexity to the survey code but requires more time to perform justifying the higher work value. The value is also supported by CPT code 72083 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views* (work RVU=0.35 and 1 minutes pre-service time, 7 intra-service time and 1 minutes post-service time) and CPT code 67820 *Correction of trichiasis; epilation, by forceps only* (work RVU=0.32 and 4 minutes pre-service time, 5 intra-service time and 2 minutes post-service time). **The RUC recommends a work RVU of 0.32 for CPT code 92228.**

Practice Expense

The Practice Expense (PE) Subcommittee discussed PE-only services CPT codes 92227 and 92229, as well as CPT code 92228, which has both physician work and practice expense. The Subcommittee discussed that there is clinical staff time in both the physicians' office where the imaging is acquired referred to as the "acquiring site" as well as a small amount of clinical staff time in the remote office where the review and report is being done by clinical staff or the interpretation and report is being done by a physician referred to as the "reading site".

92227 Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral.

For this service there are certain direct practice expense inputs that require time at both the acquiring site and reading site. In addition to the 6 minutes of clinical staff time that clinical staff type L037D *RN/LPN/MTA* requires at the acquiring site to obtain the images, the clinical staff L038A *COMT/COT/RN/CST* performing the review and report for this service requires time as well. This time is recorded under intra-service time CA021, *perform procedure/service---NOT directly related to physician work time*. The specialty explained, and the RUC agreed that the reading site clinical staff spends the same amount of time as the physician to perform the remote activities for this service, so the time should parallel the 7 minutes of intra-service physician work time for CPT code 92228. In addition to the 2 minutes of clinical staff time that clinical staff type L037D *RN/LPN/MTA* requires at the acquiring site for clinical activity CA009 *Greet patient, provide gowning, ensure appropriate medical records are available*, the clinical staff L038A *COMT/COT/RN/CST* requires 1 minutes for the same activity at the reading site. However, they are using that time to log into the EHR, confirm the order, and download the images from the acquiring site. The patient's interval history and prior photographs are reviewed. Finally, there is 1 minute for clinical activity CA038 *Coordinate post-procedure services* at the reading site, however they are using that time to record the interpretation into the EMR and log completion of task then a report with results and recommendations is sent to the acquiring site.

92228 Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral.

For CPT code 92228 the majority of the clinical staff time is performed at the acquiring site, however in addition to the 2 minutes of clinical staff time that clinical staff type L037D *RN/LPN/MTA* needs at the acquiring site for clinical activity CA009 *Greet patient, provide gowning, ensure appropriate medical records are available*, the clinical staff L038A *COMT/COT/RN/CST* requires 1 minutes for the same activity at the reading site, however they are using that time to log into the EHR, confirm the order, download the images from the acquiring site and log them into the reading EHR. The technician prepares a message for the reading physician to review and interpret the photographs. The reading technician comments on image quality and readability.

92229 Imaging of retina for detection or monitoring of disease; with point-of-care automated analysis with diagnostic report; unilateral or bilateral

New supply item, *Analysis fee for remote imaging* is a fee charged to the acquiring primary care practice by the company that creates this technology. This fee is a single, per-patient interpretation fee that is incurred in addition to the cost of the camera. The cost of this fee falls into a range, but the discounted cost is reflected in several invoices submitted with this recommendation and the discounted purchase price is the amount that is reflected in the PE spreadsheet. New equipment item, *camera, retinal, for remote imaging* is a new camera that is typically used for all the services in this family. The camera takes non-mydratic photos and can support point-of-service automated intelligence, as described by the analysis fee, interpretation of photographs. The camera typically used for these services is the Topcon NW 400.

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

New Technology/New Service

These services will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine Ophthalmology Special Ophthalmological Services Ophthalmoscopy				
▲92227	K1	Remote imaging of retina for detection or monitoring of retinal disease; (eg, retinopathy in a patient with diabetes) with remote clinical staff review analysis and report under physician, unilateral or bilateral (Do not report 92227 in conjunction with 92002-92014, 92133, 92134, 92228, 92250, <u>92229</u> or with the evaluation and management of the single organ system, the eye, 99201-99350)	XXX	0.00 PE Only

▲92228	K2	<p>Remote imaging for detection, monitoring and management of active retinal disease (eg, diabetic retinopathy) with remote physician or other qualified health care professional review interpretation and report, unilateral or bilateral</p> <p>(Do not report 92228 in conjunction with 92002-92014, 92133, 92134, 92227, 92250, <u>92229</u> or with the evaluation and management of the single organ system, the eye, 99201-99350)</p>	XXX	0.32
□92229	K3	<p>point-of-care automated analysis and report, unilateral or bilateral</p> <p>(Do not report 92229 in conjunction with 92133, 92134, 92227, 92228, 92250)</p>	XXX	0.00 PE Only

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 92228	Tracking Number	Original Specialty Recommended RVU: 0.37
		Presented Recommended RVU: 0.32
Global Period: XXX	Current Work RVU: 0.37	RUC Recommended RVU: 0.32

CPT Descriptor: Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female with an 11-year history of diabetes mellitus controlled with insulin. Vision is reduced in one eye. Known to have retinal microaneurysms

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work: The patient's interval history and previous photographs are reviewed at the reading center.

Description of Intra-Service Work: The physician at the reading center locates the images in the electronic health record, reviews them, and formulates an interpretation

Description of Post-Service Work: The physician at the reading center records the interpretation report and sends it to the referring provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	David B. Glasser, MD AAO, John T. McAllister, MD AAO, John T. Thompson, MD ASRS				
Specialty Society(ies):	Ophthalmology				
CPT Code:	92228				
Sample Size:	908	Resp N:	38	Response: 4.1 %	
Description of Sample:	A random sample of members were pulled from the AAO and ASRS databases				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	10.00	50.00	100.00	4500.00
Survey RVW:	0.05	0.43	0.55	0.75	1.50
Pre-Service Evaluation Time:			3.50		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	4.00	7.00	10.00	30.00
Immediate Post Service-Time:	5.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	92228	Recommended Physician Work RVU: 0.32		
	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:	7.00			
Please, pick the <u>post-service</u> 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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92250	XXX	0.40	RUC Time

CPT Descriptor Fundus photography with interpretation and report**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92134	XXX	0.45	RUC Time

CPT Descriptor Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
92250	XXX	0.40	RUC Time	3,299,984

CPT Descriptor 1 Fundus photography with interpretation and report

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
71111	XXX	0.32	RUC Time	30,431

CPT Descriptor 2 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99281	XXX	0.45	RUC Time

CPT Descriptor 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.

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: 50.0 %

Number of respondents who choose 2nd Key Reference Code: 5 % of respondents: 13.1 %

TIME ESTIMATES (Median)

	CPT Code: <u>92228</u>	Top Key Reference CPT Code: <u>92250</u>	2nd Key Reference CPT Code: <u>92134</u>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	7.00	10.00	10.00
Median Immediate Post-service Time	1.00	1.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	9.00	12.00	11.00
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

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

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	5%	53%	21%	21%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
5%	53%	42%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	79%	21%
Physical effort required	11%	63%	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%

42%

58%

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

20%

40%

40%

0%

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%

80%

20%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

0%

60%

40%

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

0%

80%

20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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 92228 *Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral* was last surveyed in 2010. It is part of a family including 2 revised codes (CPT 92227 and 92228) and a new code (CPT 92229) that describe remote imaging of the retina for detection or monitoring of retinal disease. Diabetic retinopathy is the typical target disease. Images are typically obtained in a primary care or endocrinology office and read remotely by an

ophthalmologist. The information obtained is used to determine frequency of follow-up and whether referral to an ophthalmologist is necessary. CPT 92228 is the only one of these three codes that has physician work. CPT 92227 describes image review and report by clinical staff rather than a physician, while CPT 92229 describes a point-of-care automated analysis of the images. The latter two codes are being valued at this meeting for practice expense only.

A random survey of the American Academy of Ophthalmology (AAO) and the American Society of Retinal Specialists (ASRS) had 38 responses; 87% percent felt that the vignette was typical. The median WRVU was 0.55 WRVU and the 25th percentile 0.43. The survey medians were 3.5 minutes for pre-service time, 7 minutes for intra-service time, and 5 minutes for post-service time. The top key reference service, CPT 92250 *Fundus photography with interpretation and report* was chosen by 50% of the respondents. It was last RUC reviewed in January 2016 and has a work value of 0.40 WRVU with pre-, intra-, and post-times of 1/10/1 minutes. The second key reference, CPT 92134 *Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina* was chosen by 13%. It was last RUC reviewed in October 2015, has 0.45 WRVU, and pre-, intra-, and post-service times of 1/10/0 minutes. Fifty-three percent of respondents rated overall intensity and complexity of the surveyed code as identical with that of the top key reference service, while 42% rated it higher than the top reference service. A majority rated the two codes identical in most of the intensity/complexity measures. The exception was psychological stress, where 58% ranked the surveyed code higher than the top key reference service.

The joint expert panel of the AAO and ASRS, which are familiar with the test and the RUC methodology, reviewed the survey results. The median intra-service time, at 7 minutes, is one minute less than the current value. This test is not typically done on the same day as an office visit. Nevertheless, we reduced the pre-service time from the survey value of 3.5 minutes to 2 minutes to include time for the referring provider to explain the test to the patient and enter an order into the record, neither of which would be part of their office visit work, and for the reading physician to review the patient's interval history and previous photographs. We reduced the post-service time from the survey value of 5 minutes to 3 minutes to send the report to the referring provider and for the referring provider to enter the report into the medical record and notify the patient of the results. The panel attributed the increased psychological stress associated with this code compared to fundus photography to the inability to interact directly with the patient and the potential for vision loss with an incorrect interpretation. The procedure and physician work associated with it has not changed since the procedure was last surveyed in 2010.

Following a pre-facilitation meeting, it was apparent that the RUC was not prepared to value the physician work performed at the image acquisition center. While the specialty maintains that there is physician work performed at both the acquisition center and the reading center, it was also clear that CPT was not prepared to create two separate codes for this service, and therefore agreed to remove physician work from the to place an order for the test and notify the patient afterwards from the pre- and post-service work descriptions and reduce the pre- and post- times to 1 minute each.

The pre-facilitation committee also addressed the change in patient population with the new wording of CPT 92228 to include patients with both known disease as well as those with no history of retinopathy. It was agreed that normal exams require less work to evaluate than those with disease, making it difficult to support maintaining the current value of the code. Informal surveys of large centers performing 92228 indicate a normal/abnormal ratio of 60/40, justifying some decrease in the value of the procedure.

Based on the adjustments to pre- and post-times and the change in patient population to include both normal and abnormal patients, the societies **recommend a work value of 0.32 RVUs, with times of 1/7/1** and a direct crosswalk to MPC code 71111 *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (RUC, April 2016), with identical WRVUs and times of 0.32 and 1/7/1. This value is lower than the current value of the code and lower than the survey 25th percentile. The value is also supported by CPT 72083 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical*

and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views (RUC, October 2014) with 0.35 WRVUs and identical times of 1/7/1. There is further support from a 000-day global code, CPT 67820 Correction of trichiasis; epilation, by forceps only (RUC, April 2016) with 0.32 WRVUs and times of 4/5/2.

SERVICES REPORTED WITH MULTIPLE CPT CODES

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

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

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

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

FREQUENCY INFORMATION

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

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

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2500

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 2125	Percentage 85.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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Specialty	Frequency 0	Percentage 0.00 %
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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 Ophthalmology	Frequency 850	Percentage 85.00 %
-------------------------	---------------	--------------------

Specialty	Frequency 0	Percentage 0.00 %
Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? No

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Imaging

BETOS Sub-classification:

NA

BETOS Sub-classification Level II:

NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92228

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

[illegible]

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

Meeting Date: October 2019

CPT Code	Long Descriptor	Global Period
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral.	XXX

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
92227	A 57-year-old male with a seven-year history of diabetes mellitus controlled with oral hypoglycemic agents has no specific visual complaints.

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. 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: 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. This is the existing code.

Reference codes: 92250; Fundus photography w/ interpretation & report. This is included by way of comparison to better understand the inputs for the current codes under review. It is however not an ideal crosswalk, as it is performed typically on the same day as an office visit, whereas the current codes are not, so pre- and post-service times have been removed from 92250. Also, more photos are taken typically in 92250 than any of these codes, so the input on Line 58 is greater in 92250 due to more photographs being taken typically.

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.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

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)

- Optometry
- 31.94%
- N/A

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:

Compelling Evidence:

This code, when originally reviewed was valued with primarily one practice in mind, the image acquiring practice. In fact, by definition this code is typically performed by two separate practices working in concert, one acquiring and another interpreting the images, and both have practice expense. At the time of code creation, it was not clear how to properly account for both sites of service, and so the reading site was inappropriately under-represented in the original code. Compelling evidence is based on errors in methodology of input preparation with regards to site of service. To properly value this code, both practices must be represented appropriately based on what is typically done at each site.

Secondly, as a code that is typically performed without an office visit, pre-service and post-service inputs were omitted or underrepresented, and they belong appropriately updated in this code, as they are typically performed.

Finally, whereas this code was previously only billable as a screening tool, it is now used for detection *or* monitoring of disease. Monitoring of disease involves much more careful analysis of images for various findings of macular, optic nerve, vascular, or peripheral retinal pathology. This change is expected to alter the patient population.

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:

Line 78 was the reference input for “transmit images to remote reading center” and was 2 minutes. This is now split into two approved activities:

- Line 76 – “Scan Exam documents into PACS. Complete exam in RIS system to populate images into work queue.” The images are uploaded into the electronic

N/A

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

<p>health record, which is not typically automatically connected to the camera. Images are then sent to the reading center with a request for interpretation.</p> <ul style="list-style-type: none"> Line 86 – “Coordinate post-procedure services” Results are sent or communicated to the acquiring office by the reading technician, who then logs completion of task. Line 86 – Acquiring technician makes a note in the EHR <p>Line 96 was the reference input for “tech reads photos” and was 2 minutes. We believe this was inappropriately under-represented in the reference code, most likely because it was not clear how or where to properly represent the work being done by the reading technician when the code was first created. This time input has been appropriately updated to 7 minutes and placed in Line 58 as reading technician intra-service time <i>During this input, the reading site technician is doing the same work as and spends the same amount of time and effort as the physician spends for IST in 92228, so this portion of the value for Line 58 should parallel the RUC’s decision for physician IST time for 92228. (Of note, the 7 minutes is in addition to the 6 minutes for the acquiring technician’s intraservice time)</i></p>	
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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):

- In order of performance and separated by color for **acquiring site** and **reading site**
- Line 35 - The acquiring technician greets and rooms the patient, logs in and pulls up the patient’s electronic health record, retrieves and reviews the order from the physician for image acquisition
- Line 38 – The technician educates the patient on the process and obtains consent.
- Line 41 - The acquiring technician turns on the camera, and cleans the chin rest and forehead rest prior to patient use.
- Line 45 - The acquiring technician seats the patient at the camera table, adjusts the motorized table to fit the height of the patient, adjusts the chin rest height for the patient to acquire images, and positions the patient’s chin on the chin rest.
- Line 57 - **Acquiring Practice:** The technician is acquiring the images during this period. Aligning the pupil with the camera includes real-time adjustments to position, adjusted fixation, and management of involuntary blepharospasm with the camera flash. There are between two and five images taken typically per eye, focusing both on the optic disc alone as well as the entire posterior pole with macula, vessels, and disc in

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

<p>focus. These photographs are separated by a repositioning for photography of the other eye. This portion accounts for 6 minutes of time.</p> <ul style="list-style-type: none"> Line 76 - The images are uploaded into the electronic health record, which is not typically automatically connected to the camera. Images are then sent to the reading center with a request for interpretation. Line 36 - The reading technician logs into the EHR, confirms the order, and downloads the images from the acquiring site. The patient's interval history and prior photographs are reviewed. Line 58 - Reading Practice: The technician checks images for adequacy, reviews the images and prepares an impression and next step recommendations. This portion accounts for 7 minutes of time. <i>During this input, the reading site technician is doing the same work as and spends the same amount of time and effort as the physician spends for IST in 92228, so this number should parallel the RUC's decision for physician IST time for 92228.</i>

c. Post-service period:

<ul style="list-style-type: none"> Line 92 - Reading technician records interpretation into the EMR and logs completion of task. A report with results and recommendations is sent to the acquiring site. Line 90 - After the acquiring site technician receives the results and recommendations, the acquiring technician communicates the interpretation and gives follow-up recommendations to the patient. Line 91 – Acquiring technician makes a note in the EHR.

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*:

Acquiring Practice: The technician is acquiring the images during this period. Aligning the pupil with the camera includes real-time adjustments to position, adjusted fixation, and management of involuntary blepharospasm with the camera flash. There are between two and five images taken typically per eye, focusing both on the optic disc alone as well as the entire posterior pole with macula, vessels, and disc in focus. These photographs are separated by a repositioning for photography of the other eye. This portion accounts for 6 minutes of time.

Reading Practice: The technician checks images for adequacy, reviews the images and prepares and prepares an impression and next step recommendations. This portion accounts for 7 minutes of time. *During this input, the reading site technician is doing the same work as and spends the same amount of time and effort as the physician spends for IST in 92228, so this number should parallel the RUC's decision for physician IST time for 92228.*

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

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

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. 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:

Line 126 is a cheaper camera that takes non-mydriatric photos

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:

Default formula was used for all equipment, as there is no highly technical equipment. Equipment inputs are similar to 92250, except that the exam lane is not the typical location for the camera to be housed for 92227.

New: Camera, retinal, for remote imaging is the camera utilized to acquire the images. Please see included invoice.

EF030: table, motorized (for instruments-equipment) is the power table upon which the camera is placed, allowing for adjustment to the patient's height.

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:

This practice expense actually is split across two sites: the image acquisition site and the reading site. Therefore there are components of pre-, intra-, and post- service staff work

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

performed at both the acquiring and reading sites. These inputs have combined on the spreadsheet, but are separated in the SOR by color: **blue for the acquiring technician**, and **red for the reading technician**.

Acquiring site: tech greets patient, explains test, prepares camera, puts patient information into EHR, acquires images, check adequacy, escorts patient out, and cleans the equipment.

Reading site: tech downloads images from acquiring site and logs it into EHR, interprets the images and generates a report, and logs completion of task.

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

21. If this is a PE only code please select a crosswalk based on a similar specialty mix:

92228

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).

One minute of staff time was added for consent and education on line 38, as physician consent time was removed in pre-facilitation.

PEAC chair asked us to color code the time inputs based on the site of the technician work. In this spreadsheet Blue represents the acquiring (primary care) site and Red represents the reading (ophthalmology) site.

In order to effectively represent work that is currently placed in line 35 from both sites, the 3 minute input was split into 2 minutes at the acquiring site on line 35 and 1 minute at the reading site on line 36. All other line numbers have been updated in these documents to reflect the down-shift this caused in the spreadsheet.

Clerical errors were corrected to appropriately align the intraservice time inputs with the proper staff type (eg: see lines 57 and 58).

Dilation was removed (lines 110 and 111 zeroed out)

A cheaper camera was put in place for 92228 and 92227. AAO submitted the Topcon NW400 invoice originally. Dr. Leahy of ACP may be able to supply a cheaper camera invoice to represent the cameras used in PCP's offices for 92228 and 92227, and if he is able to, that invoice should replace the value

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

currently held by the NW400's price of \$14,156.68 in D120. (Of note, the cameras used in these codes are not the same sophisticated cameras that are typical for ophthalmology offices).

92227 – Work division at acquiring vs. reading site by physician vs. staff

At the acquiring site (“onsite office”):

Physician work – none

Staff work

- Pre-service
 - Greet patient and take them to imaging room **(Line 35)**
 - Pull up patient’s record on HER **(Line 35)**
 - Retrieve and review orders for imaging **(Line 35)**
 - Obtain consent **(Line 38)**
 - Turn on camera, clean chin and head rest **(Line 41)**
 - Seat patient at camera and adjust positioning of patient, chair, camera **(Line 45)**
- Intra-service **(Line 57)**
 - Acquire 2-5 images with real-time position, fixation adjustment in first eye
 - Check images for adequacy
 - Reposition patient and adjust chair, camera for second eye
 - Acquire 2-5 images with real-time position, fixation adjustment in second eye
 - Check images for adequacy
- Post-service
 - Upload images to HER **(Line 76)**
 - Forward approved images to reading center for interpretation **(Line 76)**
 - Retrieve report from reading center on HER **(Line 76)**
 - Enter report into medical record **(Line 91)**
 - Notify patient of results **(Line 90)**
 - Schedule next f/u or advise of referral to ophthalmologist based on practice protocol **(Line 90)**

At the reading center (“remote site”):

Physician work – none

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Staff work

- Pre-service **(Line 36)**
 - Log into EHR and confirm order/referral from acquiring site
 - Download images and log them into appropriate patient record in EHR
 - Review patient's interval history and prior photographs
- Intra-service **(Line 58)**
 - Review the images
 - Formulate an interpretation
- Post-service **(Line 92)**
 - Record interpretation in EHR
 - Send completed report to acquiring site

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

Meeting Date: October 2019

CPT Code	Long Descriptor	Global Period
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral.	XXX

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
92228	A 35-year-old female with an 11-year history of diabetes mellitus controlled with insulin. Vision is reduced in one eye has known retinal microaneurysms.

- 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.

- 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: 92228; Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral. This is the existing code.

Reference codes: 92250; Fundus photography w/ interpretation & report. This is included by way of comparison to better understand the inputs for the current codes under review. It is however not an ideal crosswalk, as it is performed typically on the same day as an office visit, whereas the current codes are not, so pre- and post-service times have been removed from 92250. Also, more photos are taken typically in 92250 than any of these codes, so the input on line 57 is greater in 92250 due to more photographs being taken typically.

- 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

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

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)

- Internal Medicine-no other group responded on the LOI
- 71.64%
- N/A

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:

Compelling Evidence:

This code, when originally reviewed was valued with primarily one practice in mind, the image acquiring practice. In fact, by definition this code is typically performed by two separate practices working in concert, one acquiring and another interpreting the images, and both sites have practice expense. At the time of code creation, it was not clear how to properly account for both sites of service, and so the reading site was inappropriately under-represented in the original code. Compelling evidence is based on errors in methodology of input preparation with regards to site of service. To properly value this code, both practices must be represented appropriately based on what is typically done at each site.

Secondly, as a code that is typically performed without an office visit, pre-service and post-service inputs were omitted or underrepresented, and they belong appropriately updated in this code, as they are typically performed.

Finally, whereas this code was previously only billable as a screening tool, it is now used for detection *or* monitoring of disease. Monitoring of disease involves much more careful analysis of images for various findings of macular, optic nerve, vascular, or peripheral retinal pathology. These changes will likely change the patient population.

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:

Line 78 was the reference input for “transmit images to remote reading center” and was 2 minutes. This is now split into two approved activities:

- Line 76 – “Scan Exam documents into PACS. Complete exam in RIS system to populate images into work queue.” The acquiring technician uploads the images into the electronic health record, which is not typically automatically connected to the camera. Images are forwarded to the acquiring physician for quality check and for the

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

physician to send to reading center.

- Line 92 – “Coordinate post-procedure services” Following physician interpretation and report, results are sent or communicated back to the acquiring office from the reading office, technician then logs completion of task.
- Line 91 – Acquiring technician makes a note in the EHR

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):

- Line 35 - The acquiring technician greets and rooms the patient, logs in and pulls up the patient's electronic health record, retrieves and reviews the order from the physician for image acquisition.
- Line 41 - The acquiring technician turns on the camera and cleans the chin rest and forehead rest prior to patient use.
- Line 45 - The acquiring technician seats the patient at the camera table, adjusts the motorized table to fit the height of the patient, adjusts the chin rest height for the patient to acquire images, and positions the patient's chin on the chin rest.
- Line 57 - Acquiring Practice: The acquiring technician is acquiring the images during this period. Aligning the pupil with the camera includes real-time adjustments to position, adjusted fixation, and management of involuntary blepharospasm with the camera flash. There are between two and five images taken typically per eye, focusing both on the optic disc alone as well as the entire posterior pole with macula, vessels, and disc in focus. These photographs are separated by a repositioning for photography of the other eye.
- Line 76 - The acquiring technician uploads the images into the electronic health record, which is not typically automatically connected to the camera. Images are forwarded to the acquiring physician for quality check and for the physician to send to reading center.
- Line 36 - The reading technician logs into the EHR, confirms the order, and downloads the images from the acquiring site and logs them into the reading EHR. The technician prepares a message for the reading physician to review and interpret the photographs. The reading technician comments on image quality and readability.

c. Post-service period:

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
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- Line 90 - After the acquiring site technician receives the results and recommendations, the acquiring technician communicates the interpretation and gives follow-up recommendations to the patient.
- Line 91 – Acquiring technician makes a note in the EHR

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 is acquiring the images during this period. Aligning the pupil with the camera includes real-time adjustments to position, adjusted fixation, and management of involuntary blepharospasm with the camera flash. There are between two and five images taken typically per eye, focusing both on the optic disc alone as well as the entire posterior pole with macula, vessels, and disc in focus. These photographs are separated by a repositioning for photography of the other eye.

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

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. 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)
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Line 126 is a cheaper camera that takes non-mydriatric photos.

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:

Default formula was used for all equipment, as there is no highly technical equipment. Equipment inputs are similar to 92250, except that the exam lane is not the typical location for the camera to be housed for 92228.

New: Camera, retinal, for remote imaging is the camera utilized to acquire the images. Please see included invoice.

EF030: table, motorized (for instruments-equipment) is the power table upon which the camera is placed, allowing for adjustment to the patient’s height.

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:

This practice expense actually is split across two sites: the image acquisition site and the reading site. Therefore there are components of pre-, intra-, and post- service staff work performed at both the acquiring and reading sites. These inputs have combined on the spreadsheet, but are separated in the SOR by color: **blue for the acquiring technician**, and **red for the reading technician**.

Acquiring site: tech greets patient, explains test, prepares camera, puts patient information into EHR, acquires images, sends them to acquiring site MD to check adequacy, escorts patient out, and cleans the equipment.

Reading site: tech downloads images from acquiring site and logs it into EHR, notifies reading physician via EHR, and returns the physician’s report to the acquiring site.

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

21. 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

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

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).

One minute of staff time was added for consent and education on line 38, as physician consent time was removed in pre-facilitation.

PEAC chair asked us to color code the time inputs based on the site of the technician work. In this spreadsheet Blue represents the acquiring (primary care) site and Red represents the reading (ophthalmology) site.

In order to effectively represent work that is currently placed in line 35 from both sites, the 3 minute input was split into 2 minutes at the acquiring site on line 35 and 1 minute at the reading site on line 36. All other line numbers have been updated in these documents to reflect the down-shift this caused in the spreadsheet.

Clerical errors were corrected to appropriately align the intraservice time inputs with the proper staff type (eg: see lines 57 and 58).

Dilation was removed (lines 110 and 111 zeroed out)

A cheaper camera was put in place for 92228 and 92227. AAO submitted the Topcon NW400 invoice originally. Dr. Leahy of ACP may be able to supply a cheaper camera invoice to represent the cameras used in PCP's offices for 92228 and 92227, and if he is able to, that invoice should replace the value currently held by the NW400's price of \$14,156.68 in D120. (Of note, the cameras used in these codes are not the same sophisticated cameras that are typical for ophthalmology offices).

92228 – Work division at acquiring vs. reading site by physician vs. staff

At the acquiring site (“onsite office”):

Physician work – (all removed by prefacilitation)

- Pre-service
 - Obtain consent
 - Enter orders into EHR
- Intra-service
 - Check images for adequacy
 - Instruct staff to forward images to reading center via EHR
- Post-service
 - Review report from reading center by retrieving on EHR
 - Enter report into medical record
 - Notify staff to contact patient with results and to schedule next f/u appointment

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Staff work

- Pre-service
 - Greet patient and take them to imaging room (line 35)
 - Pull up patient's record on EMR (line 35)
 - Retrieve and review physician order for images (line 35)
 - Turn on camera, clean chin and head rest (Line 41)
 - Obtain consent and educate regarding test (pre-facilitation determined this is not done by the physician) (Line 38)
 - Seat patient at camera and adjust positioning of patient, chair, camera (Line 45)
- Intra-service – Acquire the images (Line 57)
 - Acquire 2-5 images with real-time position, fixation adjustment in first eye
 - Reposition patient and adjust chair, camera for second eye
 - Acquire 2-5 images with real-time position, fixation adjustment in second eye
- Post-service
 - Upload image to EHR for physician at acquiring center to review for adequacy (Line 76)
 - Forward approved images to reading center for interpretation (Line 76)
 - Call patient to notify them of results and schedule next f/u appointment (Line 90) and documents the call in the EMR (Line 91)

At the reading center (“remote site”):Physician work

- Pre-service
 - Review patient's interval history and prior photographs
- Intra-service
 - Locate images in EHR
 - Review the images
 - Formulate an interpretation
- Post-service
 - Record interpretation in EHR
 - Send report to referring provider

92228 – Work division at acquiring vs. reading site by physician vs. staff**At the reading center (“remote site”):**Staff work

- Pre-service
 - Log into EHR and confirm order/referral from acquiring site (line 36)
 - Download images and log them into appropriate patient record in EMR (Line 36)
 - Forward images to reading physician's inbox (Line 36)
- Intra-service – none
- Post-service – none

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

Meeting Date: October 2019

CPT Code	Long Descriptor	Global Period
92229	Imaging of retina for detection or monitoring of disease; with point-of-care automated analysis with diagnostic report; unilateral or bilateral	XXX

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
92229	A 22-year-old male with 10-year history of diabetes mellitus poorly controlled on insulin not receiving eye care.

- 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.

- 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: 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. This is the tech-interpreted tele-ophthalmology service, which is more similar in pre-service and intraservice inputs.

Reference code: 92228; Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral. This is the physician-interpreted tele-ophthalmology service, which is more similar in pre-service and intraservice inputs.

Reference code: 92250; Fundus photography w/ interpretation & report. This is included by way of comparison to better understand the inputs for the current codes under review. It is however not an ideal crosswalk, as it is performed typically on the same day as an office visit, whereas the current codes are not, so pre- and post-service times have been removed from 92250. Also, more photos are taken typically in 92250 than any of these codes, so the input on line 57 is greater in 92250 due to more photographs being taken typically.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

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

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

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 – This code is a new code created by CPT as new technology emerges allowing point-of-service interpretation for remote imaging.

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):

- Line 35 - The technician greets and rooms the patient, logs in and pulls up the patient's electronic health record, retrieves and reviews the order from the physician for image acquisition. The patient's interval history and prior photographs are reviewed.
- Line 38 – The technician educates the patient on the process and obtains consent.
- Line 41 - The technician turns on the camera and cleans the chin rest prior to patient use.

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

- Line 45 - The technician seats the patient at the camera table, adjusts the motorized table to fit the height of the patient, adjusts the chin rest height for the patient to acquire images, and positions the patient's chin on the chin rest.
- Line 57 - The technician acquires the images during this period. Aligning the pupil with the camera includes real-time adjustments to position, adjusted fixation, and management of involuntary blepharospasm with the camera flash. There are between two and five images taken typically per eye, focusing both on the optic disc alone as well as the entire posterior pole with macula, vessels, and disc in focus. These photographs are separated by a repositioning for photography of the other eye.
- Line 76 - The images are uploaded into the electronic health record, which is not typically automatically synced to the camera.

c. Post-service period:

- Line 91 - The software of the machine takes approximately one minute to process results and provide an automated analysis at the point of service. (1 min)
- Line 90 - After the software reads and interprets the photos, the technician communicates the computer-generated findings and recommendations and helps explain them to the patient. The technician gives follow-up recommendations to the patient.
- Line 91 - The technician makes a note in the EHR, and referring provider is sent a copy of results and recommendations. (1 min)

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 is acquiring the images during this period. Aligning the pupil with the camera includes real-time adjustments to position, adjusted fixation, and management of involuntary blepharospasm with the camera flash. There are between two and five images taken typically per eye focusing both on the optic disc alone as well as the entire posterior pole with macula, vessels, and disc in focus. These photographs of each eye are separated by a repositioning for photography of the other eye.

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

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**

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:

Line 112 is a fee charged to the acquiring practice by the company which provides the automated analysis. This fee is a single, per-patient fee that is typically incurred in addition to the cost of the camera. The cost of this fee is currently \$34, but we found several invoices with discounts to \$25, so we have listed this number on this line at the recommendation of AMA staff.

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:

Line 126 is a new equipment item. It is a camera that takes non-mydratric photos, then enables point-of-service automated intelligence interpretation of photographs. The camera typically used for this code is the Topcon NW 400.

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:

Default formula was used for all equipment, as there is no highly technical equipment. Equipment inputs are similar to 92250, except that the exam lane is not the typical location for the camera to be housed for 92229, and the imaging machine is different for 92229.

NEW: camera, retinal, for remote imaging is the camera utilized to acquire the images. Please see included invoice.

EF030: table, motorized (for instruments-equipment) is the power table upon which the camera is placed, allowing for adjustment to the patient's height.

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

Staff type for this code should be RN/LPN/MTA, as it will typically be done in the primary care office.

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

N/A

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

21. If this is a PE only code please select a crosswalk based on a similar specialty mix:

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.
92229 will be done primarily by primary care physicians to provide remote access to

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

ophthalmic care.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

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One minute of staff time was added for consent and education on line 38

Inclusion of the \$25.00 analysis fee as a supply incurred typically for each patient imaged was upheld by the PEAC.

PEAC chair asked us to color code the time inputs based on the site of the technician work. In this spreadsheet Blue represents the acquiring (primary care) site and Red represents the reading (ophthalmology) site.

Dilation was removed (lines 110 and 111 zeroed out)

Clerical errors were corrected to appropriately align the intraservice time inputs with the proper staff type (eg: see lines 57 and 58).

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

92229 – Work division by physician vs. staff

All work is performed at the acquiring site (“onsite office”):

Physician work – none

Staff work

- Pre-service
 - Greet patient and take them to imaging room **(Line 35)**
 - Pull up patient’s record in HER **(Line 35)**
 - Retrieve and review physician order for imaging **(Line 35)**
 - Obtain consent **(Line 38)**
 - Turn on camera, clean chin and head rest **(Line 41)**
 - Seat patient at camera and adjust positioning of patient, chair, camera **(Line 45)**
- Intra-service **(Line 57)**
 - Acquire 2-5 images with real-time position, fixation adjustment in first eye until software indicates adequate images obtained
 - Reposition patient and adjust chair, camera for second eye
 - Acquire 2-5 images with real-time position, fixation adjustment in second eye until software indicates adequate images obtained
- Post-service
 - Instruct software to process images **(Line 91)**
 - Retrieve analysis of images **(Line 76)**
 - Compare analysis to prior results **(Line 76)**
 - Enter analysis into EHR **(Line 91)**
 - Notify patient of results **(Line 90)**
 - Schedule next f/u or refer to ophthalmologist based on practice protocol **(Line 91)**

A	B		D	E	F	G		H	I	J	K	L	M	N	O	P	Q	R	S	T												
1	RUC Practice	Expense Spreadsheet				REFERENCE CODE		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		RECOMMENDED																
2		standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference				92250		92228		92228		92227		92227		92229		Input Color Code Key														
3		RUC Collaboration Website				Fundus photography w/ interpretation & report		Remote imaging for monitoring and management of active retinal disease (eg,		Imaging of retina for detection or monitoring of disease; with remote physician or		Remote imaging for detection of retinal disease (eg, retinopathy in a patient with		Imaging of retina for detection or monitoring of disease; with remote clinical staff review		Imaging of retina for detection or monitoring of disease; with point-of-care automated analysis		BLUE = IMAGE ACQUIRING SITE														
4	Clinical Activity Code	Meeting Date: Oct 2019 Tab: 9 Specialty: AAO	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute																											
5		LOCATION																		Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	RED = IMAGE PROCESSING SITE
6		GLOBAL PERIOD																		XXX	N/A	XXX	N/A	XXX	N.A	XXX	N/A	XXX	N/A	XXX	N/A	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$	10.71	\$	-	\$	8.24	\$	-	\$	7.48	\$	-	\$	9.00	\$	-	\$	10.15	\$	-	\$	32.84	\$	-			
8		TOTAL CLINICAL STAFF TIME				17.0	0.0	12.0	0.0	18.0	0.0	12.0	0.0	25.0	0.0	19.0	0.0															
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	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															
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	14.0	0.0	0.0	0.0	14.0	0.0	15.0	0.0															
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.38	17.0	0.0	12.0	0.0	1.0	0.0	12.0	0.0	8.0	0.0	0.0	0.0															
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	2.0	0.0	4.0	0.0															
13		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	0.0	0.0	1.0	0.0	0.0	0.0															
14		TOTAL COST OF CLINICAL STAFF TIME X RATE PER MINUTE				\$	6.46	\$	-	\$	4.56	\$	-	\$	6.67	\$	-	\$	5.32	\$	-	\$	9.34	\$	-	\$	7.03	\$	-			
15	PRE-SERVICE PERIOD																															
16		Start: Following visit when decision for surgery or procedure made																														
17	CA001	Complete pre-service diagnostic and referral	L038A	COMT/COT/RN/	0.38																											
18	CA002	Coordinate pre-surgery services (including test	L038A	COMT/COT/RN/	0.38																											
19	CA003	Schedule space and equipment in facility	L038A	COMT/COT/RN/	0.38																											
20	CA004	Provide pre-service education/obtain consent	L038A	COMT/COT/RN/	0.38																											
21	CA005	Complete pre-procedure phone calls and	L038A	COMT/COT/RN/	0.38																											
22	CA006	Confirm availability of prior images/studies	L038A	COMT/COT/RN/	0.38																											
23	CA007	Review patient clinical extant information and	L038A	COMT/COT/RN/	0.38																											
24	CA008	Perform regulatory mandated quality assurance	L038A	COMT/COT/RN/	0.38																											
31		End: When patient enters office/facility for surgery/procedure																														
32	SERVICE PERIOD																															
33		Start: When patient enters office/facility for surgery/procedure:																														
34		Pre-Service (of service period)																														
35	CA009	Greet patient, provide gowning, ensure	L037D	RN/LPN/MTA	0.37					2				2		3																
36	CA009	Greet patient, provide gowning, ensure	L038A	COMT/COT/RN/	0.38					1				1																		
37	CA010	Obtain vital signs	L038A	COMT/COT/RN/	0.38																											
38	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37					1				1		1																
39	CA012	Review requisition, assess for special needs	L038A	COMT/COT/RN/	0.38																											
40	CA013	Prepare room, equipment and supplies	L038A	COMT/COT/RN/	0.38			2					2																			
41	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37					2				2		2																
42	CA014	Confirm order, protocol exam	L038A	COMT/COT/RN/	0.38																											
43	CA015	Setup scope (nonfacility setting only)	L038A	COMT/COT/RN/	0.38																											
44	CA016	Prepare, set-up and start IV, initial positioning	L038A	COMT/COT/RN/	0.38			2					2																			
45	CA016	Prepare, set-up and start IV, initial positioning	L037D	RN/LPN/MTA	0.37					2				2		2																
46	CA017	Sedate/apply anesthesia	L038A	COMT/COT/RN/	0.38																											
53		Intra-service (of service period)																														
54	CA018	Assist physician or other qualified healthcare	L038A	COMT/COT/RN/	0.38			6					6																			
55	CA019	Assist physician or other qualified healthcare	L038A	COMT/COT/RN/	0.38																											
56	CA020	Assist physician or other qualified healthcare	L038A	COMT/COT/RN/	0.38																											
57	CA021	Perform procedure/service--NOT directly	L037D	RN/LPN/MTA	0.37					6				6		6																
58	CA021	Perform procedure/service--NOT directly	L038A	COMT/COT/RN/	0.38	14								7																		
64		Post-Service (of service period)																														
65	CA022	Monitor patient following procedure/service,	L038A	COMT/COT/RN/	0.38																											
66	CA023	Monitor patient following procedure/service, no	L038A	COMT/COT/RN/	0.38																											
67	CA024	Clean room/equipment by clinical staff	L038A	COMT/COT/RN/	0.38																											
68	CA025	Clean scope	L038A	COMT/COT/RN/	0.38																											
69	CA026	Clean surgical instrument package	L038A	COMT/COT/RN/	0.38																											
70	CA027	Complete post-procedure diagnostic forms, lab	L038A	COMT/COT/RN/	0.38																											
71	CA028	Review/read post-procedure x-ray, lab and	L038A	COMT/COT/RN/	0.38																											
72	CA029	Check dressings, catheters, wounds	L038A	COMT/COT/RN/	0.38																											
73	CA030	Technologist QC's images in PACS, checking	L038A	COMT/COT/RN/	0.38																											
74	CA031	Review examination with interpreting MD/DO	L038A	COMT/COT/RN/	0.38																											
75	CA032	Scan exam documents into PACS. Complete	L038A	COMT/COT/RN/	0.38	3																										
76	CA032	Scan exam documents into PACS. Complete	L037D	RN/LPN/MTA	0.37					1				1		1																
77	CA033	Perform regulatory mandated quality assurance	L038A	COMT/COT/RN/	0.38																											
78	CA034	Document procedure (nonPACS) (e.g.	L038A	COMT/COT/RN/	0.38																											
79	CA035	Review home care instructions, coordinate	L038A	COMT/COT/RN/	0.38																											
80	CA036	Discharge day management	L038A	COMT/COT/RN/	0.38	n/a		n/a		n/a			n/a		n/a		n/a															
84	OLD	transmit images to remote reading center	L038A	COMT/COT/RN/	0.38			2					2																			
87		End: Patient leaves office																														
88	POST-SERVICE PERIOD																															
89		Start: Patient leaves office/facility																														

[illegible]

[illegible]

AMA/Specialty Society RVS Update Committee Summary of Recommendations
October 2019
CMS High Expenditures Screen

Exercise Test for Bronchospasm – Tab 10

In the Final Rule for 2016, CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 94620 *Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)*, which has since been deleted for CPT 2018, was identified via that screen. In January 2016, the specialty explained that they submitted a Code Change Application (CCA) for the February 2016 CPT Editorial Panel meeting as CPT codes 94620 and 94621 required revisions that would allow the survey respondents to better value these services. Code 94620 described two different tests commonly performed for evaluation of dyspnea, the six-minute walk test as well as pre-exercise and post-exercise spirometry. These tests are entirely different, and it was determined that they should be described with two separate codes. In addition, code 94620 described a “simple” pulmonary exercise test and code 94621 a “complex” pulmonary exercise test. The RUC referred CPT code 94620 to the CPT Editorial Panel. In February 2016, the CPT Editorial Panel deleted code 94620, added two new codes 94617 and 94618 to report an exercise test for bronchospasm, and revised code 94621 to describe a cardiopulmonary exercise test.

The CPT Editorial Panel created new CPT codes 94617, 94618 and 94621 for CPT 2018. Shortly after the new codes were created the specialty society became aware that some providers were performing code 94617 without ECG monitoring. This created a gap in coding for services that were previously reported under the old coding structure. The specialty submitted a CCA to the CPT Editorial Panel to correct this gap and in February 2019, the Panel approved the revision of code 94617 and the addition of a new code (94619) to report exercise testing for bronchospasm with or without electrocardiographic recordings. For the October 2019 RUC meeting, the specialty societies surveyed CPT code 94619 and requested affirmation of CPT family codes 94617, 94618, and 94621, which were recently surveyed for the CPT 2018 cycle.

94619 Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)

The RUC reviewed the survey results from 43 pulmonologists and recommends 5 minutes of pre-service time, 9 minutes of intra-service time, and 10 minutes of immediate post-service time. For code 94619, the RUC agreed that 1 minute less of pre-service time and 1 minute less of intra-service time in comparison to the times for code 94617 seemed appropriate since they are not interpreting the electrocardiographic recording(s) in the new service. The specialty expert panel noted and the RUC agreed that this service is not typically reported with an E/M, therefore the RUC accepted the survey median pre- and post-service times. For CPT 2018, the RUC had recommended that code 94617 was not typically reported with E/M, as noted in that code’s RUC recommendation, and CMS had accepted the RUC work value and physician times implying the Agency’s agreement with that recommendation. CPT code 94619 is very similar to code 94617, with the difference being that 94619 is without electrocardiographic recordings. The RUC thoroughly reviewed the recommended work involved in this service and agreed that the survey median of 0.49 correctly accounts for the physician work involved.

The RUC compared the survey code to CPT code 75901 *Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation* (work RVU= 0.49 and intra-service time of 9 minutes) and noted that both codes have identical intra-service time and should be valued identically. Additionally, the RUC compared the survey code to CPT code 92136 *Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation* (work RVU= 0.54 and intra-service time of 10 minutes), and noted that the survey code has just 1 minute less of intra-service time than the reference code, warranting the slightly lower work value for the survey code. **The RUC recommends a work RVU of 0.49 for CPT code 94619.**

Affirmation of RUC Recommendations

CPT codes 94617, 94618 and 94621 were surveyed in October 2016 and approved by CMS for the CPT 2018 cycle. The RUC-recommended physician times and work values were accepted by CMS for CPT 2018 for codes 94617, 94618 and 94621. These recommendations as noted in the RUC rationale, were based on codes 94617 and 94621 typically not being performed on the same day with E/M, whereas 94618 was valued by the RUC and CMS as typically being reported with E/M. Deleted code 94620, which was split into codes 94617 and 94618, was typically reported with an E/M service 51 percent of the time (per the 2017 Medicare 5 percent file). CPT code 94618 received over 90 percent of deleted code 94620's Medicare volume. The available data for deleted code 94620 supports the specialty's expert panel recommendation that code 94618 is typically reported with an E/M service and code 94617 is typically not. The 2017 Medicare 5 percent file reported together data for code 94621 confirms the RUC's previous recommendation for that service, that it is only reported with an E/M service 24 percent of the time. The RUC noted that their CPT 2018 recommendation for codes 94617, 94618 and 94621 continues to be appropriate as the work has not changed for these existing/revised services. **The RUC affirms the work RVU of 0.70 for CPT code 94617, the work RVU of 0.48 for CPT code 94618, and the work RVU of 1.42 for CPT code 94621.**

Practice Expense

The Practice Expense (PE) Subcommittee made minor modifications, including the addition of *gloves, non-sterile* (SB022) for codes 94619, 94617 and 94621. For codes 94619 and 94617, the *Vmax 29s (spirometry testing equip, computer system)* (EQ043) was replaced with the new *PFT System with PC and printer* because the original equipment is no longer available. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Pulmonary Diagnostic Testing and Therapies				
94060		<i>Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration</i> <i>(Do not report 94060 in conjunction with 94150, 94200, 94375, 94640, 94728)</i> <i>(Report bronchodilator supply separately with 99070 or appropriate supply code)</i> <i>(For exercise test for bronchospasm with pre- and post-spirometry, use 94617, 94619)</i>		

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

▲94617	E1	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; <u>with</u> electrocardiographic recording(s), and pulse oximetry	XXX	0.70 (Affirmed October 2016 RUC recommendation)
●94619	E2	without electrocardiographic recording(s)	XXX	0.49
94618(f)	E3	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	XXX	0.48 (Affirmed October 2016 RUC recommendation)
94621(f)	E4	<p><i>Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings</i></p> <p>(Do not report 94617, <u>94619</u>, 94621 in conjunction with 93000, 93005, 93010, 93040, 93041, 93042 for ECG monitoring performed during the same session)</p> <p>(Do not report 94617, <u>94619</u>, 94621 in conjunction with 93015, 93016, 93017, 93018)</p> <p><i>(Do not report 94621 in conjunction with 94250, 94680, 94681, 94690)</i></p> <p>(Do not report 94617, 94618, 94621 in conjunction with 94760, 94617, <u>94619</u>)</p>	XXX	1.42 (Affirmed October 2016 RUC recommendation)
94760	<p><i>Noninvasive ear or pulse oximetry for oxygen saturation; single determination</i></p> <p><i>(For blood gases, see 82803-82810)</i></p>			
94761	<p><i>multiple determinations (eg, during exercise)</i></p> <p>(Do not report 94760, 94761 in conjunction with 94617, <u>94619</u>, 94618, 94621)</p>			

September 3, 2019

Peter Smith, MD
Chair, Relative Value Scale Update Committee
American Medical Association
AMA Plaza
330 N. Wabash Ave.
Chicago, IL 60611-5885

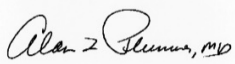





Dear Dr. Smith,

We are writing jointly on behalf of the American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) as advised by the AMA RUC staff to clarify that our societies plan to reaffirm our times and values as approved by the AMA RUC in October 2016. The CPT codes 94617, 94618 and 94621 were surveyed in October 2016 and approved by CMS for implementation on January 1, 2018. We surveyed the new CPT code 946X0 this summer for the October 2019 RUC meeting and plan to affirm the other three codes noted in this family.

If you have any questions, please contact our staff Denise Merlino at merlinohccc@gmail.com or cell 339-221-0199. We appreciate your time and consideration.

Sincerely,

ATS Advisor	ATS Alternate Advisor	CHEST Advisor	CHEST Alternate Advisor
Alan Plummer, MD	Katina Nicolacakis,	Robert DeMarco, MD	Kevin Kovitz, MD
			

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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 94619	Tracking Number E2	Original Specialty Recommended RVU: 0.49
		Presented Recommended RVU: 0.49
Global Period: XXX	Current Work RVU:	RUC Recommended RVU: 0.49

CPT Descriptor: Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female is seen because of dyspnea and cough after walking several city blocks. Her physical exam is normal.

Percentage of Survey Respondents who found Vignette to be Typical: 67%

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 personal data and medical information are reviewed to determine the rationale for performing an exercise test.

Description of Intra-Service Work: The physician or other qualified health care professional is typically present for the exercise portion of the procedure. Patient data from exercise on treadmill or stationary bicycle are reviewed, including miles per hour, percent incline, exercise stage, heart rate, blood pressure, and oxygen saturation. Baseline spirometry results are reviewed before the exercise test and the multiple spirometric results following exercise are reviewed. Data are analyzed and checked for irregularities. A written report, including an interpretation of test results, is prepared.

Description of Post-Service Work: Review transcribed report, check for errors, and sign final report. Discuss results with patient and/or family (when clinically indicated). Communicate results to referring physician or other qualified health care professional, (when clinically indicated).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Katina Nicolacakis, MD (ATS), Alan Plummer, MD (ATS), Kevin Kovitz, MD (CHEST), Robert DeMarco, MD (CHEST)				
Specialty Society(ies):	American Thoracic Society (ATS) & The American College of Chest Physicians (CHEST)				
CPT Code:	94619				
Sample Size:	2998	Resp N:	43	Response: 1.4 %	
Description of Sample:	Total surveys sent to a random selection of 2998 members that was a mix of both CHEST and ATS member lists with duplicates deleted				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	6.00	15.00	100.00	300.00
Survey RVW:	0.17	0.37	0.49	0.63	1.37
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	9.00	15.00	35.00
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:	94619	Recommended Physician Work RVU: 0.49		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		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:		9.00		
Please, pick the <u>post-service</u> 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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93010	XXX	0.17	RUC Time

CPT Descriptor Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only.

KEY MPC COMPARISON CODES:

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99281	XXX	0.45	RUC Time	69,844

CPT Descriptor 1 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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99407	XXX	0.50	RUC Time	77,448

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
95251	XXX	0.70	RUC Time

CPT Descriptor Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

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

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

Number of respondents who choose Top Key Reference Code: 15 % of respondents: 34.8 %

Number of respondents who choose 2nd Key Reference Code: 10 % of respondents: 23.2 %

TIME ESTIMATES (Median)

	CPT Code: 94619	Top Key Reference CPT Code: 93016	2nd Key Reference CPT Code: 93010
Median Pre-Service Time	5.00	2.00	0.00
Median Intra-Service Time	9.00	15.00	5.00
Median Immediate Post-service Time	10.00	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	24.00	19.00	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.

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	0%	60%	40%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	53%	47%

Technical Skill/Physical Effort

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	27%	73%
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

0%

20%

80%

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

0%

10%

90%

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%

10%

90%

Physical effort required

10%

10%

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%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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

As a result of the RUC Relativity Assessment Workgroup (RAW), CPT 94617, 94618 and 94621 were surveyed both for the January 2016 RUC and the April 2016 RUC meetings. Shortly after the new codes were introduced in 2018, we became aware that some providers were performing 94617 without ECG monitoring. This created a gap in coding for services that previously existed. Therefore, the societies took CPT 94617 back to CPT for a revision and requested a

new code 94619. The CPT panel approved the revision of one code CPT 94617 and the addition of a code 94619 to differentiate the exercise test for bronchospasm with or without electrocardiographic recordings. After the RUC votes on the value for the new CPT code 94619, we are requesting reaffirmation of the CPT codes 94617, 94618 to maintain the values and times finalized by CMS for providers to use in 2018.

94619 Survey Results & Recommendations:

The American Thoracic Society (ATS) the American College of Chest Physicians (CHEST), conducted a joint random survey of their members. Physician advisors and staff met via conference calls and over email to review the survey work data and develop both work and practice expense recommendations. The joint ATS and CHEST RVS consensus panel (joint panel) reviewed and discussed the work survey results. For code 94619 there were 43 responses to the survey request with a median performance rate of 15. The vignette was typical for 67% of the respondents. The majority of the roughly 30% that did not find the vignette typical stated their typical patient was much younger than the patient in the vignette.

Time Discussion

The joint panel reviewed the survey median times (5 pre, 9 intra, 10 post) and compared it to the times from the recent survey for CPT 94617 of (6 pre, 10 intra, 10 post). The joint panel agreed that 1 minute less for pre time and one minute less for intra time seemed consistent with their expert knowledge of the physician time which is needed to be removed from the times of CPT 94617 for not interpreting the ECG data. The consensus of the joint panel is that the service for CPT 94619 is accurately represented by the median times in the survey and fits well within the other codes in the family.

Work Discussion

The joint panel reviewed the survey median work (RVW 0.49) as well as the 25th percentile (RVW 0.37) and the 75th percentile (RVW 0.63) compared to the current value of CPT 94617 (RVW 0.70). The joint panel was surprised with the work survey results, as the times of the survey seemed realistic, and this was not the case for the work. The 25th percentile 0.37 is too low to be considered for this service that is basically 94617 minus the ECG. Additionally, the RVW median was much lower than the joint panel would have anticipated. The joint panel did discuss the 75% percentile value as a more realistic RVW for the two minutes less time. After a lengthy discussion and review of other CPT codes as well as a discussion that there was no compelling evidence for a change in these services that have been surveyed and reviewed by the RUC recently, they agreed to recommend the median work RVW of 0.49.

The first reference service code chosen by the survey respondents, CPT 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*, is assigned an RVW 0.45 with pre, intra and post times of 2, 15 and 2 minutes. The second reference service chosen by the survey respondents was CPT 93010 (*ECG Interpretation and Report*), is assigned an RVW 0.17 with pre, intra and post times of 0, 5 and 1 minutes. The intensity/complexity measures of the surveyed code were ranked higher for all the measures supporting recommendations for a higher RVW than both KRS codes selected. The panel believes the survey data clearly supports work value of at least 0.49.

To provide further support, the joint panel compared code 94619 to several MPC codes: CPT 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.*), RVW 0.45, pre, Intra and post times of 2, 7 and 4 minutes; CPT 99407 (*Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes*), RVW 0.50, pre, Intra and post times of 0, 15 and 0 minutes and CPT 95251 (*Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report*), RVW 0.70, pre, Intra and post times of 2, 15 and 2 minutes. The panel would consider the physician work associated with the surveyed code to be more complex than an emergency room visit with a single focus and straightforward MDM, as well as more work than smoking cessation counseling and glucose monitoring.

In summary, we recommend an RVW of 0.49 which is the median survey value for 94619 with a preservice time of 5 minutes, intra service time of 9 minutes, and post service time of 10 minutes for a total time 24 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) 94620 prior to 2018 on or after 2018 94017

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary Disease How often? Sometimes

Specialty Pediatrics How often? Sometimes

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 14000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 20% of volume for the new 94017 plus volume for pediatric population 7K doubled

Specialty Pulmonary Disease	Frequency 8000	Percentage 57.14 %
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Specialty Pediatric	Frequency 5000	Percentage 35.71 %
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Specialty Internal Medicine	Frequency 1000	Percentage 7.14 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,360

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 20% of medicare volume for the new 94017

Specialty Pulmonnary Disease	Frequency 1500	Percentage 63.55 %
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Specialty Internal Medicine	Frequency 500	Percentage 21.18 %
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Specialty Cardiology

Frequency 360

Percentage 15.25 %

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:

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. 94617

Tab 10 Exercise Test for Bronchospasm (946X0)

ISSUE: Exercise Test for Bronchospasm**TAB: 10 October 2019****Tab 5 July 2016 Survey & Tab 9 April 2016 Survey Revised 9-22-2016**

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
35%	REF 1 Oct 2019	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	15	0.0240	0.45					19	2	15					2					
23%	REF 2 Oct 2019	93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	10	0.0295	0.17					6		5					1					
	CURRENT 2019	94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry		0.0342	0.70					26	6	10					10					
67%	June 2019 SVY	94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	43	0.0171	0.17	0.37	0.49	0.63	1.37	24	5	1	5	9	15	35	10	0	6	15	100	300
	REC	94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)		0.0171	0.49					24	5	9					10					
2005	MPC	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.		0.0451	0.45					13	2	7					4					
2007	MPC	99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes		0.0333	0.50					15		15										
2016	MPC	95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report		0.0392	0.70					20	2	15					3					
2017	Other	76870	Ultrasound, scrotum and contents		0.0347	0.64					22	5	12					5					
Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
21%	REF 1 July Survey	93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	15	0.0308	0.75					26	2	20					4					
18%	REF 2 July Survey	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	13	0.0438	0.66					17.5		12.5					5					
	CURRENT 2019	94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed		0.0323	0.48					17	3	10					4					
	Rec	94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed		0.0323	0.48					17	3	10					4					
78%	SVY Total April 2016	946X3 94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed	61	0.0276	0.00	0.30	0.50	0.75	2.50	20	5	0	5	10	12	120	5	0	20	50	120	10000
85%	SVY Total July 2016	946X3 94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed	73	0.032	0.10	0.48	0.66	0.80	3.00	25	5	0	5	10	10	40	10	3	20	50	100	2500

Tab 10 Exercise Test for Bronchospasm (946X0)

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
27%	REF 1 July Survey	93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	19	0.0308	0.75					26	2	20					4					
21%	REF 2 July Survey	94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	15	0.0181	0.27					14	3	7.5					3					
	CURRENT 2019	94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry		0.0342			0.70			26	6			10			10					
	Rec	94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry		0.0342	0.70					26	6	10					10					
64%	SVY Total April 2016	946X2 94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry	54	0.031	0.15	0.49	0.60	0.70	3.00	23	5	0	5	10	15	60	8	0	5	10	30	500
84%	SVY Total July2016	946X2 94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry	71	0.034	0.27	0.49	0.70	1.00	2.50	26	6	0	6	10	20	60	10	0	5	10	30	1000
Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
30%	REF 1 July Survey	93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	21	0.0308	0.75					26	2	20					4					
20%	REF 2 July Survey	99214	Office outpatient 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.	14	0.0466	1.5					40	5	25					10					
	CURRENT 2019	94621	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)		0.0324			1.42			50	10			30			10					
	REC	94621	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)		0.0324	1.42					50	10	30					10					
92%	SVY Total April 2016	94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	47	0.030	0.40	0.98	1.45	2.50	4.50	55	10	1	20	30	35	85	15	0	7	15	35	140
95%	SVY Total July2016	94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	70	0.041	0.75	1.05	1.78	2.60	10.00	55	10	0	20	30	35	120	15	0	6	20	34	300

**AMA/SPECIALTY SOCIETY REALTIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

CPT Long Descriptor:

CPT	LONG DESCRIPTION:
94619	<i>Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)</i>

Global Period: XXX Meeting Date: OCTOBER 2019

Specialty Society's: American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST).

Vignette (vignette required even if PE only code(s)): A 65-year-old female is seen because of dyspnea and cough after walking several city blocks. Her physical exam is normal.

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

A joint society consensus with members from two societies participating including; American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST).

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 94617 is most similar to the new code 94619 with only one difference, 94617 has an ECG with monitoring and the new code 94619 is without an ECG and ECG monitoring. Since 94620 was significantly changed it is no longer a good comparator as the old inputs were outdated with the creation of 94617 and 94621. The most relevant comparator is 94617 with 93000.

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 94617 was previously reported as 94620 and that code was not typically reported with an E/M when reviewed in 2016. At present there is no volume for 94617. However, we have no reason to believe that this statistic has changed.

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)

PULMONARY DISEASE was the dominate specialty with previous CPT 94620. Data are not available at this time for 94617 in the RUC database and we have no reason to believe the statistic has changed.

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*

**AMA/SPECIALTY SOCIETY REALTIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

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:

Obtain vital signs (HR rate, respiratory rate, BP, SpO2, height and weight)

9. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

- Greets patient, ensures appropriate medical records are available
- Obtains vital signs (HR rate, respiratory rate, BP, SpO2, height and weight)
- Provides pre-service education/obtain consent
- Prepares room, maintains supplies, prepares the exercise equipment (bicycle ergometer or treadmill) and calibrates the spirometer.
- Prepares and positions patient with pulse oximeter onto the exercise equipment.

b. Service period (includes pre, intra and post):

- Measures spirometry and maximum voluntary ventilation (MVV). Calculates workload.
- Performs the exercise procedure with rapid increase in intensity over 2-4 minutes to achieve targeted HR a/o maximum ventilation and maintain for 4-6 minutes
- Measure repeat spirometry at 5, 10, 15, 30 minutes post exercise

c. Post-service period:

- Monitors patient following procedure with multitasking of 1:4
- Completes exercise testing report
- Cleans/highly disinfects bicycle ergometer or treadmill and work area.

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*:

Staff performs and is present during the entire procedure. Demonstrates the spirometry test to the patient including correct posture with head slightly elevated, inhaling rapidly and completely, how to position the mouthpiece, and how to exhale with maximal force.

**AMA/SPECIALTY SOCIETY REALTIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

Following the demonstration, nose clips and mouthpiece are applied to the patient and baseline spirometry is performed (3-8 maneuvers) as well as a maximum voluntary ventilation (MVV). Calculates workload. Ensures the patient is properly positioned with a pulse oximeter in place, on the exercise equipment. The patient is educated on how to rate breathlessness during the testing as well as leg fatigue, as both will be rated multiple times during the test. The exercise is performed per protocol (bicycle ergometer or treadmill). SpO2 is monitored throughout the test. Spirometry is then performed again (each with 3-8 maneuvers) at 5, 10, 15 and 30 minutes after exercise. Bronchodilator by nebulizer or MDI with spacer is administered if bronchospasm occurs. Evaluates and documents the best effort for spirometries.

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

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? N/A

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? N/A

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:

N/A

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:

CMS #	Description	Formula	Explain Here
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**AMA/SPECIALTY SOCIETY REALTIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

EQ211	pulse oximeter w-printer	Default + Monitoring	
EQ043	Vmax 29s (spirometry testing equip, computer system)	Default	
EQ078	cardiac monitor w-treadmill (12-lead PC-based ECG)	Default	

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

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

21. 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	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	RUC Practice Expense Spreadsheet						RECOMMENDED		REFERENCE CODE				AFFIRM			
2							94619		93000		94617		94618		94621	
3		RUC Collaboration Website					Not typically billed w E/M		Not typically billed w E/M		Not typically billed w E/M		52 % of time billed w E/M			
4	Clinical Activity Code	Meeting Date: October 2019 Tab: 10 Exercise Test for Bronchospasm Specialty: ATS, CHEST	Standards/Guide lines	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)		Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry		Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed		Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	
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	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					\$ 44.63	\$ -	\$ 6.97	\$ -	\$ 53.97	\$ -	\$ 8.55	\$ -	\$ 78.10	\$ -
8		TOTAL CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	67.0	0.0	10.0	0.0	80.0	0.0	18.0	0.0	97.5	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L047C	RN/Respiratory Therapist	0.47	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	8.0	0.0	0.0	0.0	11.0	0.0	0.0	0.0	11.0	0.0
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L047C	RN/Respiratory Therapist	0.47	59.0	0.0	0.0	0.0	69.0	0.0	18.0	0.0	86.5	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L051A	RN	0.51	0.0	0.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
14		TOTAL POST-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15		TOTAL POST-SERVICE CLINICAL STAFF TIME		L047C	RN/Respiratory Therapist	0.47	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
16		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE					\$ 30.69	\$ -	\$ 5.10	\$ -	\$ 36.50	\$ -	\$ 8.46	\$ -	\$ 44.73	\$ -
17	PRE-SERVICE PERIOD															
18		Start: Following visit when decision for surgery/procedure made														
19	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5,	L037D	RN/LPN/MTA	0.37										
20	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10,	L037D	RN/LPN/MTA	0.37										
21	CA003	Schedule space and equipment in facility	90 DAY: NF0,	L037D	RN/LPN/MTA	0.37										
22	CA004	Provide pre-service education/obtain consent	90 DAY: NF10,	L037D	RN/LPN/MTA	0.37										
23	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10,	L037D	RN/LPN/MTA	0.37										
24	CA006	Confirm availability of prior images/studies	Standard time for	L037D	RN/LPN/MTA	0.37										
25	CA007	Review patient clinical extant information and questionnaire	Standard time for	L037D	RN/LPN/MTA	0.37										
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)		L037D	RN/LPN/MTA	0.37										
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	Standard time for	L037D	RN/LPN/MTA	0.37	3				3		0		3	
38	CA010	Obtain vital signs	Vital Sign	L037D	RN/LPN/MTA	0.37	5				5		0		5	
39	CA011	Provide education/obtain consent	Include only the	L047C	RN/Respiratory	0.47	2				2		2		5	
40	CA012	Review requisition, assess for special needs		L037D	RN/LPN/MTA	0.37										
41	CA013	Prepare room, equipment and supplies	2 minute	L047C	RN/Respiratory	0.47	2				2		2		10	
42	CA014	Confirm order, protocol exam	Standard time for	L037D	RN/LPN/MTA	0.37										
43	CA015	Setup scope (nonfacility setting only)	5 minutes	L037D	RN/LPN/MTA	0.37										
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute	L047C	RN/Respiratory	0.47	2				2		2		5	
45	CA017	Sedate/apply anesthesia	2 minute	L037D	RN/LPN/MTA	0.37										
52		Intra-service (of service period)														
53	CA018	Assist physician or other qualified healthcare professional---directly	100% of	L037D	RN/LPN/MTA	0.37										
54	CA019	Assist physician or other qualified healthcare professional---directly	67% of physician	L037D	RN/LPN/MTA	0.37										
55	CA020	Assist physician or other qualified healthcare professional---directly	other% of	L037D	RN/LPN/MTA	0.37										
56	CA021	Perform procedure/service---NOT directly related to physician work time		L037d	RN/LPN/MTA	0.37										
57	CA021	Perform procedure/service---NOT directly related to physician work time		L051A	RN	0.51			10							
58	CA021	Perform procedure/service---NOT directly related to physician work time		L047C	RN/Respiratory	0.47	45				55		8		41	
65		Post-Service (of service period)														
66	CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring	L047C	RN/Respiratory	0.47	2				2				7.5	
67	CA023	Monitor patient following procedure/service, no multitasking		L037D	RN/LPN/MTA	0.37										
68	CA024	Clean room/equipment by clinical staff	3 minute	L047C	RN/Respiratory	0.47	3				3		1		15	
69	CA025	Clean scope	Standards For	L037D	RN/LPN/MTA	0.37										
70	CA026	Clean surgical instrument package	Standard for	L037D	RN/LPN/MTA	0.37										
71	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions		L047C	RN/Respiratory	0.47	3				3		3		3	
72	CA028	Review/read post-procedure x-ray, lab and pathology reports		L037D	RN/LPN/MTA	0.37										
73	CA029	Check dressings, catheters, wounds	Standard time for	L037D	RN/LPN/MTA	0.37					3				3	
74	CA030	Technologist QC's images in PACS, checking for all images, reformat, s	Baseline time for	L037D	RN/LPN/MTA	0.37										
79	CA035	Review home care instructions, coordinate visits/prescriptions	Standard time for	L037D	RN/LPN/MTA	0.37										
80	CA036	Discharge day management	Dischrg mgmt	L037D	RN/LPN/MTA	0.37	n/a		n/a		n/a		n/a		n/a	
87		End: Patient leaves office/facility														
88	POST-SERVICE PERIOD															

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	RUC Practice Expense Spreadsheet						RECOMMENDED		REFERENCE CODE				AFFIRM			
2							94619 Not typically billed w E/M		93000		94617 Not typically billed w E/M		94618 52 % of time billed w E/M		94621	
3		RUC Collaboration Website					Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)		Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry		Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed		Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	
4	Clinical Activity Code	Meeting Date: October 2019 Tab: 10 Exercise Test for Bronchospasm Specialty: ATS, CHEST	Standards/Guide lines	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute										
5		LOCATION					Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					\$ 44.63	\$ -	\$ 6.97	\$ -	\$ 53.97	\$ -	\$ 8.55	\$ -	\$ 78.10	\$ -
8		TOTAL CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	67.0	0.0	10.0	0.0	80.0	0.0	18.0	0.0	97.5	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L047C	RN/Respiratory Therapist	0.47	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	8.0	0.0	0.0	0.0	11.0	0.0	0.0	0.0	11.0	0.0
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L047C	RN/Respiratory Therapist	0.47	59.0	0.0	0.0	0.0	69.0	0.0	18.0	0.0	86.5	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L051A	RN	0.51	0.0	0.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
14		TOTAL POST-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
89		Start: Patient leaves office/facility														
105		End: with last office visit before end of global period														

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	RUC Practice Expense Spreadsheet						RECOMMENDED		REFERENCE CODE				AFFIRM			
2							94619		93000		94617		94618		94621	
3		RUC Collaboration Website					Not typically billed w E/M		Not typically billed w E/M		52 % of time billed w E/M					
4	Clinical Activity Code	Meeting Date: October 2019 Tab: 10 Exercise Test for Bronchospasm Specialty: ATS, CHEST	Standards/Guide lines	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)		Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry		Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed		Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	
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	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					\$ 44.63	\$ -	\$ 6.97	\$ -	\$ 53.97	\$ -	\$ 8.55	\$ -	\$ 78.10	\$ -
8		TOTAL CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	67.0	0.0	10.0	0.0	80.0	0.0	18.0	0.0	97.5	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L047C	RN/Respiratory Therapist	0.47	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	8.0	0.0	0.0	0.0	11.0	0.0	0.0	0.0	11.0	0.0
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L047C	RN/Respiratory Therapist	0.47	59.0	0.0	0.0	0.0	69.0	0.0	18.0	0.0	86.5	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L051A	RN	0.51	0.0	0.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
14		TOTAL POST-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
106	Supply Code	MEDICAL SUPPLIES		PRICE	UNIT											
107		TOTAL COST OF SUPPLY QUANTITY x PRICE					\$ 2.21	\$ -	\$ 1.39	\$ -	\$ 3.57	\$ -	\$ 0.02	\$ -	\$ 13.95	\$ -
108	SD053	electrode, ECG (single)		0.0825	item				10		10				10	
109	SD075	filter, pulmonary function filter		1.5325	item		1				1				1	
110	SD085	gas, test mixture		0.064	liter										150	
111	SD099	mouthpiece, respiratory		0.2228	item										1	
112	SD102	noseclips		0.656	item		1				1				1	
113	SG079	tape, surgical paper 1in (Micropore)		0.004	inch										6	
114	SG050	gauze, non-sterile 2in x 2in		0.1498	item				2							
115	SJ053	swab-pad, alcohol		0.0198	item						5				5	
116	SK057	paper, laser printing (each sheet)		0.0088	item		3				4		2		40	
117	SK059	paper, recording (per sheet)		0.0653	item				4						1	
118	SK068	razor		0.4193	item						1				1	
119	SL048	desiccant-absorber		0.156	item										1	
122	SB022	gloves, non-sterile		0.138	pair		1				1				1	
123	Equipment Code	EQUIPMENT		Purchase Price	Equipment Formula	Cost Per Minute										
124		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE					\$ 11.73	\$ -	\$ 0.49	\$ -	\$ 13.90	\$ -	\$ 0.07	\$ -	\$ 19.42	\$ -
125	EQ211	pulse oximeter w-printer		1424.36	Default	0.00459731	70				83		15		117	
126	EQ042	Vmax 29c (cardio-pulm stress test equip, treadmill, computer system)		57349.8163	Default	0.161371634									117	
127	EQ078	cardiac monitor w-treadmill (12-lead PC-based ECG)		16592.085	Default	0.044030856	70		10		83					
128	EQ043	Vmax 29s (spirometry testing equip, computer system)		26875	Default	0.077925948	0				0					

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS High Expenditure Procedures Screen

October 2016

Pulmonary Diagnostic Tests

In the Final Rule for 2016 CMS re-ran the high expenditure services across specialties with Medicare allowed charges of \$10 million or more. CMS identified the top 20 codes by specialty in terms of allowed charges, excluding 010 and 090-day global services, anesthesia and Evaluation and Management services and services reviewed since CY 2010. CPT code 94620 was identified via this screen.

In January 2016, the specialty societies explained that they submitted a Code Change Application (CCA) for the February 2016 CPT Editorial Panel meeting as CPT codes 94620 and 94621 required revisions that would allow the survey respondents to better value these services. Code 94620 described two different tests commonly performed for evaluation of dyspnea, the six minute walk test as well as pre-exercise and post-exercise spirometry. These tests are entirely different and should be described with two separate codes. In addition, code 94620 described a “simple” pulmonary exercise test and code 94621 a “complex” pulmonary exercise test. The testing described in 94621 is commonly called a cardiopulmonary exercise test (CPET) and not a complex pulmonary exercise test as it is currently labeled in CPT 2016. Code 94621 includes the measurement of minute ventilation and exhaled gases in addition to heart rate, oximetry and ECG monitoring. As such, it should not be included as part of the family of less complex exercise tests. The RUC referred CPT code 94620 to the CPT Editorial Panel. In February 2016, the CPT Editorial Panel deleted code 94620, added two new codes 94617 & 94618 to report an exercise test for bronchospasm, and revised code 94621 to describe a cardiopulmonary exercise test.

The RUC discussed the survey results for CPT codes 94617, 94621 and 94618 and determined that the survey respondents indicated immediate post-procedure physician time was not representative of the time required to perform this service. The RUC noted that the description of immediate post-procedure physician work described the same intensity for each of the three services but was not represented the same across all three services by the survey respondents.

The standard survey instrument did indicate that the survey respondents should capture the interpretation and report work in the intra-service time period as is typical for XXX global services, but the specialty society contends that the survey respondents did not appear to capture the physician time correctly. The RUC recommended that the specialty societies resurvey codes 94617, 94621 and 94618 with the same exact survey instrument (the current standard RUC survey for imaging and tests) for the October 2016 RUC meeting.

94618 Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed

The RUC reviewed the survey data from 73 physician providers and recommends the survey 25th percentile work RVU of 0.48. 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 4 minutes. The pre and post time were discussed in detail because an Evaluation and Management (E/M) service is performed on the same day. Therefore, 2 minutes of pre-service evaluation and 6 minutes of immediate post-service time were removed to ensure no duplication of work is performed. It was noted that this code should represent 95% of services previously reported with CPT code 94620. Newly described code 94618 requires less physician time than previously reported 94620 and thus the RUC is recommending a decrease in the work RVU for this service.

The RUC compared this service to CPT code 99212 *Office or other outpatient visit for the evaluation and management of an established patient...Typically, 10 minutes are spent face-to-face with the patient and/or family.* (work RVU=0.48, intra-service time of 10 minutes) and code 74230 *Swallowing function, with cineradiography/videoradiography* (work RVU=0.53 and an intra-service time of 10 minutes) and noted that both reference services have identical intra-service time and should be valued similarly. To further validate a work RVU of 0.48, the RUC compared the survey code to top key reference code 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU=0.75, intra-service time of 20 minutes) and noted that the survey code has lower intra-service time, and the survey respondents indicated that the survey code is identical to less intense to perform, further justifying this valuation. **The RUC recommends a work RVU of 0.48 for CPT code 94618**

94617 Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry

The RUC reviewed the survey data from 71 physician providers and recommends the survey median of 0.70 work RVUs for CPT code 964X2. The RUC recommends the following physician time: pre-service time of 6 minutes, intra-service time of 10 minutes, and immediate post-service time of 10 minutes. It was noted that this code should represent 5% of services previously reported with CPT code 94620 and that this service is not billed with an E/M typically, leading to acceptance of the survey median pre and post-service times. This post-service time work reflects the following: Discuss the findings with the patient. Discussion includes the patient's response to exercise, severity of bronchospasm along with appropriate change in their medication regimen. Further discussion of mandatory exercise preparation including warm up and modifications as needed based on environmental conditions, (i.e. warming devices). Additionally, instructions need to be given on pre-exercise medication use and timing, dietary modification and nutritional supplementation. Develop plans for therapy and/or additional testing. Communicate the results with the referring physician and complete any necessary return forms.

For additional support the RUC referenced similar services 76642 *Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited* (work RVU=0.68, intra-service time of 10 minutes) and 78226 *Hepatobiliary system imaging, including gallbladder when present;* (work RVU=0.74, intra-service time of 10 minutes). To validate a work RVU of 0.70, the RUC compared the survey code to top key reference code 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU=0.75, intra-service time

of 20 minutes) and noted that the survey code has slightly lower intra-service time, and the survey respondents indicated that the survey code is identical to somewhat less intense to perform, further justifying this valuation. **The RUC recommends a work RVU of 0.70 for CPT code 94617**

94621 Cardiopulmonary exercise testing, (including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings

The RUC reviewed the survey data from 70 physician providers and recommends maintaining the current work RVU of 1.42 for CPT code 94621. The RUC recommends the following physician time: pre-service time of 10 minutes, intra-service time of 30 minutes, and immediate post-service time of 10 minutes. The RUC compared this service to 95806 *Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)* (work RVU=1.25, intra-service time of 25 minutes) and 99214 *Office or other outpatient visit for the evaluation and management of an established patient...Typically, 25 minutes are spent face-to-face with the patient and/or family.* (work RVU=1.50, intra-service time of 25 minutes) and noted that both reference services have comparable physician work and time with code 94621 and provide appropriate brackets around the recommended value.

For additional support, the RUC referenced similar services 99203 *Office or other outpatient visit for the evaluation and management of a new patient* (work RVU=1.42, intra-service time of 20 minutes) and 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* (work RVU=1.50, intra-service time of 30 minutes). To validate a work RVU of 1.42, the RUC compared the survey code to top key reference code 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU=0.75, intra-service time of 20 minutes) and noted that the survey code has higher 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 recommends a work RVU of 1.42 for CPT code 94621.**

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	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine Pulmonary Pulmonary Diagnostic Testing and Therapies				
94060		<i>Bronchodilation responsiveness, spirometry as in 94010, pre-and post-bronchodilator administration</i> <i>(Do not report 94060 in conjunction with 94150, 94200, 94375, 94640, 94728)</i> <i>(Report bronchodilator supply separately with 99070 or appropriate supply code)</i> <i>(For prolonged exercise test for bronchospasm with pre- and post-spirometry, use 94620/94617)</i>		
94250		<i>Expired gas collection, quantitative, single procedure (separate procedure)</i> <i>(Do not report 94250 in conjunction with 94621)</i>		
D 94620	-	<i>Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)</i>	XXX	0.64
●94617	F1	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s) and pulse oximetry <u>(Do not report 94617, 94621 in conjunction with 93000-93010, 93040-93042 for ECG monitoring performed during the same session)</u> <u>(Do not report 94617, 94621 in conjunction with 93015-93018)</u>	XXX	0.70

▲94621(f)	F2	<p><u>Cardiopulmonary exercise testing, complex (including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings)</u></p> <p><u>(Do not report 94621 in conjunction with 94250, 94680, 94681 and 94690)</u></p> <p><u>(Do not report 94617, 94618, 94621 in conjunction with 94760, 94761)</u></p>	XXX	1.42 (No Change)
●94618	F3	<p>Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed</p> <p><u>(94620 has been deleted. To report pulmonary stress testing, use 94618)</u></p>	XXX	0.48
<p><i>94760 Noninvasive ear or pulse oximetry for oxygen saturation; single determination (For blood gases, see 82803-82810)</i></p> <p><i>94761 multiple determinations (eg, during exercise)</i></p> <p><u>(Do not report 94760, 94761 in conjunction with 94617, 94618, 94621)</u></p> <p><i>94680 Oxygen uptake, expired gas analysis; rest and exercise, direct, simple</i></p> <p><i>94681 including CO2 output, percentage oxygen extracted</i></p> <p><i>94690 rest, indirect (separate procedure)</i></p> <p><i>(For single arterial puncture, use 36600)</i></p> <p><u>(Do not report 94680, 94681, 94690 in conjunction with 94621)</u></p>				

CPT Descriptor: Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed

Vignette Used in Survey: A 65-year-old female with documented COPD is evaluated for symptoms of dyspnea while walking.

Site of Service (Complete for 010 and 090 Globals Only)

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%

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

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: This service is typically billed with an E/M. Therefore in addition to review patient personal data and review medical information to determine the rationale to perform the exercise test, this service includes assessing the patient for any acute illnesses or other change in clinical status that would determine fitness for the test on same day.

Description of Intra-Service Work: Review data on SpO₂, heart rate and distance measured at 1, 2, 3, 4, 5 and 6 minutes as well as blood pressure measured before and after exercise. Calculate percent of distance compared to predicted. Review the dyspnea index. Analyze the data and check for irregularities. Compare to previous testing, if available. Prepare a written report including an interpretation of the test results.

Description of Post-Service Work: Discuss the findings with the patient. Discussion includes reason and timing for Oxygen supplementation, environmental conditions, appropriate flow rates and medication changes if necessary. Develop plans for physical therapy or pulmonary rehabilitation and/or additional testing. Communicate the results with the referring physician, including the development or revision of oxygen prescriptions.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Katina Nicolacakis MD, Alan Plummer, MD, Robert DeMarco, and MD, Kevin Kovitz, MD				
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)				
CPT Code:	94618				
Sample Size:	11500	Resp N:	73	Response: 0.6 %	
Description of Sample:	Random sample from both ATS and CHEST members. Both Societies opened up the pool and sent to 80% of members for summer 2016 survey.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	3.00	20.00	50.00	100.00	2500.00
Survey RVW:	0.10	0.48	0.66	0.80	3.00
Pre-Service Evaluation Time:			5.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00	5.00	10.00	10.00	40.00
Immediate Post Service-Time:	10.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	94618	Recommended Physician Work RVU: 0.48		
	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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	4.00	0.00	4.00	

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

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93015	XXX	0.75	RUC Time

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
94013	XXX	0.66	RUC Time

CPT Descriptor 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

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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99281	XXX	0.45	RUC Time	78,305

CPT Descriptor 1 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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
69210	XXX	0.61	RUC Time	1,538,900

CPT Descriptor 2 Removal impacted cerumen requiring instrumentation, unilateral

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	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 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.

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

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

Number of respondents who choose Top Key Reference Code: 15 % of respondents: 20.5 %

Number of respondents who choose 2nd Key Reference Code: 13 % of respondents: 17.8 %

TIME ESTIMATES (Median)

	CPT Code: <u>94618</u>	Top Key Reference CPT Code: <u>93015</u>	2nd Key Reference CPT Code: <u>94013</u>
Median Pre-Service Time	3.00	2.00	0.00
Median Intra-Service Time	10.00	20.00	12.50
Median Immediate Post-service Time	4.00	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	17.00	26.00	17.50
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)

	<u>Top Key Ref Code</u>	<u>2nd Key Ref Code</u>
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Mental Effort and Judgment (Mean)

The number of possible diagnosis and/or the number of management options that must be considered	-0.20	0.23
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.13	0.38

Urgency of medical decision making	0.00	0.38
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Technical Skill/Physical Effort (Mean)

Technical skill required	-0.47	-0.15
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Physical effort required	-0.53	0.15
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Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.07	0.54
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Outcome depends on the skill and judgment of physician	-0.20	0.23
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Estimated risk of malpractice suit with poor outcome	-0.33	0.38
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INTENSITY/COMPLEXITY MEASURES**Top Key
Ref Code****2nd Key
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.40	0.31
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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:

As part of the proposed CY 2016 rule, CMS identified CPT 94620 as potentially misvalued based on volume and the year it had last been surveyed. In preparing for a potential RUC survey of the code and any code in the family the American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) reviewed the CPT codes, descriptions and vignettes. To provide clarity in the code descriptions and bring the services to current practice, the joint societies prepared revisions for the CPT Panels to consider prior to moving to survey. At the February 2016 CPT meeting the panel approved revisions to CPT 94621 and created two new codes to replace 94620. Specifically, the changes that involve code 94620 describes two different tests commonly performed for evaluation of dyspnea, the six-minute walk test, as well as, pre-exercise and post-exercise spirometry for the assessment of exercise-induced bronchoconstriction. These tests are entirely different and for future CPT versions will be described with two separate codes 94617 and 94618. In addition, code 94620 described a "simple" pulmonary exercise test and code 94621 a "complex" pulmonary exercise test. The testing described in 94621 is commonly called a cardiopulmonary exercise test (CPET) and not a complex pulmonary exercise test as it is currently labeled in CPT 2016. Code 94621 includes the measurement of minute ventilation and exhaled gases for many calculations including oxygen consumption or VO₂Max, in addition to heart rate, oximetry and ECG monitoring. Regarding the volume for CPT 94620, we project that 95 % will go to 94618 and 5% to 94617.

In April 2016, we conducted a survey of CPT 94618, 94617 and revised 94621 and presented that data to the RUC. We have provided the April 2016 survey data along with this summer's survey results in one RUC summary table for ease of review. The April 2016 Tab 9, went to facilitation, where a robust discussion about the times were reviewed. The pulmonary community has participated in several surveys recently, some of which were global 000. We hypothesized, our societies members might not have placed time for the report in the intra service location. The facilitation committee agree that a resurvey with highlighted aspects of the survey tool (approved by the research committee) would be beneficial. The societies obtained approval from the AMA research committee for a revised cover letter to members and revised survey tool to ensure that members did not misunderstand or miss the instructions to place their estimate of time for the "report time" in the intra service time estimate. Additionally, the societies widened the pool of survey participants in an attempt to obtain a higher response rate.

94618 July 2016 Survey Compared to April 2016 Survey Results & Recommendations:

A joint ATS and CHEST RVS consensus committee (herein referred to as "joint societies") reviewed and discussed both sets of survey results. Both surveys contained all three codes and was conducted with random members from both societies, removing any duplicates as necessary. The ATS and CHEST distribution lists were randomly selected by the membership departments. The April survey was sent to 3557 participants while the July survey was sent to 11500 participants, with changes to the survey tool noted above in the background.

The joint societies reviewed the summary data of 73 (61, April 2016) responses to the survey request. There were 9 respondents that took both surveys. Of note, in the July survey an increased percentage of 85 percent compared to 78 percent of the survey respondents stated the vignette was typical. The survey performance rate median 50 studies (from both surveys) per year among the respondents is an anticipated rate given this service will be the higher volume procedure compared to the 94617, which adds support to the survey responses. The joint societies reviewed the July 2016 survey times and agreed that the physician median times of 6 minutes pre-service, 10 minutes' intra-service, accurately reflect the time required to perform this service we are recommending 5 minutes of post service time.

The team reviewed the RVWs survey data, of note the current code 94620 is 0.64 RVW and is similar CPT 94618 survey median 0.66. As this code will be ninety-five percent of the volume as mentioned earlier and is less work than 94617 we believe that the survey 25th percentile is the appropriate RVW. We also believe the survey participants correctly rank ordered the new 94617 to 94618 at the median level.

The key reference code 1 chosen was 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* by 29 respondents and the key reference code 2, 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*. We believe this supports rank order for our recommendation. The intensity complexity comparisons for key reference code 1 and 2 support our recommendation.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services support accepting CPT 94618 at the April 2016 median survey RVW 0.48 with the median times 5-10-5.

CPT	Short Description	RVW	Pre	Intra	Post	Total
99212	E/M, typical 10 min	0.48	2	10	4	16
78014	Thyroid imaging with single or multiple uptake(s) quantitative measurement(s)	0.50	5	10	5	20

94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed	0.48 REC	5 REC	10 REC	5 REC	20 REC
74230	CINE/Xray throat/esoph	0.53	3	10	4	17
93015	Cardiovascular stress test; with supervision, interpretation and report	0.75	2	20	4	26

In summary, CPT 94618 tracking code F3, the joint societies recommend the RVW 0.48 with pre time 5 minutes, intra time 10 minutes and 5 minutes of post time.

After RUC discussion, CPT 94618 tracking code F3, the joint societies recommend the RVW 0.48 with pre time 3 minutes, intra time 10 minutes and 4 minutes of post time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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) Per the billed with E/M codes files supplied by the RUC this service is typically provided along with one of the E/Ms

- 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 RUC billed with files.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 94620

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

Specialty Pulmonary Disease

How often? Commonly

Specialty Internal Medicine

How often? Sometimes

Specialty Critical Care

How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 709716

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 3 times preliminary 2015 Medicare Data

Specialty Pulmonary Disease	Frequency 532287	Percentage 75.00 %
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Specialty Internal Medicine	Frequency 85166	Percentage 12.00 %
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Specialty Critical Care	Frequency 92263	Percentage 12.99 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

236,572 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Preliminary 2015 Medicare Data

Specialty Pulmonary Disease	Frequency 177429	Percentage 75.00 %
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Specialty Internal Medicine	Frequency 28389	Percentage 12.00 %
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Specialty Critical Care	Frequency 30754	Percentage 12.99 %
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Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

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

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 94620

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 94617 Tracking Number F1

Original Specialty Recommended RVU: **0.64**Presented Recommended RVU: **0.70**

Global Period: XXX

RUC Recommended RVU: **0.70**

CPT Descriptor: Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female is seen because of dyspnea and cough after walking several city blocks. She has a normal physical examination.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient personal data. Review medical information to determine the rationale to perform the exercise test.

Description of Intra-Service Work: Physician is typically present for the exercise portion of the procedure. Review patient data from exercise on treadmill or stationary bicycle—miles per hour, percent incline, exercise stage, heart rate, blood pressure and SpO2. Review ECG strips taken during exercise and recovery. Review base line spirometry results before the exercise test and multiple spirometric results following exercise. Analyze the data and check for irregularities. Prepare a written report including an interpretation of the test results.

Description of Post-Service Work: Discuss the findings with the patient. Discussion includes the patient's response to exercise, severity of bronchospasm along with appropriate change in their medication regimen. Further discussion of mandatory exercise preparation including warm up and modifications as needed based on environmental conditions, (i.e. warming devices). Additionally, instructions need to be given on pre-exercise medication use and timing, dietary modification and nutritional supplementation. Develop plans for therapy and/or additional testing. Communicate the results with the referring physician and complete any necessary return forms.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		10/2016			
Presenter(s):	Katina Nicolacakis MD, Alan Plummer, MD, Robert DeMarco, and MD, Kevin Kovitz, MD				
Specialty(s):	American Thoracic Society (ATS) and American College of Chest Physicians (CHEST)				
CPT Code:	94617				
Sample Size:	11500	Resp N:	71	Response: 0.6 %	
Description of Sample:	Random sample from both ATS and CHEST members. Both Societies opened up the pool and sent to 80% of members for summer 2016 survey.				
		<u>Low</u>	<u>25th pctl</u>	<u>Median*</u>	<u>75th pctl</u>
Service Performance Rate		0.00	5.00	10.00	30.00
Survey RVW:		0.27	0.49	0.70	1.00
Pre-Service Evaluation Time:				6.00	
Pre-Service Positioning Time:				0.00	
Pre-Service Scrub, Dress, Wait Time:				0.00	
Intra-Service Time:		0.00	6.00	10.00	20.00
Immediate Post Service-Time:	<u>10.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:	94617	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:		6.00	0.00	6.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		10.00		
Please, pick the <u>post-service</u> 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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93015	XXX	0.75	RUC Time

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
94060	XXX	0.27	RUC Time

CPT Descriptor Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration

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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
93015	XXX	0.75	RUC Time	1,082,643

CPT Descriptor 1 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
69210	XXX	0.61	RUC Time	1,558,017

CPT Descriptor 2 Removal impacted cerumen requiring instrumentation, unilateral

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.48	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 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.

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

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

Number of respondents who choose Top Key Reference Code: 19 % of respondents: 26.7 %

Number of respondents who choose 2nd Key Reference Code: 15 % of respondents: 21.1 %

TIME ESTIMATES (Median)

	CPT Code: 94617	Top Key Reference CPT Code: 93015	2nd Key Reference CPT Code: 94060
Median Pre-Service Time	6.00	2.00	3.00
Median Intra-Service Time	10.00	20.00	7.50
Median Immediate Post-service Time	10.00	4.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	26.00	26.00	13.50
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)

	<u>Top Key Ref Code</u>	<u>2nd Key Ref Code</u>
<u>Mental Effort and Judgment (Mean)</u>		
The number of possible diagnosis and/or the number of management options that must be considered	-0.32	0.40
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	-0.16	0.13
Urgency of medical decision making	-0.53	0.07
<u>Technical Skill/Physical Effort (Mean)</u>		
Technical skill required	-0.05	0.20
Physical effort required	-0.21	0.20

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	-0.37	0.20
Outcome depends on the skill and judgment of physician	-0.11	0.27
Estimated risk of malpractice suit with poor outcome	-0.32	0.20

INTENSITY/COMPLEXITY MEASURES**Top Key
Ref Code****2nd Key
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	-0.05	0.13
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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:

As part of the proposed CY 2016 rule, CMS identified CPT 94620 as potentially misvalued based on volume and the year it had last been surveyed. In preparing for a potential RUC survey of the code and any code in the family the American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) reviewed the CPT codes, descriptions and vignettes. To provide clarity in the code descriptions and bring the services to current practice, the joint societies prepared revisions for the CPT Panels to consider prior to moving to survey. At the February 2016 CPT meeting the panel approved revisions to CPT 94621 and created two new codes to replace 94620. Specifically, the changes that involve code 94620 describes two different tests commonly performed for evaluation of dyspnea, the six-minute walk test, as well as, pre-exercise and post-exercise spirometry for the assessment of exercise-induced bronchoconstriction. These tests are entirely different and for future CPT versions will be described with two separate codes 94617 and 94618. In addition, code 94620 described a "simple" pulmonary exercise test and code 94621 a "complex" pulmonary exercise test. The testing described in 94621 is commonly called a cardiopulmonary exercise test (CPET) and not a complex pulmonary exercise test as it is currently labeled in CPT 2016. Code 94621 includes the measurement of minute ventilation and exhaled gases for many calculations including oxygen consumption or VO2Max, in addition to heart rate, oximetry and ECG monitoring. Regarding the volume for CPT 94620, we project that 95 % will go to 94618 and 5% to 94617.

In April 2016, we conducted a survey of CPT 94618, 94617 and revised 94621 and presented that data to the RUC. We have provided the April 2016 survey data along with this summer's survey results in one RUC summary table for ease of review. The April 2016 Tab 9, went to facilitation, where a robust discussion about the times were reviewed. The pulmonary community has participated in several surveys recently, some of which were global 000. We hypothesized, our societies members might not have placed time for the report in the intra service location. The facilitation committee agree that a resurvey with highlighted aspects of the survey tool (approved by the research committee) would be beneficial. The societies obtained approval from the AMA research committee for a revised cover letter to members and revised survey tool to ensure that

members did not misunderstand or miss the instructions to place their estimate of time for the “report time” in the intra service time estimate. Additionally, the societies widened the pool of survey participants in an attempt to obtain a higher response rate.

94617 July 2016 Survey Compared to April 2016 Survey Results & Recommendations:

A joint ATS and CHEST RVS consensus committee (herein referred to as “joint societies”) reviewed and discussed both sets of survey results. Both surveys contained all three codes and was conducted with random members from both societies, removing any duplicates as necessary. The ATS and CHEST distribution lists were randomly selected by the membership departments. The April survey was sent to 3557 participants while the July survey was sent to 11500 participants, with changes to the survey tool noted above in the background.

The joint societies reviewed the summary data of 71 (54, April 2016) responses to the survey request. There were 9 respondents that took both surveys. Of note, in the July survey an increased percentage of 84 percent compared to 64 percent of the survey respondents stated the vignette was typical. The survey performance rate median 10 studies (in both surveys) per year among the respondents is an anticipated rate given this service will be the lower volume procedure (5%) compared to the current CPT code 94620, which adds support to the survey responses. The joint societies reviewed the survey times and agreed that the physician median times of 6 minutes pre-service, 10 minutes’ intra-service and 10 minutes’ post time, accurately reflect the time required to perform this service.

The team reviewed the RVWs survey data, of note the median for the current code 94620 is 0.64 RVW. The survey median is close but less than the median for the current code CPT 94620. As this code will be five percent of the volume as mentioned earlier and is more work than 94618. We believe that the survey median accurately reflects the increased work and complexity of CPT 94617 compared to 94618. The team also reviewed the 25th percentile, 0.49 (both surveys) as compared to other RUC approved codes (see table below) and agree that the 25th percentile would be too low to recommend and would not preserve rank order among other services. The key reference code 1 chosen was 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* by 24 respondents and the key reference code 2, 94060 *Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration*. We believe this supports rank order with this recommendation. The intensity complexity comparisons for key reference code 1 and 2 support our recommendation.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services support accepting the median value for CPT 94617 at RVW 0.70 with the median times 6-10-10 appropriately placing the RVW is correct rank relativity.

CPT	Short Description	RVW	Pre	Intra	Post	Total
99212	E/M, typical 10 min	0.48	2	10	4	16
78014	Thyroid imaging with single or multiple uptake(s) quantitative measurement(s)	0.50	5	10	5	20
74230	CINE/Xray throat/esoph	0.53	3	10	4	17
94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry	0.70 REC	6 REC	10 REC	10 REC	26 REC
76642	Ultrasound breast limited	0.68	5	10	5	20
78226	Hepato Imag without drug and quant	0.74	5	10	5	20
93015	Cardiovascular stress test; with	0.75	2	20	4	26

	supervision, interpretation and report					
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In summary, for CPT 946X2 tracking code F1 we recommend the median RVW 0.70 and the median survey times, pre time 6 minutes, intra time 10 minutes and 10 minutes of post 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) 94620

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary Disease How often? Commonly

Specialty Cardiology How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 37353

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 3 times Preliminary 2015 Medicare Data

Specialty Pulmonary Disease Frequency 28015 Percentage 75.00 %

Specialty Internal Medicine Frequency 4482 Percentage 11.99 %

Specialty 4856 Frequency 4601 Percentage 12.31 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 12,451 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Preliminary 2015 Medicare Data

Specialty Pulmonary Disease	Frequency 9338	Percentage 74.99 %
Specialty Internal Medicine	Frequency 1494	Percentage 11.99 %
Specialty Critical Care	Frequency 1619	Percentage 13.00 %

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

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

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

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 94620

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 94621 Tracking Number F3

Original Specialty Recommended RVU: **1.42**Presented Recommended RVU: **1.42**

Global Period: XXX

RUC Recommended RVU: **1.42**

CPT Descriptor: Cardiopulmonary exercise testing, including measurements of minute ventilation, CO₂ production, O₂ uptake, and electrocardiographic recordings

(Do not report 94621 in conjunction with 94250, 94680, 94681 and 94690)

(Do not report 946X2, 946X3, 94621 in conjunction with 94760, 94761)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male has unexplained dyspnea, which interferes with his ability to work and exercise. A cardiopulmonary exercise test is ordered after other studies fail to identify the cause of dyspnea.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No

Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 0%

Is moderate sedation inherent to this procedure in the office setting? No

Percent of survey respondents who stated moderate sedation is typical in the office setting? 0%

Description of Pre-Service Work: Review patient personal data. Review medical information to determine the rationale to perform the complex exercise test.

Description of Intra-Service Work: Physician is typically present for the exercise portion of the procedure. Review data on oxygen uptake, CO₂ output, work, anaerobic threshold (AT), heart rate, O₂ pulse, blood pressure, heart rate reserve, maximum ventilation, tidal volume, respiratory rate, breathing reserve, end-tidal CO₂, end-tidal O₂, VE/CO₂ at AT, VE/O₂ at AT, VD/VT at rest and exercise, RQ, SpO₂ at peak exercise, VO₂/work and HR/VO₂. Review the 9 graphs from the exercise data. Review ECG strips taken prior to, during and after exercise. Check all data for irregularities. Analyze the data and prepare a written report including an interpretation of the test results..

Description of Post-Service Work: Discuss the findings with the patient. The extensive and varied data achieved from this test will reveal the presence of primary pulmonary, pulmonary vascular, cardiac, or other cardiopulmonary pathology as well as obesity, deconditioning or fitness for lung resection or other major surgeries. Communicate the results with the referring physician and includes discussions with additional consultants as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2016				
Presenter(s):	Katina Nicolacakis MD, Alan Plummer, MD, Robert DeMarco, and MD, Kevin Kovitz, MD				
Specialty(s):	American Thoracic Society (ATS) and the American College of Chest Physicians				
CPT Code:	94621				
Sample Size:	11500	Resp N:	70	Response: 0.6 %	
Description of Sample:	Random sample from both ATS and CHEST members. Both Societies opened up the pool and sent to 80% of members for summer 2016 survey.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	6.00	20.00	34.00	300.00
Survey RVW:	0.75	1.05	1.78	2.60	10.00
Pre-Service Evaluation Time:			10.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00	20.00	30.00	35.00	120.00
Immediate Post Service-Time:	15.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			
Prolonged Services:	0.00	99354x 0.00 55x 0.00 56x 0.00 57x 0.00			
Sub Obs Care:	0.00	99224x 0.00 99225x 0.00 99226x 0.00			

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	94621	Recommended Physician Work RVU: 1.42		
	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:	30.00			
Please, pick the <u>post-service</u> 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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93015	XXX	0.75	RUC Time

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
94003	XXX	1.37	RUC Time	73,384

CPT Descriptor 1 Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99214	XXX	1.50	RUC Time	95,385,867

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99203	XXX	142.00	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

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: 21 % of respondents: 30.0 %

Number of respondents who choose 2nd Key Reference Code: 14 % of respondents: 20.0 %

TIME ESTIMATES (Median)

	CPT Code: <u>94621</u>	Top Key Reference CPT Code: <u>93015</u>	2nd Key Reference CPT Code: <u>99214</u>
Median Pre-Service Time	10.00	2.00	5.00
Median Intra-Service Time	30.00	20.00	25.00
Median Immediate Post-service Time	10.00	4.00	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	50.00	26.00	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.

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	0.95	0.57
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	1.00	0.64

Urgency of medical decision making	0.57	0.14
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Technical Skill/Physical Effort (Mean)

Technical skill required	0.81	-0.07
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Physical effort required	-0.11	0.00
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Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	0.48	1.36
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Outcome depends on the skill and judgment of physician	0.95	1.21
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Estimated risk of malpractice suit with poor outcome	0.57	1.29
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INTENSITY/COMPLEXITY MEASURES**Top Key
Ref Code****2nd Key
Ref Code****Time Segment (Mean)**

Overall intensity/complexity	0.86	1.43
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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:

As part of the proposed CY 2016 rule, CMS identified CPT 94620 as potentially misvalued based on volume and the year it had last been surveyed. In preparing for a potential RUC survey of the code and any code in the family the American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) reviewed the CPT codes, descriptions and vignettes. To provide clarity in the code descriptions and bring the services to current practice, the joint societies prepared revisions for the CPT Panels to consider prior to moving to survey. At the February 2016 CPT meeting the panel approved revisions to CPT 94621 and created two new codes to replace 94620. Specifically, the changes that involve code 94620 describes two different tests commonly performed for evaluation of dyspnea, the six-minute walk test, as well as, pre-exercise and post-exercise spirometry for the assessment of exercise-induced bronchoconstriction. These tests are entirely different and for future CPT versions will be described with two separate codes 94617 and 94618. In addition, code 94620 described a "simple" pulmonary exercise test and code 94621 a "complex" pulmonary exercise test. The testing described in 94621 is commonly called a cardiopulmonary exercise test (CPET) and not a complex pulmonary exercise test as it is currently labeled in CPT 2016. Code 94621 includes the measurement of minute ventilation and exhaled gases for many calculations including oxygen consumption or VO2Max, in addition to heart rate, oximetry and ECG monitoring. Regarding the volume for CPT 94620, we project that 95 % will go to 94618 and 5% to 94617.

In April 2016, we conducted a survey of CPT 94618, 94617 and revised 94621 and presented that data to the RUC. We have provided the April 2016 survey data along with this summer's survey results in one RUC summary table for ease of review. The April 2016 Tab 9, went to facilitation, where a robust discussion about the times were reviewed. The pulmonary community has participated in several surveys recently, some of which were global 000. We hypothesized, our societies members might not have placed time for the report in the intra service location. The facilitation committee agree that a resurvey with highlighted aspects of the survey tool (approved by the research committee) would be beneficial. The societies obtained approval from the AMA research committee for a revised cover letter to members and revised survey tool to ensure that members did not misunderstand or miss the instructions to place their estimate of time for the "report time" in the intra service time estimate. Additionally, the societies widened the pool of survey participants in an attempt to obtain a higher response rate.

94621 July 2016 Survey Compared to April 2016 Survey Results & Recommendations:

A joint ATS and CHEST RVS consensus committee (herein referred to as "joint societies") reviewed and discussed both sets of survey results. Both surveys contained all three codes and was conducted with random members from both societies, removing any duplicates as necessary. The ATS and CHEST distribution lists were randomly selected by the membership departments. The April survey was sent to 3557 participants while the July survey was sent to 11500 participants, with changes to the survey tool noted above in the background.

The joint societies reviewed the summary data of 70 (47, April 2016) responses to the survey request. There were 9 respondents that took both surveys. Of note, in the July survey an increased percentage of 95 percent compared to 92 percent of the survey respondents stated the vignette was typical. The survey performance rate median 20 studies per year among the respondents is an anticipated rate given this service volume compared to the current CPT code 94620, which adds support to the survey responses. The joint societies reviewed the survey times and agreed that the physician median times of 10 minutes pre-service, 30 minutes' intra-service and 15 minutes' post time, reflects the time required to perform this service. Since both surveys came in at the same times, we believe that lends strength to accepting them as the appropriate times for this service.

The team reviewed the RVWs survey data, of note, the median 1.78 RVW from the July 2016 survey is higher in value than the median April 2016 RVW of 1.45 and higher than the current value 1.42. The team then discussed if there was compelling evidence to justify asking for the median and the experts stated that there was a new guideline implemented in 2003. This codified a wider range of measurements to be tracked and would be evidence to suggest a higher work value. The team also reviewed the 25th percentile, 1.05 as compared to other RUC approved codes (see table below) and agree that the 25th percentile would be too low to recommend and would not preserve rank order among other services. However, comparing the increase in RVW with a decrease in time is not consistent with other RUC recommendations, therefore, the team will not present compelling evidence for an increase in RVW, rather will recommend maintaining the current value with the survey times. We reviewed the new intensity complexity measures and these also support the higher RVW survey value as compare to the reference codes.

The key reference code 1 chosen was 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* by 21 respondent and the key reference code 2, 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; by 14 survey participants, neither have higher RVWs and times than the survey median or current values.

We then reviewed other similar RUC surveyed codes noted in the table below and believe that these services support maintaining with magnitude estimation to 99213 CPT 94621 at the current RVW 1.42 with the median times 10-30-15.

CPT	Short Description	RVW	Pre	Intra	Post	Total
93015	Cardiovascular stress test; with supervision, interpretation and report	0.75	2	20	4	26
97001	Physical therapy evaluation	1.20	4	30	6	42
88187	Flow cytometry, interpretation; 2 to 8 markers	1.36	5	30	3	38
94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	1.42 REC	10 REC	30 REC	15 REC	55 REC
99203 Mag Est.	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.	1.42	4	20	5	29
99497	Advance Care Planning	1.50	5	30	10	45
90832	Psychotherapy, 30 minutes	1.50	5	30	10	45
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	1.50	7	30	5	42

In summary, for CPT 94621, tracking code F3, the joint societies believe the survey median supports maintaining the RVW current work value as well as magnitude estimating with 99203. We recommend maintaining the RVW 1.42 with survey pre time 10 minutes, intra time 30 minutes and 15 minutes of post time.

After RUC discussion for CPT 94621, tracking code F3, the joint societies believe the survey median supports maintaining the RVW current work value as well as magnitude estimating with 99203. We recommend maintaining the RVW 1.42 with survey pre time 10 minutes, intra time 30 minutes and 10 minutes of post 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) 94621

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary Disease How often? Commonly

Specialty Cardiology How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 49242

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 3 times Preliminary Medicare 2015 data

Specialty Pulmonary Disease	Frequency 24621	Percentage 50.00 %
-----------------------------	-----------------	--------------------

Specialty Cardiology	Frequency 17235	Percentage 35.00 %
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Specialty Internal Medicine	Frequency 7386	Percentage 14.99 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

16,414 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Preliminary Medicare 2015 data

Specialty Pulmonary Disease	Frequency 8207	Percentage 50.00 %
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Specialty Cardiology	Frequency 5745	Percentage 35.00 %
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Specialty Internal Medicine	Frequency 2462	Percentage 14.99 %
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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 94621

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

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

Survey Code:	946X2	# of Respondents:	71
Survey Code Descriptor:	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry		

Top Ref Code: 1	93015	# of Respondents:	19	% of Respondents:	27%
Top Ref Code Descriptor:	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report				

		Survey Code Compared to Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		5%	21%	53%	16%	5%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		47%	37%	16%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
		32%	53%	16%		
	Urgency of medical decision making	Less	Identical	More		
		58%	37%	5%		
Technical Skill:		Less	Identical	More		
		21%	63%	16%		
Physical Effort:		Less	Identical	More		
		26%	68%	5%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
		37%	58%	5%		
	Outcome depends on the skill and judgment of physician	Less	Identical	More		
		21%	68%	11%		
	Estimated risk of malpractice suite with poor outcome	Less	Identical	More		
		32%	68%	0%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

Survey Code:	946X2	# of Respondents:	71
Survey Code Descriptor:	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry		

Top Ref Code: 1	94060	# of Respondents:	15	% of Respondents:	21%
Top Ref Code Descriptor:	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration				

		Survey Code <u>Compared to</u> Top Ref Code				
		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	13%	60%	27%	0%
Overall Intensity and Complexity:						
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		7%	53%	40%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
		13%	67%	20%		
	Urgency of medical decision making	Less	Identical	More		
		7%	80%	13%		
Technical Skill:		Less	Identical	More		
		0%	87%	13%		
Physical Effort:		Less	Identical	More		
		7%	87%	13%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
		7%	67%	27%		
	Outcome depends on the skill and judgment of physician	Less	Identical	More		
		0%	73%	27%		
	Estimated risk of malpractice suite with poor outcome	Less	Identical	More		
		13%	53%	33%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

Survey Code:	946X3	# of Respondents:	73
Survey Code Descriptor:	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed		

Top Ref Code: 1	93015	# of Respondents:	15	% of Respondents:	21%
Top Ref Code Descriptor:	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report				

		Survey Code <u>Compared to</u> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		27%	20%	20%	33%	0%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		40%	40%	20%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
		33%	47%	20%		
	Urgency of medical decision making	Less	Identical	More		
		27%	47%	27%		
Technical Skill:		Less	Identical	More		
		47%	33%	20%		
Physical Effort:		Less	Identical	More		
		47%	47%	7%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
		40%	27%	33%		
	Outcome depends on the skill and judgment of physician	Less	Identical	More		
		33%	47%	20%		
	Estimated risk of malpractice suite with poor outcome	Less	Identical	More		
		40%	47%	13%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

Survey Code:	946X3	# of Respondents:	73
Survey Code Descriptor:	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed		

Top Ref Code: 1	94013	# of Respondents:	13	% of Respondents:	18%
Top Ref Code Descriptor:	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				

		Survey Code <u>Compared to</u> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		0%	0%	69%	31%	0%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		8%	62%	31%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
		8%	46%	46%		
	Urgency of medical decision making	Less	Identical	More		
		0%	62%	38%		
Technical Skill:		Less	Identical	More		
		23%	62%	15%		
Physical Effort:		Less	Identical	More		
		15%	46%	38%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
		0%	46%	54%		
	Outcome depends on the skill and judgment of physician	Less	Identical	More		
		8%	62%	31%		
	Estimated risk of malpractice suite with poor outcome	Less	Identical	More		
		0%	62%	38%		

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE

Survey Code:	94621	# of Respondents:	70
Survey Code Descriptor:	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings		

Top Ref Code: 1	93015	# of Respondents:	21	% of Respondents:	30%
Top Ref Code Descriptor:	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report				

		Survey Code <u>Compared to</u> Top Ref Code				
Overall Intensity and Complexity:		Survey Code is:				
		Much Less	Somewhat Less	Identical	Somewhat More	Much More
		5%	0%	24%	48%	24%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less 10%	Identical 19%	More 71%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less 10%	Identical 19%	More 71%		
	Urgency of medical decision making	Less 14%	Identical 33%	More 52%		
Technical Skill:		Less 5%	Identical 43%	More 52%		
Physical Effort:		Less 0%	Identical 48%	More 52%		
Psychological Stress:	The risk of significant complications, morbidity and/or mortality	Less 10%	Identical 48%	More 43%		
	Outcome depends on the skill and judgment of physician	Less 0%	Identical 33%	More 67%		
	Estimated risk of malpractice suite with poor outcome	Less 10%	Identical 48%	More 43%		

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SURVEY INTENSITY & COMPLEXITY ADDENDUM TABLE**

Survey Code:	94621	# of Respondents:	70
Survey Code Descriptor:	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings		

Top Ref Code: 1	99214	# of Respondents:	14	% of Respondents:	20%
Top Ref Code 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.				

		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%	7%	43%	50%
Mental Effort and Judgment:	The number of possible diagnosis and/or number of management options that must be considered	Less	Identical	More		
		7%	43%	50%		
	The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	Less	Identical	More		
Technical Skill:		7%	36%	57%		
	Urgency of medical decision making	Less	Identical	More		
		14%	57%	29%		
Physical Effort:		Less	Identical	More		
		0%	14%	86%		
		Less	Identical	More		
Psychological Stress:		0%	36%	64%		
	The risk of significant complications, morbidity and/or mortality	Less	Identical	More		
		0%	14%	86%		
Psychological Stress:	Outcome depends on the skill and judgment of physician	Less	Identical	More		
		0%	14%	86%		
	Estimated risk of malpractice suite with poor outcome	Less	Identical	More		
Psychological Stress:		0%	14%	86%		

ISSUE: Pulmonary Diagnostic Tests**TAB: Tab 5 Revised 10-7-2016 ONE PAGE VERSION**

Source	CPT	DESC	Resp	IWPOT	RVW					Total Time	PRE-TIME EVAL	INTRA-TIME					IMMD POST
					MIN	25th	MED	75th	MAX			MIN	25th	MED	75th	MAX	
CURRENT	94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)		0.0053			0.64			40	15			15			10
SVY Total July2016	94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed	73	0.032	0.10	0.48	0.66	0.80	3.00	25	5	0	5	10	10	40	10
RUC Rec	94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed		0.0323	0.48					17	3			10			4
Mag Est	99212	E/M, Typical 10 minutes		0.0346	0.48					16	2			10			4
Comparison	74230	CINE/Xray throat/esoph		0.0373	0.53					17	3			10			4
CURRENT	94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)		0.0053			0.64			40	15			15			10
SVY Total July2016	94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry	71	0.034	0.27	0.49	0.70	1.00	2.50	26	6	0	6	10	20	60	10
RUC Rec	94717	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry		0.0342	0.70					26	6			10			10
Comparison	76642	Ultrasound breast limited		0.0456	0.68					20	5			10			5
Comparison	78226	Hepato Imag without drug and quant		0.0516	0.74					20	5			10			5
Comparison	93015	Cardiovascular stress test; with supervision, interpretation and report		0.0308	0.75					26	2			20			4
CURRENT	94621	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)		0.0212			1.42			65	15			30			20
SVY Total July2016	94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings	70	0.041	0.75	1.05	1.78	2.60	10.00	55	10	0	20	30	35	120	15
RUC Rec	94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings		0.0324	1.42					50	10			30			10
Mag Est	99203 Mag Est.	E/M visit new patient, Typically, 30 minutes		0.0609	1.42						4			20			5
Comparison	99497	Advance Care Planning		0.0388	1.50						5			30			10

5
Tab Number

Pulmonary Diagnostic Testing
Issue

94620, 94621, 946X3
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

Robert DeMarco, MD_____
Printed Signature

American College of Chest Physicians_(CHEST)_____
Specialty Society

September 1, 2016_____
Date

5
Tab Number

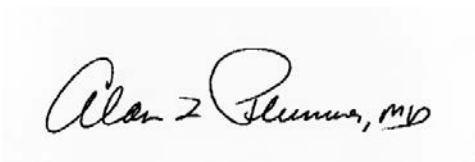
Pulmonary Diagnostic Testing
Issue

94620, 94621, 946X3
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

Alan Plummer, MD_____
Printed Signature

American Thoracic Society_(ATS)_____
Specialty Society

September 1, 2016_____
Date

**AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Non Facility Direct Inputs**

CPT Long Descriptor:

94617	<i>Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry</i>
94618	<i>Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed</i>
94621	<i>Cardiopulmonary exercise testing, including measurements of minute ventilation, CO₂ production, O₂ uptake, and electrocardiographic recordings</i>

Global Period: **XXX** Meeting Date: **April 2015**

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 joint society consensus with members from two societies participating including; American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST).*
2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale: *Existing code 94620 was brought forward from a CMS request for review. 94620 and 94621 were brought to CPT from the joint societies for revisions prior to survey. For 94618 we used CPT 94620 as the reference, of note, we removed inputs that would be duplicative with an E/M that was billed at 52% of the time during this review. For the revised code 94621 we used 94621 inputs for a reference. For 94617 we used a combination of 94620 which is listed plus looking to 94060 and 93015 as all these codes have PE elements for the new code 94617.*
3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

LINE 23 (5 minutes more than standard for 94621 only total 10 minutes)

CPT 94621 Preservice education of the patient begins with history of activity limitations, current smoking history, recent respiratory infection history and level of exertion that the patient is able to perform as well as a review of current medications. This is needed in order to determine which exercise protocol (level of work) is to be used for the study. The patient is also educated on how to rate breathlessness during the testing as well as leg fatigue, as both will be rated multiple times during the test. An explanation of the equipment used including the bicycle ergometer and pedal speed/s during the warm up and exercise is needed. An explanation of the monitoring equipment including the mask, pulse oximeter, blood pressure cuff and multiple ECG leads will be given. The patient will need to understand and follow directions while wearing a tight fitting facemask. More time than the standard is required to ensure compliance during the test and to answer the patient's questions prior to beginning the procedure.

LINE 24 (94621 8 minutes more than standard 2 minutes but less than current 20 minutes)

CPT 94621 requires a total of 10 minutes for preparing the room. Typically the room and equipment is used for the standard pulmonary function testing (spirometry, plethysmography and DLCO). On days during which the cardiopulmonary exercise testing (94621) is performed, the equipment needs to be

converted to cardiopulmonary exercise test capability. The metabolic cart and spirometer require calibration prior to use. The bicycle ergometer or treadmill needs to be connected into the system. The system has to be tested for proper functionality. It is important to have O2, an emergency cart and a bronchodilator present in case of an emergency.

LINE 26 (5 minutes for 94621)

Similar to CPT 93015, preparation of the patient requires placing electrodes on the patient and positioning the patient for exercise. This is different and separate from line 23 during which the procedure is explained and the patient's role in the procedure is defined. During this time the patient is positioned correctly on the bicycle, the face mask is placed on the patient ensuring a tight seal, the pulse oximeter and blood pressure cuff are placed, and the 10 electrodes are placed on the patient.

LINE 37 (15 minutes for 94621)

As this code previously had 15 minutes, we are reaffirming the need for 15 minutes as clean-up of the room requires cleaning/highly disinfecting many different pieces of equipment such as the bicycle ergometer or treadmill, the ECG cables, the BP cuff, the pulse oximeter and cable. The equipment has to be transitioned back to enable standard pulmonary function testing to be performed.

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

Compelling Evidence for PE

Changes have occurred in protocols and technology for performing these studies since the codes have been reviewed.

Guidelines for exercise challenge testing (94617) have been recently been developed and describe a different test with new requirements as compared to the prior service, such as defining the timing of serial spirometries after exercise.

Cardiopulmonary exercise testing (94621) Guidelines have also been revised and include further details on testing that was not previously available. They are the standard now for testing.

References for CE:

ATS/ACCP Statement on Cardiopulmonary Exercise Testing. Am J Respir Crit Care Med 2003;167:211-277

ATS Guidelines for Methacholine and Exercise Challenge Testing. Am J Respir Crit Care Med 2000;161:309-329

2012 ATS Guideline

An Official American Thoracic Society Clinical Practice Guideline: Exercise-induced Bronchoconstriction. Am J Respir Crit Car Med 2013;187:1016-1027

LINE 30 (current 12 minutes requires 27 minutes)

CPT 94621, we are unclear why there were only 12 minutes allocated to line 30. This time is for conducting a pre exercise spirometry and MVV, plus calculating workload. A 12 lead ECG is also obtained.

LINE 31 Assist Physician in performing

CPT 94620 crosswalks to the new CPT 94618 and currently has 6 minutes. 8 minutes is the correct time as the test requires 1 minute for baseline, 6 minutes for exercise and 1 minute for recovery.

CPT 94617 is a different service from 96420. Baseline spirometry is required in addition to spirometry measure at 5, 10, 15 and 30 minutes. Each spirometry takes 9 minutes. 5 spirometries take 45 minutes plus the 10 minutes of exercise for a total for 55 minutes.

LINE 35 Monitoring patient following procedure

CPT 94621 There were no minutes in this code for recovery. The recovery of the patient requires a 1:4 monitor of the patient for 30 minutes' post procedure, therefore 7.5 minutes were added.

CPT 94617 There were five minutes of a 1:1 monitor those were moved to a 1:4 monitor for 2 minutes to represent 8 minute recovery monitor.

LINE 40 (94617, 94618 and 94621)

There were no minutes allocated to any of these codes. Similar to 93015 which have 4 minutes to complete the forms from the exercise testing, we are adding 4 minutes to 94617 and 2 minutes 94618. For 94621 we are adding 1 more minute than the 93015 to make a total of 5 minutes, as this is a longer procedure with more documentation such as adding the comments from the PF technician and physician, review and edit the anaerobic threshold (AT), delete artifacts, print results and ECG strips and prepare charge sheet.

5. Please describe in detail the clinical activities of your staff:

94617 Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry

Intra-Service Clinical Labor Activities:

- Greet patient, ensure appropriate medical records are available
- Obtain vital signs (Pulse/HR rate, BP, SpO2, height and weight)
- Provide pre-service education/obtain consent
- Prepare room, maintain supplies, prepare the exercise equipment (bicycle ergometer or treadmill) and they calibrate the spirometer.
- Measure spirometry and maximum voluntary ventilation (MVV). Calculate work load.
- Prepare and position patient with tight fitting mask onto the exercise equipment.
- The patient is also educated on how to rate breathlessness during the testing as well as leg fatigue, as both will be rated multiple times during the test.
- Performing the procedure

Post-Service Clinical Labor Activities:

- Monitor pt. following procedure with multitasking of 1:4
- Complete exercise testing report
- Clean/highly disinfect bicycle ergometer or treadmill and work area.
- Provide patient home care instructions, coordinate physician visits

94618 Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed

Intra-Service Clinical Labor Activities:

- Obtain vital signs (Pulse/HR rate, BP, SpO2 , height and weight) (duplication with 52% E/M, reduced to 1 minute)
- Provide pre-service education/obtain consent
- Prepare room, equipment, and supplies
- Prepare and position patient, attach the pulse oximeter securely
- Perform the procedure
 - 1 minute for baseline, 6 minutes for exercise and 1 minute for recovery

Post-Service Clinical Labor Activities:

- Monitor pt. following procedure with multitasking of 1:4
- Complete diagnostic forms
- Clean room/equipment (duplication with 52% E/M, reduced to 1 minute)
- Provide patient home care instructions, coordinate physician visit

94621 Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings

Intra-Service Clinical Labor Activities:

- Greet patient, ensure appropriate medical records are available
- Obtain vital signs (Pulse/HR rate, BP, SpO2 sat, height, weight)
- Provide pre-service education/obtain consent

The patient performs pre-test spirometry, MVV and undergoes a 12 lead ECG.

- Preservice education of the patient begins with history of activity limitations and level of exertion that the patient is able to perform as well as a review of current medications and recent smoking history. This is needed in order to determine which exercise protocol (level of work) is to be used for the study. The patient is also educated on how to rate breathlessness during the testing as well as leg fatigue, as both will be rated multiple times during the test. The patient will be given an explanation of the equipment used, including the bike and pedal speed/s or treadmill, during the warm up and exercise. An explanation will be given about the monitoring equipment including the mask, pulse oximeter, blood pressure cuff and multiple ECG leads. The patient will need to understand and follow directions while wearing a tight fitting facemask.
- Prepare room, equipment, supplies
 - Typically, the room and equipment are used for standard pulmonary function testing (spirometry, plethysmography, DLCO). The equipment needs to be adapted to perform the CPET. Additionally, the metabolic cart and spirometer requires calibration after the adaptation is made. Ensure that the bicycle ergometer or treadmill is functioning properly and is connected into the system. Ensure that O2, emergency cart and bronchodilator are present in case of an emergency
- Prepare and position patient
 - Preparation of the patient includes prepping the skin and placing electrodes. The patient will be positioned for exercise wearing a tight fitting mask and an oximeter.
- Performing the procedure

Post-Service Clinical Labor Activities:

- Monitor pt. following procedure with multitasking of 1:4
- Complete diagnostic forms
- Prepare the report by adding the comments from the PF technician and physician, review and edit the anaerobic threshold (AT), delete artifacts, print results and ECG strips and prepare charge sheet.
- Convert the equipment so that standard pulmonary function testing (spirometry, plethysmography, DLCO) can be performed.
- Calibrate newly adapted equipment.
- Clean room/highly disinfect spirometer and exercise equipment.
- Move exercise equipment away from the PF equipment.
- Provide patient home care instructions, coordinate physician visits

	A	B	C	D	E	F	G	H	I	J	K	L	M
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.			94620	94617	94618 52 % of time billed with E/M		94621		▲ 94621			
3	Meeting Date: October 2016 Tab: 5 Pulmonary Diagnostic Tests Revised 10-5-2016 Specialty: ATS, CHEST	CMS Code	Staff Type	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry (94620 has been deleted. To	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when	Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings /					
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	TOTAL CLINICAL LABOR TIME	L047C	RN/Respiratory	37.0	0.0	81.0	0.0	17.0	0.0	104.0	0.0	104.5	0.0
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L047C	RN/Respiratory	0.0	0.0	0.0	0.0	0.0	0.0	20.0	0.0	0.0	0.0
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L047C	RN/Respiratory	37.0	0.0	81.0	0.0	17.0	0.0	79.0	0.0	104.5	0.0
9	TOTAL POST-SERV CLINICAL LABOR TIME	L047C	RN/Respiratory	0.0	0.0	0.0	0.0	0.0	0.0	5.0	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	L037D	RN/LPN/MTA			0		0		5		0	
13	Coordinate pre-surgery services												
14	Schedule space and equipment in facility												
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA							15		0	
16	Follow-up phone calls & prescriptions												
17	Other Clinical Activity - specify:												
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	2		3		0		3		3	
22	Obtain vital signs	L037D	RN/LPN/MTA	5		5		0		4		5	
23	Provide pre-service education/obtain consent	L047C	RN/Respiratory	5		2		2		5		10	
24	Prepare room, equipment, supplies	L047C	RN/Respiratory	2		2		2		20		10	
25	Setup scope (non facility setting only)												
26	Prepare and position patient/ monitor patient/ set up IV	L047C	RN/Respiratory	2		2		2		5		5	
27	Sedate/apply anesthesia												
28	Other Clinical Activity - specify:												
29	Intra-service												
30	pre exercise ECG, VC, Min Vent. Calculation by Metabolic computer samples inhaled and exhaled gases for O2, CO2, min vol. calculates O2 consumption @15 sec intervals	L047C	RN/Respiratory Therapist							12		27	
31	Clinical staff performs procedure	L047C	RN/Respiratory	6		55		8		12		14	
32	Assist physician/moderate sedation (% of physician time)												
33	Post-Service												
34	Monitor pt. following moderate sedation												
35	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)	L047C	RN/Respiratory Therapist			2						7.5	
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	L047C	RN/Respiratory	5		0		0				0	
37	Clean room/equipment by physician staff	L047C	RN/Respiratory	3		3		1		15		15	

AMA Specialty Society Recommendation

	A	B	C	D	E	F	G	H	I	J	K	L	M
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.			94620		94617		94618 52 % of time billed with E/M		94621		▲ 94621	
3	Meeting Date: October 2016 Tab: 5 Pulmonary Diagnostic Tests Revised 10-5-2016 Specialty: ATS, CHEST	CMS Code	Staff Type	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and		Exercise test for bronchospasm, including pre and post-spirometry and pulse oximetry (94620 has been deleted. To		Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when		Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake, and electrocardiographic		Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings /	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38	Clean Scope												
39	Clean Surgical Instrument Package												
40	Complete diagnostic forms, lab & X-ray requisitions	L047C	RN/Respiratory Therapist			4		2				5	
41	Review/read X-ray, lab, and pathology reports												
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	L037D	RN/LPN/MTA	7		3		0		3		3	
43	Other Clinical Activity - specify:												
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			n/a		n/a		n/a		n/a		n/a	
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)			n/a		n/a		n/a		n/a		n/a	
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a		n/a	
47	End: Patient leaves office												

AMA Specialty Society Recommendation

	A	B	C	D	E	F	G	H	I	J	K	L	M
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.			94620		94617		94618 <i>52 % of time billed with E/M</i>		94621		▲ 94621	
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4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
48	POST-SERVICE Period												
49	Start: Patient leaves office/facility												
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA							5		0	
51	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
57	Total Office Visit Time			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
58	Other Clinical Activity - specify:												
59	End: with last office visit before end of global period												
60	MEDICAL SUPPLIES*			CODE	UNIT								
62	electrode, ECG (single)	SD053	item	10		10				10		10	
63	swab-pad, alcohol	SJ053	item	5		5				15		5	
64	paper, laser printing (each sheet)	SK057	item	4		4		2				40	
65	paper, recording (per sheet)	SK059	item							1		1	
66	razor	SK068	item	1		1				1		1	
67	cover, thermometer probe	SB004	item							1			
68	filter, pulmonary function filter	SD075	item			1				1		1	
69	gas, test mixture	SD085	liter							150		150	
70	mouthpiece, respiratory	SD099	item							1		1	
71	noseclips	SD102	item			1				1		1	
72	tape, surgical paper 1in (Micropore)	SG079	inch							6		6	
73	thermometer (single use)	SJ057	item							1			
74	desiccant-absorber	SL048	item							1		1	
75	EQUIPMENT			CODE									
76	pulse oximeter w-printer	EQ211	Line 8 - line 35 +(4*35)	37		87		17				127	
77	cardiac monitor w-treadmill (12-lead PC-based ECG)	EQ078	Line 8 - line 35 +(4*35)	37		87							
78	Vmax 29c (cardio-pulm stress test equip, treadmill, computer system)	EQ042	Line 8 - line 35 +(4*35)							79		127	
79	Vmax 29s (spirometry testing equip, computer system)	EQ043	Line 8 - line 35 +(4*35)			87				79			
80													
81													
82													
83													
84													
85													
86													
87													

AMA Specialty Society Recommendation

	A	B	C	D	E	F	G	H	I	J	K	L	M
1				REFERENCE CODE						REFERENCE CODE			
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4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													

	A	B	C	N	O	P	Q	R	S	T	U	V	W
1													
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.												
3	Meeting Date: October 2016 Tab: 5 Pulmonary Diagnostic Tests Revised 10-5-2016 Specialty: ATS, CHEST	CMS Code	Staff Type										
4	LOCATION												
5	GLOBAL PERIOD												
6	TOTAL CLINICAL LABOR TIME	L047C	RN/Respiratory										
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L047C	RN/Respiratory										
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L047C	RN/Respiratory										
9	TOTAL POST-SERV CLINICAL LABOR TIME	L047C	RN/Respiratory										
10	PRE-SERVICE												
11	Start: Following visit when decision for surgery or procedure made												
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA										
13	Coordinate pre-surgery services												
14	Schedule space and equipment in facility												
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA										
16	Follow-up phone calls & prescriptions												
17	Other Clinical Activity - <i>specify:</i>												
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										
22	Obtain vital signs	L037D	RN/LPN/MTA										
23	Provide pre-service education/obtain consent	L047C	RN/Respiratory										
24	Prepare room, equipment, supplies	L047C	RN/Respiratory										
25	Setup scope (non facility setting only)												
26	Prepare and position patient/ monitor patient/ set up IV	L047C	RN/Respiratory										
27	Sedate/apply anesthesia												
28	Other Clinical Activity - <i>specify:</i>												
29	Intra-service												
30	pre exercise ECG, VC, Min Vent. Calculation by Metabolic computer samples inhaled and exhaled gases for O2, CO2, min vol. calculates O2 consumption @15 sec intervals	L047C	RN/Respiratory										
31	Clinical staff performs procedure	L047C	RN/Respiratory										
32	Assist physician/moderate sedation (% of physician time)												
33	Post-Service												
34	Monitor pt. following moderate sedation												
35	Monitor pt. following procedure/check tubes, monitors, drains, multitasking 1:4 (not related to moderate sedation)	L047C	RN/Respiratory										
36	Monitor pt. following procedure/check tubes, monitors, drains, no multitasking 1:1 (not related to moderate sedation)	L047C	RN/Respiratory										
37	Clean room/equipment by physician staff	L047C	RN/Respiratory										

AMA Specialty Society Recommendation

	A	B	C	N	O	P	Q	R	S	T	U	V	W
1													
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.												
3	Meeting Date: October 2016 Tab: 5 Pulmonary Diagnostic Tests Revised 10-5-2016 Specialty: ATS, CHEST	CMS Code	Staff Type										
4	LOCATION												
5	GLOBAL PERIOD												
38	Clean Scope												
39	Clean Surgical Instrument Package												
40	Complete diagnostic forms, lab & X-ray requisitions	<u>L047C</u>	<u>RN/Respiratory</u>										
41	Review/read X-ray, lab, and pathology reports												
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions	<u>L037D</u>	<u>RN/LPN/MTA</u>										
43	Other Clinical Activity - <i>specify:</i>												
44	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)												
45	Dischrg mgmt (1.0 x 99238) (enter 12 min)												
46	Dischrg mgmt (1.0 x 99239) (enter 15 min)												
47	End: Patient leaves office												

	A	B	C	N	O	P	Q	R	S	T	U	V	W
1													
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3	Meeting Date: October 2016 Tab: 5 Pulmonary Diagnostic Tests Revised 10-5-2016 Specialty: ATS, CHEST	CMS Code	Staff Type										
4	LOCATION												
5	GLOBAL PERIOD												
48	POST-SERVICE Period												
49	Start: Patient leaves office/facility												
50	Conduct phone calls/call in prescriptions	L037D	RN/LPN/MTA										
51	Office visits: List Number and Level of Office Visits												
57	Total Office Visit Time												
58	Other Clinical Activity - specify:												
59	End: with last office visit before end of global period												
60	MEDICAL SUPPLIES*	CODE	UNIT										
62	electrode, ECG (single)	SD053	item										
63	swab-pad, alcohol	SJ053	item										
64	paper, laser printing (each sheet)	SK057	item										
65	paper, recording (per sheet)	SK059	item										
66	razor	SK068	item										
67	cover, thermometer probe	SB004	item										
68	filter, pulmonary function filter	SD075	item										
69	gas, test mixture	SD085	liter										
70	mouthpiece, respiratory	SD099	item										
71	noseclips	SD102	item										
72	tape, surgical paper 1in (Micropore)	SG079	inch										
73	thermometer (single use)	SJ057	item										
74	desiccant-absorber	SL048	item										
75	EQUIPMENT	CODE											
76	pulse oximeter w-printer	EQ211	Line 8 - line 35 +(4*35)										
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78	Vmax 29c (cardio-pulm stress test equip, treadmill, computer system)	EQ042	Line 8 - line 35 +(4*35)										
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80													
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AMA Specialty Society Recommendation

	A	B	C										
1													
2	*Please note: If a supply has a purchase price of \$100 or more please bold the item name and CMS code.												
3	Meeting Date: October 2016 Tab: 5 Pulmonary Diagnostic Tests Revised 10-5-2016 Specialty: ATS, CHEST	CMS Code	Staff Type										
4	LOCATION												
5	GLOBAL PERIOD												
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Final Rule for 2019 – Public Nominations

October 2019

Hip/Knee Arthroplasty – Tab 11

In the Final Rule for 2019, CMS indicated that seven CPT codes were nominated by Anthem for review. In its request, Anthem hypothesized a systemic overvaluation of work RVUs in certain procedures and tests based “on a number of GAO and MedPAC reports, media reports regarding time inflation of specific services, and the January 19, 2017 Urban Institute report for CMS.” Anthem suggested that the physician time CMS assumes in estimating work RVUs are inaccurate for procedures, especially due to substantial overestimates of pre-service and post-service time, including follow-up inpatient and outpatient visits that do not take place. According to Anthem, the intra-time estimates for tests and some other procedures are also overstated. Anthem stated that previous RUC reviews of these services did not result in reductions in valuation that adequately reflected reductions in surveyed times. The RUC noted that they recommended reductions in 2013 and CMS did not accept the RUC recommendation. However, the CMS accepted values did result in decreases of 2.53 for 27447 and 1.07 for 27130 from the current values at that time. The RUC placed these services on the LOI for review at the April 2019 RUC meeting. The specialty societies did not survey these services for April 2019 citing a lack of compelling data to justify the request and recommended maintaining the 2013 CMS values and times. At the April RUC, the RUC recommended that these services be surveyed for October 2019 and the specialty surveyed the services in the summer of 2019.

Pre-Service Work

In October 2019, the RUC discussed the change in the way total hip and knee arthroplasties are provided. Total hip and knee arthroplasty are increasingly part of a mandatory Medicare bundled payment program (Comprehensive Care for Joint Replacement [CJR]) or an optional Medicare bundled payment program (Bundled Payment for Care Initiative [BPCI]). Similar alternative payment models are employed in many states by both Medicaid and private insurers. Physicians are also more commonly participating in accountable care organizations (shared savings programs) with Medicare, Medicaid and other payors. All hospitals, regardless of participating in a bundle, are being measured for the 90-day episode of cost for total hip and knee surgery for Medicare patients, affecting both the value based program and hospital quality reporting processes. In all these programs, physicians and hospitals have financial incentives to reduce costs and improve quality.

For total joint replacement, one of the key strategies has been improving preoperative identification and optimization of medical co-morbidities to shorten hospital length of stay and reduce complications, including readmissions. In a 2019 New England Journal of Medicine (NEJM) study on the outcomes of patients in the CJR program, the mean number of chronic medical conditions was seven. Considerable work by the clinical staff, surgeons, and qualified healthcare providers (QHPs) is required to facilitate, coordinate, validate and document the assessment and optimization of patients prior to total joint replacement surgery. The service has also evolved in that patients are more frequently discharged home rather than to inpatient rehabilitation or skilled nursing facilities. This deliberate reduction in post-acute care service requires considerable work by the surgeon and QHPs prior to surgery.

The RUC agreed that all this work is not explicitly captured in the standard RUC survey, nor is it included in the current RUC pre-time packages, but the work is certainly being performed on a routine basis for the typical patient.

Prior to surveying, the specialty societies requested to modify the standard 090-day survey to include language regarding pre-operative planning physician time, care coordination time, non-face-to-face post-operative physician time, the impacts of bundled care initiatives (e.g., ACE demonstration, CJR, and BPCI Advanced) and clinical staff time. The specialty societies noted these arthroplasty procedures typically require additional planning time that is often performed more than 24 hours prior to the procedure. The current survey tool and CMS policy defines the pre-operative period as the day before the procedure and, therefore, precludes the survey respondent from being able account for this pre-planning time. The RUC maintains the current CMS pre-service period definition and did not modify the pre-service period question. The RUC noted that the clinical staff pre-service period time in the PE determinations begins after the decision for surgery. Therefore, the Research Subcommittee did approve a question asking how much time the clinical staff (e.g., RN, LPN, MA) spends per patient on planning, preparation, optimization and care coordination activities prior to surgery.

The specialty societies noted that the individual performing the work to prepare the patient for surgery and the processes and protocols is different in various practices or institutions. However, it is typical that the physician/QHP will spend 30 minutes after the decision for surgery but prior to surgery for these planning activities.

The RUC agreed that the pre-service planning activities occur, however the current code and 090-day global period structure is not the way to capture it. The RUC discussed options on how to capture these pre-service activities performed by the physician or QHP. The RUC indicated that separate planning codes may be developed or the current prolonged services, CPT codes 99358 *Prolonged evaluation and management service before and/or after direct patient care; first hour* or 99359 *Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)* may be reported for these activities. It was recognized that such codes are intended to capture a single episode of time and that the added work in the preoperative period does not occur in such units of time (e.g., 30 minutes in one session as opposed to over the course of a few days/calls). The RUC also noted that the additional clinical staff activities would not be captured within the prolonged service codes.

The RUC reviewed the current description of pre-service work and acknowledged additional pre-service work may be occurring. However, the specialty societies revised the description of work to include only the work of the physician or QHP on the day of surgery or the day prior to surgery.

Median Intra-Service Time Data

Anthem's letter to CMS cited an Urban Institute study "*Collecting Empirical Physician Time Data Piloting an Approach for Validating Work Relativity Value Units*; Zuckerman, 2016" as part of their rationale for nominating these services as potentially misvalued. This study was based on a very limited data set. The study indicated a median of 87 minutes for total hip arthroplasty and a median of 83 minutes for total knee arthroplasty.

The specialty societies quoted three studies from large institutions on over 20,000 total hip and knee arthroplasty services, provided by over 100 surgeons, which support the current and recommended median intra-service time of 100 (THA) and 97 (TKA) minutes.

1. *Surgeon Mean Operative Times in Total Knee Arthroplasty in a Variety of Settings in a Health System*; Khanuja, 2019
 - Median Operative Time: **103 minutes (TKA)**
 - The Johns Hopkins University – 4 hospitals 2 community centers and 2 academic medical centers
 - 6,003 cases, primary TKA
 - 41 surgeons
 - EHR data from 2015-2018
2. *Is operative Time a Predictor for Post-Operative Infection in Primary Total Knee Arthroplasty?*; Anis, 2019
 - Median Operative Time: **102 minutes (TKA)**
 - Cleveland Clinic and Lenox Hill: 16 centers
 - 11,840 cases primary TKA
 - EHR data 2014-2017
3. *Average Operative Times for 1,313 Primary TKA and 1,300 TKA over 39 Months Are Roughly Equal to Medicare Attributed Operative Times*; Shah, 2019
 - Median Operative Time: **113 minutes (TKA) and 99 minutes (THA)**
 - Columbia University
 - 4 surgeons
 - Data from 2015-March 2019

27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft

The RUC reviewed the survey results from 206 orthopaedic and hip/knee surgeons and determined a work RVU of 19.60 appropriately accounts for the work required to perform 27130. The RUC developed this recommendation by crosswalking 27130 to the work of 63075 *Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, single interspace* (work RVU = 19.60 and 90 minutes intra-service time, 355 minutes of total time). These two services require similar total time and complexity. The RUC also noted that the work of 27130 and 27447 require the same physician time and complexity to perform and therefore should be valued the same. For further

support, the RUC reviewed CPT codes 45400 *Laparoscopy, surgical; proctopexy (for prolapse)* (work RVU = 19.44 and 100 minutes intra-service time), 44188 *Laparoscopy, surgical, colostomy or skin level cecostomy* (work RVU=19.35 and 90 minutes intra-service time) and CPT code 35650 *Bypass graft, with other than vein; axillary-axillary* (work RVU = 20.16 and 110 minutes intra-service time) and agreed that these services require similar work and intensity. The RUC also reviewed key reference service 23472 *Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))* (work RVU=22.13) and agreed that the physician work and time is greater for CPT 23472, thus appropriately valued higher.

The RUC recommends 40 minutes pre-service evaluation time, 15 minutes pre-service positioning, 15 minutes scrub/dress/wait time, 100 minutes intra-service time, 20 minutes immediate post-service time. The RUC indicated that the intra-service time of 100 minutes is confirmed by the RUC survey of 206 physician performing this service as well as the three studies cited above, from three large institutions and over 20,000 total hip/knee arthroplasties.

The RUC reviewed and discussed the appropriate number and level of post-operative visits and determined that two hospital visits (2) 99232, one discharge day (1) 99238, and three office visits (3) 99213 were appropriate. The RUC noted that one of the currently bundled hospital visits (1) 99231 is no longer typical. The RUC noted that the typical length of stay, thus hospital visits, have decreased from four visits prior to 2013 to two visits now in 2019 due to the pre-operative identification and optimization of medical co-morbidities work not explicitly captured in the standard survey or pre-service time. The survey data confirmed that it is typical for the physician to perform an Evaluation and Management (E/M) service later the same day of surgery to evaluate wound, complete neuromuscular exam and assess the need for continued antibiotics. A second hospital visit occurs on post-operative day 1 and the patient is typically discharged on post-operative day 2. **The RUC recommends a work RVU of 19.60 for CPT code 27130.**

27447 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

The RUC reviewed the survey results from 206 orthopaedic and hip/knee surgeons and determined a work RVU of 19.60 appropriately accounts for the work required to perform 27447. The RUC developed this recommendation by crosswalking 27447 to the work of 63075 *Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, single interspace* (work RVU = 19.60, 90 minutes intra-service time, 355 minutes of total time). These two services require similar total time and complexity. The RUC also noted that the work of 27130 and 27447 require the same physician time and complexity to perform and therefore should be valued the same. For further support, the RUC reviewed CPT codes 45400 *Laparoscopy, surgical; proctopexy (for prolapse)* (work RVU = 19.44 and 100 minutes intra-service time), 44188 *Laparoscopy, surgical, colostomy or skin level cecostomy* (work RVU=19.35 and 90 minutes intra-service time) and CPT code 35650 *Bypass graft, with other than vein; axillary-axillary* (work RVU = 20.16 and 110 minutes intra-service time) and agreed that these services require similar work and intensity. The RUC also reviewed key reference service 23472 *Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))* (work RVU=22.13) and agreed that the physician work and time is greater for CPT 23472, thus appropriately valued higher.

The RUC recommends 40 minutes pre-service evaluation time, 15 minutes pre-service positioning, 15 minutes scrub/dress/wait time, 97 minutes intra-service time, 20 minutes immediate post-service time. The RUC indicated that the intra-service time of 97 minutes is confirmed by the RUC survey of 206 physician performing this service as well as the three studies cited above, from three large institutions and over 20,000 total hip/knee arthroplasties.

The RUC reviewed and discussed the appropriate number and level of post-operative visits and determined that two hospital visits (2) 99232, one discharge day (1) 99238, and three office visits (3) 99213 were appropriate. The RUC noted that one of the currently bundled hospital visits (1) 99231 is no longer typical. The RUC noted that the typical length of stay, thus hospital visits, have decreased from four visits prior to 2013 to two visits now in 2019 due to the pre-operative identification and optimization of medical co-morbidities work not explicitly captured in the standard survey or pre-service time. The survey data confirmed that it is typical for the physician to perform an Evaluation and Management (E/M) service later the same day of surgery to evaluate wound, complete neuromuscular exam and assess the need for continued antibiotics. A second hospital visit occurs on post-operative day 1 and the patient is typically discharged on post-operative day 2. **The RUC recommends a work RVU of 19.60 for CPT code 27447.**

Practice Expense

The Practice Expense Subcommittee thoroughly discussed the clinical staff time for pre-service pre-operative planning activities. The survey respondents indicated, and the specialty societies recommended the median of 90 minutes to provide these services. The PE Subcommittee accepted the compelling evidence that the clinical work involved in the services had changed. Based on acceptance of compelling evidence. The PE Subcommittee entertained accepting the specialty society recommendation of an additional 30 minutes or an alternative of 15 minutes for these activities. The PE Subcommittee noted that the standard pre-service time package is 60 minutes for 090-day global period services, which was the survey 25th percentile. The PE Subcommittee entertained accepting the specialty society recommendation of an additional 30 minutes or an alternative of 15 minutes for these activities. The Subcommittee questioned who is performing the pre-operative planning work and at what setting: the orthopaedic practice, the consulting physician's practice or hospital employees. The PE Subcommittee noted that adding additional clinical staff time for these services would create an anomaly and provide discrepancies with other 090-day global services. Ultimately, the PE Subcommittee did not accept additional clinical staff time for these pre-service activities. The RUC also discussed capturing this additional clinical staff time and agreed with the PE Subcommittee not to capture any additional pre-operative planning time for clinical staff. **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.**

Work Neutrality

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	090	19.60
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	090	19.60

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 27130	Tracking Number	Original Specialty Recommended RVU: 20.72
		Presented Recommended RVU: 20.72
Global Period: 090	Current Work RVU: 20.72	RUC Recommended RVU: 19.60

CPT Descriptor: Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female has hip osteoarthritis not responding to non-operative treatment. A total hip arthroplasty (THA) is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

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 83%

Description of Pre-Service Work: On the day before and/or the day of surgery, the surgeon and/or qualified health care provider will complete the following work: Interview and examine the patient to confirm that the medical status and physical findings have not changed; update and sign the H&P; review the planned procedure and postoperative management with the patient and family; confirm or update the consent; sign or mark the operative site; re-review results of preadmission testing, including laboratory studies, X-rays and/or CT scans, with special attention to radiographs that were used for sizing and ordering of special implants or allografts; confirm timing and administration of antibiotics; assure appropriate selection, timing, and administration of DVT prophylaxis; verify all required instruments and supplies are available, including intraoperative fluoroscopy and cell saver; confirm all potential implants are available for possible use in the OR; prior to the induction of anesthesia, complete a comprehensive timeout and checklist review with the surgical team; place Foley catheter when indicated and/or requested by anesthesia; assist with positioning patient (lateral decubitus or supine traction table); pad bony prominences and apply thermal regulation drapes; prep and drape; mark surgical incision; and perform a second brief time out with the surgical team.

Description of Intra-Service Work: After incising the skin and the fascia, dissection is completed for exposure of the femur and acetabulum. The limb length is assessed by placing markers in the pelvis and the femur. A capsulotomy is performed and the femoral head is dislocated. A femoral neck osteotomy at the proper height is performed. The femoral canal is opened and reamed and then sequential rasping is performed with the broach/trial femoral component until correct rotational and axial stability is achieved. A calcar planer is used on the femoral neck osteotomy, when indicated, to fashion the bone. Additional dissection and releases are performed as needed to expose the acetabulum. Appropriate retractors are placed anteriorly as well as posteriorly. All excess capsule and redundant labrum is removed. All osteophytes are removed. The base of the acetabulum identified by utilizing a small reamer. Once the reamer is placed down to the medial wall of the acetabulum, sequential reamers are used in 1-2 mm increments up to the correct size based on the axial and off-center loading of the reamers. Trial acetabular implants are inserted and the hip is reduced. The stability of the leg is checked. The length of the leg is measured and the implants are adjusted as necessary. Once the proper implant sizing and joint stability are confirmed, the final femoral and acetabular components are inserted. The hip joint is reduced. A final check is made for stability, limb length, ROM and impingement. Sponge and needle counts are confirmed. The wound is copiously irrigated

with saline and/or other solutions. The wound is closed in multiple layers, being careful to reattach the muscles to the proper structures.

Description of Post-Service Work: Immediate postoperative work through discharge from recovery room includes: application of sterile dressings; removal of drapes; waiting for reversal of anesthesia and extubation; assisting in transfer of the patient from the OR table to a stretcher or bed; assessing limb length and rotational alignment; assisting in transport of patient from operating room to recovery room; monitoring patient stabilization in the recovery room; completing a careful neurologic and vascular examination of the extremity; discussing postoperative recovery care with anesthesia and nursing staff, including regional blocks and/or patient controlled analgesia; discussing procedure and outcome with patient and family and answering questions; entering a brief operative note and a full operative report in the medical record; calling referring physician and/or sending a copy of the operative note; writing comprehensive orders for PACU and floor care; completing medication reconciliation; ordering and reviewing postoperative radiographs; and entering procedure data, including implant details, into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Hospital visit #1 (day of surgery later in the day) includes the following work: Reviewing nursing notes; discussing status and progress with nursing staff; reviewing vital signs, I/O, labs, and other related data; reviewing findings and outcome with patient and/or family; assessing pain control and response to current medications; modify orders accordingly; assessing urinary function; examining the surgical site; reinforce dressing as needed; assessing limb length, position and alignment; checking neurovascular status; assessing function of drains; repositioning the limb and/or immobilization devices as needed; counseling the patient and/or family regarding therapy protocol; answer questions; counseling the patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed, and use of sequential compressive devices; reviewing postoperative radiographs; communicating and coordinating care with medical consult and other physicians; communicating and coordinating pain control with anesthesia, including status of current modalities (eg, blocks, catheters); updating orders; and writing "postoperative check" progress note.

Hospital visit #2 (postoperative day 1) includes the following work: Reviewing nursing notes; discussing status and progress with nursing staff; reviewing PT/OT notes; discussing status and progress with PT/OT staff; reviewing discharge plan notes; discussing status and progress with case management; coordinating discharge plans; reviewing notes from other physicians; discussing status as appropriate; reviewing vital signs, I/O, labs and other related data; interviewing patient and obtaining interval history; assessing pain control and response to current medications; assessing gastrointestinal and urinary function; examining surgical site; change or reinforce dressing as needed; assessing limb alignment, position and ROM; checking neurovascular status; repositioning limb and/or immobilization devices as needed; assessing function of drain and remove as indicated; counseling patient and/or family regarding therapy protocol and answering questions;; counselling patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed, and use of sequential compressive devices; discussing discharge plans with patient and/or family as well as case manager and nursing staff; communicating and coordinating care with other physicians (eg, medical consult, anesthesia/pain, critical care); writing daily progress notes; and updating orders.

Hospital discharge management (postoperative day #2) includes the following work: Reviewing nursing notes; discussing status and progress with nursing staff; reviewing PT/OT notes; discussing status and progress with PT/OT staff; reviewing discharge plan notes; discussing status and progress with case management; finalizing and confirming discharge plans; reviewing notes from other physicians and discussing as appropriate; reviewing vital signs, I/O, labs and other related data; interviewing patient and obtaining interval history; assessing pain control and response to current medications; assessing gastrointestinal and urinary function; examining surgical site; changing dressing as needed; assessing limb alignment and ROM; checking neurovascular status; repositioning limb and/or immobilization devices as needed; finalizing and confirming discharge plans with patient and/or family; counselling patient and/or family regarding therapy protocol and activity limitations after discharge; reviewing postoperative instructions (eg, wound care, pain medications, VTE prophylaxis); completing daily progress note; completing discharge summary and associated forms and documents; writing prescriptions for medications and devices (eg, walker, wheelchair, bedside commode, raised toilet seat); checking narcotic prescription registries; writing orders for discharge to an inpatient rehabilitation facility, a skilled nursing facility, or home.; completing medication reconciliation; coordinate postoperative appointment with patient and/or family and office staff; communicating and coordinating follow-up care with other physicians; and entering postoperative data into longitudinal outcome databases or registries (eg, NSQIP, AJRR).

Office visit #1: Review PT/OT and/or rehab/SNF notes; review results of labs (eg, INR, Hb, Plts); interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility and progress with

PT/OT; assess gastrointestinal and urinary function; remove/change dressing; examine surgical site; remove sutures or staples; apply steri-strips; assess limb length, alignment, swelling, strength and ROM; check neurovascular status; review postoperative radiographs with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, out of work and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry)

Office visit #2: Review PT/OT and/or rehab/SNF notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility and progress with PT/OT; assess gastrointestinal and urinary function; examine surgical site; assess limb length, alignment swelling, strength and ROM; check neurovascular status; order and review postoperative radiographs with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol and activity limitations; counsel patient and/or family regarding return to driving; complete temporary handicap parking forms; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, back-to-work and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Office visits #3: Review PT/OT and/or rehab/SNF notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility and progress with PT/OT; assess gastrointestinal and urinary function; examine surgical site; assess limb length, alignment swelling, strength and ROM; check neurovascular status; counsel patient and/or family regarding wound care, therapy protocol and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, back-to-work and other related forms; communicate and coordinate care with other physicians (eg, PCP, Rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

SURVEY DATA

RUC Meeting Date (mm/yyyy)		10/2019				
Presenter(s):	William Creevy, MD, AAOS RUC Advisor; Hussein Elkousy, MD, AAOS RUC Alternate Advisor; Adolph Yates, MD, AAHKS					
Specialty Society(ies):	American Academy of Orthopaedic Surgery (AAOS); American Association of Hip and Knee Surgeons (AAHKS)					
CPT Code:	27130					
Sample Size:	2650	Resp N:	206	Response: 7.7 %		
Description of Sample:	random					
		Low	25 th pctl	Median*	75 th pctl	High
Service Performance Rate		0.00	34.00	80.00	150.00	500.00
Survey RVW:		18.50	22.50	24.00	25.00	40.00
Pre-Service Evaluation Time:				40.00		
Pre-Service Positioning Time:				15.00		
Pre-Service Scrub, Dress, Wait Time:				15.00		
Intra-Service Time:		45.00	85.00	100.00	120.00	250.00
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):	80.00	99231x 0.00	99232x 2.00	99233x 0.00		
Discharge Day Mgmt:	38.00	99238x 1.00	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)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	27130	Recommended Physician Work RVU: 19.60		
		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:		15.00	3.00	12.00
Pre-Service Scrub, Dress, Wait Time:		15.00	20.00	-5.00
Intra-Service Time:		100.00		
Please, pick the <u>post-service</u> 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:		20.00	33.00	-13.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	<u>80.00</u>	99231x 0.00 99232x 2.00 99233x 0.00
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0 99239x 0.0 99217x 0.00
Office time/visit(s):	<u>69.00</u>	99211x 0.00 12x 0.00 13x 3.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
23472	090	22.13	RUC Time

CPT Descriptor Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22551	090	25.00	RUC Time

CPT Descriptor Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37215	090	17.75	RUC Time	8,490

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33533	090	33.75	RUC Time	60,369

CPT Descriptor 2 Coronary artery bypass, using arterial graft(s); single arterial graft

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 103 **% of respondents:** 50.0 %

Number of respondents who choose 2nd Key Reference Code: 36 **% of respondents:** 17.4 %

TIME ESTIMATES (Median)

	CPT Code: <u>27130</u>	Top Key Reference CPT Code: <u>23472</u>	2nd Key Reference CPT Code: <u>22551</u>
Median Pre-Service Time	70.00	75.00	98.00
Median Intra-Service Time	100.00	140.00	120.00
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	80.0	80.00	40.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	69.0	85.00	69.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	377.00	448.00	395.00
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.

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	4%	32%	54%	10%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
6%	53%	41%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	8%	50%	42%

Physical effort required	1%	25%	74%
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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

2%	52%	46%
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2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More**

Overall intensity/complexity	0%	3%	41%	39%	17%
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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%	47%	47%
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Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	0%	47%	53%
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Physical effort required	0%	19%	81%
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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%	64%	31%
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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

A public nomination was submitted to CMS in February 2018 indicating seven CPT codes as potentially misvalued, including total hip arthroplasty (27130). This nomination was made by Anthem, Inc., the largest for-profit managed care health insurance company in the Blue Cross and Blue Shield Association. Anthem administers Medicare, Medicaid and commercial health insurance plans.

Prior to publication of the CY 2019 MPFS final rule, at the October 2018 RUC meeting, the RAW noted that “this is a process issue and without more information on how these services were identified and rationale to review these services, the Workgroup will wait until the final rule for more information to determine whether to review these services.” In the final rule, CMS stated there is value in consistent and routine review of high-volume services, because a minor adjustment to a high volume code may have a significant financial impact. RUC then placed the codes identified by Anthem on an LOI to survey for the April 2019 RUC meeting.

At the April 2019 RUC meeting, the American Academy of Orthopaedic Surgeons (AAOS) and the American Association of Hip and Knee Surgeons (AAHKS) recommended that the RUC reaffirm the current value of 20.72 for code 27130 and also reaffirm the current time and visits. The RUC voted against this proposal and requested that AAOS and AAHKS conduct a standard RUC survey and present a recommendation at the October 2019 RUC meeting.

June 2019 Request to Research Subcommittee for a Revised Survey Instrument

During preparation for the survey, the AAOS and AAHKS determined that the current standard 90-day global survey instrument does not adequately capture the extent of work performed by surgeons and other qualified health care providers (QHPs) in the pre- and postoperative period for the hip and knee total joint arthroplasty codes (27130, 27447). The societies also provided a compelling argument that there was significant clinical staff preoperative work related to patient optimization. A request was submitted for a revised survey instrument for discussion during the June 4, 2019 Research Subcommittee conference call. Several peer reviewed articles and extensive information on time required for pre- and postoperative work by physicians/QHPs and clinical staff were provided to support this request.

The Research Subcommittee agreed to add a question about clinical staff preoperative time, but did not agree to add questions about preoperative time for planning and optimization and postoperative work independent of hospital and office face-to-face visits. The rationale provided by the subcommittee was that the additional questions requested are not used for other codes with a 90-day global period. However, the Research Subcommittee noted that the specialties can recommend additional time beyond the pre-service package times if they believe it is supported by the literature, the survey, and is typical.

Subsequent to the June 2019 Research Subcommittee, AAOS and AAHKS finalized the approved survey instrument and conducted a random survey of AAOS and AAHKS members.

A total of 2,650 survey requests were sent out and 206 non-conflicted responses were received.

RECOMMENDATIONS

Work RVU

The current work RVU of 20.72 is recommended. This is below the survey median of 24.00 and below the survey 25th percentile of 22.50.

Pre-service time

Pre-time package 4 is selected: difficult patient / difficult procedure.

Evaluation time: We recommend adding 30 minutes to the standard package time of 40 minutes (total of 70 minutes) to account for significant additional preoperative time to optimize a patient prior to total joint replacement surgery.

Total hip arthroplasty is increasingly part of a mandatory Medicare bundled payment program (Comprehensive Care for Joint Replacement [CJR]) or an optional Medicare bundled payment program (Bundled Payment for Care Initiative [BPCI]). Similar alternative payment models are employed in many states by both Medicaid and private insurers. Physicians are also more commonly participating in accountable care organization programs with Medicare, Medicaid

and private insurers. In all of these programs, physicians and hospitals have financial incentives to reduce costs and improve quality.

Preoperative identification and optimization of medical co-morbidities has been shown to shorten hospital length of stay and reduce complications, including readmissions. In a 2019 New England Journal of Medicine (NEJM) study on the outcomes of patients in the CJR program, the mean number of chronic medical conditions was seven. Considerable work by the surgeon and QHPs is required to facilitate, coordinate, validate and document the assessment and optimization of patients prior to total joint replacement surgery. Patients are more frequently discharged home rather than to inpatient rehabilitation or skilled nursing facilities. This deliberate reduction in post-acute care service requires considerable work by the surgeon and QHPs prior to surgery.

All of this work is not explicitly captured in the standard RUC survey, nor is it included in the current RUC pre-time packages, but the work is certainly being performed on a routine basis for the typical patient. The specific tasks are noted above in the description of the pre-service work.

Positioning: Twelve minutes have been added to the standard package time of 3 minutes (total of 15 minutes) to account for positioning the patient lateral decubitus or supine on a traction top table. This is consistent with both the survey median and historical RUC precedent for many similar orthopaedic codes.

Scrub, dress and wait: Five minutes have been subtracted from the standard package of 20 minutes (total time of 15 minutes) to be consistent with the survey median.

Immediate Post-Service Time

Immediate post-time package 9b is selected: general anesthesia or complex regional block / complex procedure. Thirteen minutes have been subtracted to be consistent with the survey median.

Hospital Visits

We recommend 99232 x 2 and 99238 x 1 which is consistent with the survey median. This is a decrease of one hospital visit compared to the 2013 data which is the result of the considerable pre-service time expended on optimizing the patient for total joint replacement surgery. The first hospital visit occurs later on the same day as surgery; 83% of respondents reported that they completed this E/M encounter. The second hospital visit occurs on postoperative day #1. The specific tasks for both visits are detailed in the section for the description of the post-service work and support a level 99232 for both encounters. The patient is typically discharged on postoperative day #2 which is indicated by the discharge day code 99238. Patients may be seen more than once on these days (eg, morning and afternoon) to coordinate care and facilitate discharge.

Office Visits

We recommend 99213 x 3 which is consistent with the survey median.

SUMMARY

The transition to value-based alternative payment models has facilitated care delivery redesign for total hip arthroplasty, resulting in a shorter hospital length of stay, diminished utilization of post-acute care facilities, lower rates of hospital readmissions and reduced costs. A key change in this evolution is an increasing emphasis on preoperative optimization of patients prior to surgery with a corresponding shift in resource utilization to the pre-service period.

AAOS and AAHKS recommend the current work RVU of 20.72, which is below the survey 25th percentile; this is well supported by the survey results from a representative and robust survey with 206 respondents.

Key Reference Code Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMMED POST	POST-OP HOSITAL VISITS	POST-OP OFFICE VISITS
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	19.60	0.108	377	70	100	20	2-99232 1-99238	3-99213
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	22.13	0.089	448	75	140	30	1-99232 2-99231 1-99238	3-99213 1-99212
22851	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	25.00	0.140	395	98	120	30	1-99232 1-99238	3-99213

MPC Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMMED POST	POST-OP HOSITAL VISITS	POST-OP OFFICE VISITS
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	1-99232 1-99238	2-99213
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	19.60	0.108	377	70	100	20	2-99232 1-99238	3-99213
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	33.75	0.096	682	95	158	40	1-99291 3-99233 1-99232 1-99231 1-99238	1-99214 1-99212

ARTICLES SUPPORTING ADDITIONAL PREOPERATIVE PATIENT OPTIMIZATION WORK

1. Early Results of Medicare's Bundled Payment Initiative for a 90-Day Total Joint Arthroplasty Episode of Care, Iorio, Richard et al., The Journal of Arthroplasty, Volume 31, Issue 2, 343-350. <https://www.ncbi.nlm.nih.gov/pubmed/26427938>
2. Bundled Payments: Our Experience at an Academic Medical Center, Bolz, Nicholas J. et al., The Journal of Arthroplasty, Volume 31, Issue 5, 932-935 <https://www.ncbi.nlm.nih.gov/pubmed/27020651>
3. Improvements in Total Joint Replacement Quality Metrics: Year one Versus Year Three of the Bundled Payments for Care Improvement Initiative, Dundon, John M. et al., The Journal of Bone & Joint Surgery, Volume 98, Issue 23, 1949-1953. <https://www.ncbi.nlm.nih.gov/pubmed/27926675>
4. Cost of Joint Replacement Using Bundled Payment Models, Navathe, Amol S. et al., JAMA Internal Medicine, Volume 177, Issue 2, 214-222. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2594805>
5. Effect of Bundled Payments and Health Care Reform as Alternative Payment Models in Total Joint Arthroplasty: A Clinical Review, Siddiqi, Ahmed et al., The Journal of Arthroplasty, Volume 32, Issue 8, 2590 -2597. <https://www.ncbi.nlm.nih.gov/pubmed/28438453>
6. Early Lessons on Bundled Payment at an Academic Medical Center, Jubelt, Lindsay E. et al., Journal of the American Academy of Orthopaedic Surgery, Volume 25, Issue 9, 654-663. <https://www.ncbi.nlm.nih.gov/pubmed/28837458>
7. Total knee arthroplasty: improving outcomes with a multidisciplinary approach, Feng, James et al., Journal of Multidisciplinary Healthcare, Volume 2018, Issue 11, 63-73. <https://www.dovepress.com/total-knee-arthroplasty-improving-outcomes-with-a-multidisciplinary-ap-peer-reviewed-fulltext-article-JMDH>

8. Bundled Payment Arrangements: Key to Success, Bosco, Joseph A. et al., Journal of the American Academy of Orthopaedic Surgery, Volume 26, Issue 23, 817-822. <https://www.ncbi.nlm.nih.gov/pubmed/30252787>
9. Two year Evaluation of Mandatory Bundled Payments for Joint Replacement, Barnett, Michael L. et al., New England Journal of Medicine, Volume 380, Issue 6, 252-262. <https://www.nejm.org/doi/full/10.1056/NEJMs1809010>
10. Risk stratification in primary total joint arthroplasty: the current state of knowledge, Gronbeck, Christian et al., Arthroplasty Today, Volume 5, Issue 1, 126-131. [https://www.arthroplastytoday.org/article/S2352-3441\(18\)30128-6/fulltext](https://www.arthroplastytoday.org/article/S2352-3441(18)30128-6/fulltext)
11. The Impact of Comprehensive Care for Joint Replacement Bundled Payment Program on Care Delivery, Sood, Neeraj et al., The Journal of Arthroplasty, Volume 34, Issue 4, 609-612. [https://www.arthroplastyjournal.org/article/S0883-5403\(18\)31162-8/fulltext](https://www.arthroplastyjournal.org/article/S0883-5403(18)31162-8/fulltext)
12. Quantifying the Perioperative Work Associated with Total Hip and Knee Arthroplasty: The Burden Has Increased With Contemporary Care Pathways, Wasterlain, Amy S. et al., The Journal of Arthroplasty, Forthcoming 2019. [https://www.arthroplastyjournal.org/article/S0883-5403\(19\)30630-8/fulltext](https://www.arthroplastyjournal.org/article/S0883-5403(19)30630-8/fulltext)
13. Perioperative Telephone Encounters Should Be Included in the Relative Value Scale Update Committee Review of Time Spent on Total Hip and Knee Arthroplasty, Kheir, Matthew et al., The Journal of Arthroplasty, Volume 34, Issue 8, 1563-1569. [https://www.arthroplastyjournal.org/article/S0883-5403\(19\)30467-X/abstract](https://www.arthroplastyjournal.org/article/S0883-5403(19)30467-X/abstract)

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) 27130

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?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. nationale data not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

162,006 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 orthopaedic surgery	Frequency 162000	Percentage 99.99 %
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Specialty	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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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 - Hip replacement

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 27130

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: 27447	Tracking Number	Original Specialty Recommended RVU: 20.72
		Presented Recommended RVU: 19.60
Global Period: 090	Current Work RVU: 20.72	RUC Recommended RVU: 19.60

CPT Descriptor: Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74-year-old female has knee osteoarthritis not responding to non-operative treatment. A total knee arthroplasty (TKA) is performed.

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

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 13% , Overnight stay-more than 24 hours 87%

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 83%

Description of Pre-Service Work:

On the day before and/or the day of surgery, the surgeon and/or qualified health care provider will complete the following work: Interview and examine the patient to confirm that the medical status and physical findings have not changed; update and sign the H&P; review the planned procedure and postoperative management with the patient and family; confirm or update the consent; sign or mark the operative site; re-review results of preadmission testing, including laboratory studies, X-rays and/or CT scans, with special attention to radiographs that were used for sizing and ordering of special implants or allografts; confirm timing and administration of antibiotics; assure appropriate selection, timing, and administration of DVT prophylaxis; verify all required instruments and supplies are available, including intraoperative fluoroscopy and cell saver; confirm all potential implants are available for possible use in the OR; prior to the induction of anesthesia, complete a comprehensive timeout and checklist review with the surgical team; place Foley catheter when indicated and/or requested by anesthesia; assist with positioning patient, pad bony prominences, and apply thermal regulation drapes; assess position of the extremities and head and adjust as needed; place patient's leg properly on the table and position with proper bolstering to aid surgical exposure; place a tourniquet on the proximal thigh; prep and drape; mark surgical incision; and perform a second brief time out with the surgical team.

Description of Intra-Service Work: After the tourniquet is elevated and following exsanguination, an acceptable surgical incision is utilized to expose the joint. After everting or subluxating the patella, appropriate soft tissue elevation and removal is performed to expose and visualize the joint. Care and attention are utilized to evaluate the ligament balance of the knee. Final ligament balancing usually occurs after the bony cuts are performed. The remnant meniscal tissue and overlying osteophytes are removed and if indicated, the cruciate ligaments are released. The patella is measured and then the articular surface is resected at the appropriate depth. The optimal component size is selected and the fixation holes drilled. The femur intramedullary canal is drilled and the distal femoral cutting block is applied. The alignment of the block is confirmed and the distal femoral resection is made. The AP and ML size of the distal femur is evaluated and the appropriate implant size selected following which the remaining chamfer and AP bone cuts of the distal femur are made. The tibia is subluxated forward and the tibial cutting guide is applied, the optimal position in all planes confirmed and the bone cut made. The tibia is sized for the appropriate implant and the bone prepared. The trial components are inserted and

a trial reduction of the prosthetic knee is performed. Overall limb alignment, soft tissue and ligamentous balance and prosthetic interactions are assessed. Further refinement of the soft tissue balance, the bone resections for alignment and the prosthetic implant interaction are performed as indicated to optimize the prosthetic longevity. Trials are then removed. The bony surfaces are cleaned with pulsatile lavage. The final implants are cemented into place. Trial tibial inserts are placed to confirm appropriate sizing. The final polyethylene insert is then placed onto the tibial prosthesis. Knee stability, range of motion and alignment are again confirmed. The tourniquet is released, hemostasis obtained, a deep drain placed and the wound closed in layers.

Description of Post-Service Work:

Immediate postoperative work through discharge from recovery room includes: application of sterile dressings; removal of drapes; waiting for reversal of anesthesia and extubation; assisting in transfer of the patient from the OR table to a stretcher or bed; assessing limb length and rotational alignment; assisting in transport of patient from operating room to recovery room; monitoring patient stabilization in the recovery room; completing a careful neurologic and vascular examination of the extremity; discussing postoperative recovery care with anesthesia and nursing staff, including regional blocks and/or patient controlled analgesia; discussing procedure and outcome with patient and family and answering questions; entering a brief operative note and a full operative report in the medical record; calling referring physician and/or sending a copy of the operative note; writing comprehensive orders for PACU and floor care; completing medication reconciliation; ordering and reviewing postoperative radiographs; and entering procedure data, including implant details, into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Hospital visit #1 (day of surgery later in the day) includes the following work: Reviewing nursing notes; discussing status and progress with nursing staff; reviewing vital signs, I/O, labs, and other related data; reviewing findings and outcome with patient and/or family; assessing pain control and response to current medications; modify orders accordingly; assessing urinary function; examining the surgical site; reinforce dressing as needed; assessing limb length, position and alignment; checking neurovascular status; assessing function of drains; repositioning the limb and/or immobilization devices as needed; counseling the patient and/or family regarding therapy protocol; answer questions; counseling the patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed, and use of sequential compressive devices; reviewing postoperative radiographs; communicating and coordinating care with medical consult and other physicians; communicating and coordinating pain control with anesthesia, including status of current modalities (eg, blocks, catheters); updating orders; and writing "postoperative check" progress note.

Hospital visit #2 (postoperative day 1) includes the following work: Reviewing nursing notes; discussing status and progress with nursing staff; reviewing PT/OT notes; discussing status and progress with PT/OT staff; reviewing discharge plan notes; discussing status and progress with case management; coordinating discharge plans; reviewing notes from other physicians; discussing status as appropriate; reviewing vital signs, I/O, labs and other related data; interviewing patient and obtaining interval history; assessing pain control and response to current medications; assessing gastrointestinal and urinary function; examining surgical site; change or reinforce dressing as needed; assessing limb alignment, position and ROM; checking neurovascular status; repositioning limb and/or immobilization devices as needed; assessing function of drain and remove as indicated; counseling patient and/or family regarding therapy protocol and answering questions;; counselling patient and/or family regarding OOB/ambulation, incentive spirometry, upright position in bed, and use of sequential compressive devices; discussing discharge plans with patient and/or family as well as case manager and nursing staff; communicating and coordinating care with other physicians (eg, medical consult, anesthesia/pain, critical care); writing daily progress notes; and updating orders.

Hospital discharge management (postoperative day #2) includes the following work: Reviewing nursing notes; discussing status and progress with nursing staff; reviewing PT/OT notes; discussing status and progress with PT/OT staff; reviewing discharge plan notes; discussing status and progress with case management; finalizing and confirming discharge plans; reviewing notes from other physicians and discussing as appropriate; reviewing vital signs, I/O, labs and other related data; interviewing patient and obtaining interval history; assessing pain control and response to current medications; assessing gastrointestinal and urinary function; examining surgical site; changing dressing as needed; assessing limb alignment and ROM; checking neurovascular status; repositioning limb and/or immobilization devices as needed; finalizing and confirming discharge plans with patient and/or family; counselling patient and/or family regarding therapy protocol and activity limitations after discharge; reviewing postoperative instructions (eg, wound care, pain medications, VTE prophylaxis); completing daily progress note; completing discharge summary and associated forms and documents; writing prescriptions for medications and devices (eg, walker, wheelchair, bedside commode, raised toilet seat); checking narcotic prescription registries; writing orders for discharge to an inpatient rehabilitation facility, a skilled nursing facility, or home.; completing medication reconciliation; coordinate postoperative appointment with patient and/or family and office staff;

communicating and coordinating follow-up care with other physicians; and entering postoperative data into longitudinal outcome databases or registries (eg, NSQIP, AJRR).

Office visit #1: Review PT/OT and/or rehab/SNF notes; review results of labs (eg, INR, Hb, Plts); interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility and progress with PT/OT; assess gastrointestinal and urinary function; remove/change dressing; examine surgical site; remove sutures or staples; apply steri-strips; assess limb length, alignment, swelling, strength and ROM; check neurovascular status; review postoperative radiographs with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, out of work and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry)

Office visit #2: Review PT/OT and/or rehab/SNF notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility and progress with PT/OT; assess gastrointestinal and urinary function; examine surgical site; assess limb length, alignment swelling, strength and ROM; check neurovascular status; order and review postoperative radiographs with patient and/or family; counsel patient and/or family regarding wound care, therapy protocol and activity limitations; counsel patient and/or family regarding return to driving; complete temporary handicap parking forms; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, back-to-work and other related forms; communicate and coordinate care with other physicians (eg, PCP, rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

Office visits #3: Review PT/OT and/or rehab/SNF notes; interview patient and obtain interval history; assess pain control and response to current medications; assess function, mobility and progress with PT/OT; assess gastrointestinal and urinary function; examine surgical site; assess limb length, alignment swelling, strength and ROM; check neurovascular status; counsel patient and/or family regarding wound care, therapy protocol and activity limitations; counsel patient and/or family regarding dental procedures and other invasive procedures (eg, colonoscopy); counsel patient and/or family regarding medications for DVT prophylaxis; counsel patient and/or family regarding next office visit; write or dictate and sign progress note; complete prescriptions for medications (eg, narcotics, NSAIDs, VTE prophylaxis); check narcotic prescription registries; complete forms for home care services (eg, VNA); complete PT/OT forms, referrals, or prescriptions; complete disability, back-to-work and other related forms; communicate and coordinate care with other physicians (eg, PCP, Rheumatology); and enter postoperative data into longitudinal outcome registries (eg, NSQIP, AJRR, and/or local registry).

SURVEY DATA

RUC Meeting Date (mm/yyyy)		10/2019				
Presenter(s):	William Creevy, MD, AAOS RUC Advisor; Hussein Elkousy, MD, AAOS RUC Alternate Advisor; Adolph Yates, MD, AAHKS					
Specialty Society(ies):	American Academy of Orthopaedic Surgery (AAOS); American Association of Hip and Knee Surgeons (AAHKS)					
CPT Code:	27447					
Sample Size:	2650	Resp N:	206	Response: 7.7 %		
Description of Sample:	random					
		Low	25 th pctl	Median*	75 th pctl	High
Service Performance Rate		0.00	60.00	100.00	200.00	500.00
Survey RVW:		17.00	22.14	24.00	25.00	32.50
Pre-Service Evaluation Time:				40.00		
Pre-Service Positioning Time:				15.00		
Pre-Service Scrub, Dress, Wait Time:				15.00		
Intra-Service Time:		45.00	86.00	97.00	120.00	185.00
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):	80.00	99231x 0.00	99232x 2.00	99233x 0.00		
Discharge Day Mgmt:	38.00	99238x 1.00	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)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	27447	Recommended Physician Work RVU: 19.60		
		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:		15.00	3.00	12.00
Pre-Service Scrub, Dress, Wait Time:		15.00	20.00	-5.00
Intra-Service Time:		97.00		
Please, pick the <u>post-service</u> 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:		20.00	33.00	-13.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>80.00</u>	99231x 0.00	99232x 2.00	99233x 0.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>69.00</u>	99211x 0.00	12x 0.00	13x 3.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
23472	090	22.13	RUC Time

CPT Descriptor Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22551	090	25.00	RUC Time

CPT Descriptor Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37215	090	17.75	RUC Time	8,490

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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33533	090	33.75	RUC Time	60,369

CPT Descriptor 2 Coronary artery bypass, using arterial graft(s); single arterial graft

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		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: 90 **% of respondents:** 43.6 %

Number of respondents who choose 2nd Key Reference Code: 32 **% of respondents:** 15.5 %

TIME ESTIMATES (Median)

	CPT Code: <u>27447</u>	Top Key Reference CPT Code: <u>23472</u>	2nd Key Reference CPT Code: <u>22551</u>
Median Pre-Service Time	70.00	75.00	98.00
Median Intra-Service Time	97.00	140.00	120.00
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	80.0	80.00	40.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	69.0	85.00	69.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	374.00	448.00	395.00
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.

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	6%	34%	48%	12%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
4%	58%	38%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	10%	47%	43%

Physical effort required	1%	36%	63%
--------------------------	----	-----	-----

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

3%	55%	42%
----	-----	-----

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More**

Overall intensity/complexity	0%	3%	38%	50%	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

0%	56%	44%
----	-----	-----

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	3%	44%	53%
--------------------------	----	-----	-----

Physical effort required	3%	28%	69%
--------------------------	----	-----	-----

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%	72%	22%
----	-----	-----

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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

A public nomination was submitted to CMS in February 2018 indicating seven CPT codes as potentially misvalued, including total knee arthroplasty (27447). This nomination was made by Anthem, Inc., the largest for-profit managed care health insurance company in the Blue Cross and Blue Shield Association. Anthem administers Medicare, Medicaid and commercial health insurance plans.

Prior to publication of the CY 2019 MPFS final rule, at the October 2018 RUC meeting, the RAW noted that “this is a process issue and without more information on how these services were identified and rationale to review these services, the Workgroup will wait until the final rule for more information to determine whether to review these services.” In the final rule, CMS stated there is value in consistent and routine review of high-volume services, because a minor adjustment to a high volume code may have a significant financial impact. RUC then placed the codes identified by Anthem on an LOI to survey for the April 2019 RUC meeting.

At the April 2019 RUC meeting, the American Academy of Orthopaedic Surgeons (AAOS) and the American Association of Hip and Knee Surgeons (AAHKS) recommended that the RUC reaffirm the current value of 20.72 and also reaffirm the current time and visits. The RUC voted against this proposal and requested that AAOS and AAHKS conduct a standard RUC survey and present a recommendation at the October 2019 RUC meeting.

June 2019 Request to Research Subcommittee for a Revised Survey Instrument

During preparation for the survey, the AAOS and AAHKS determined that the current standard 90-day global period survey instrument does not adequately capture the extent of work performed by physicians and qualified health care providers (QHPs) in the pre- and post-operative period for the hip and knee total joint arthroplasty codes (27130, 27447). The societies also provided a compelling argument that there was significant clinical staff pre-service work related to patient optimization. A request was submitted for a revised survey instrument for discussion during the June 4, 2019 Research Subcommittee conference call.

Several peer reviewed articles and extensive information on time required for pre- and post-operative work by physicians/QHPs and clinical staff were provided to support this recommendation. The Research Subcommittee agreed to add a question about clinical staff pre-service time but did not agree to add questions about pre-service time for planning and optimization and post-operative work independent of hospital and office face-to-face visits. The rationale was that the same questions are not used for other codes with a 90-day global period. However, the Research Subcommittee noted that the specialties can recommend additional time beyond the pre-service package times, if they believe it is supported by the literature, the survey, and is typical.

Subsequent to the June 2019 Research Subcommittee, AAOS and AAHKS finalized the approved survey instrument and conducted a random survey of AAOS and AAHKS members.

A total of 2,650 survey requests were sent out and 206 non-conflicted responses were received.

RECOMMENDATIONS

Work RVU:

The current work RVU of 20.72 is recommended. This is below the survey median of 24.00 and below the survey 25th percentile of 22.14.

Pre-service time:

Pre-time package 4 is selected: difficult patient / difficult procedure.

Evaluation time: We recommend adding 30 minutes to the standard package time of 40 minutes (total of 70 minutes) to account for significant additional pre-operative time to optimize a patient prior to total joint replacement surgery.

Total knee arthroplasty is increasingly part of a mandatory Medicare bundled payment program (Comprehensive Care for Joint Replacement [CJR]) or an optional Medicare bundled payment program (Bundled Payment for Care Initiative [BPCI]). Similar alternative payment models are employed in many states by both Medicaid and private insurers. Physicians are also more commonly participating in accountable care organization programs with Medicare, Medicaid and private insurers. In all of these programs, physicians and hospitals have financial incentives to reduce costs and improve quality.

Pre-operative identification and optimization of medical co-morbidities has been shown to shorten hospital length of stay and reduce complications, including readmissions. In a 2019 New England Journal of Medicine (NEJM) study on the outcomes of patients in the CJR program, the mean number of chronic medical conditions was seven. Considerable work by the surgeon and QHPs is required to facilitate, coordinate, validate and document the assessment and optimization of patients prior to total joint replacement surgery. Patients are more frequently discharged home rather than to inpatient rehabilitation or skilled nursing facilities. This deliberate reduction in post-acute care service requires considerable work by the surgeon and QHPs prior to surgery.

All of this work is not explicitly captured in the standard RUC survey, nor is it included in the current RUC pre-time packages, but the work is certainly being performed on a routine basis for the typical patient. The specific tasks are noted above in the description of the pre-service work.

Positioning: Twelve minutes have been added to the standard package time of 3 minutes (total of 15 minutes) to account for positioning the patient supine; apply a tourniquet; confirm tourniquet settings and validate function. This is consistent with both the survey median and historical RUC precedent for many similar orthopaedic codes.

Scrub, dress and wait: Five minutes have been subtracted from the standard package of 20 minutes (total time of 15 minutes) to be consistent with the survey median.

Immediate Post-Service Time

Immediate post-time package 9b is selected: general anesthesia or complex regional block / complex procedure. Thirteen minutes have been subtracted to be consistent with the survey median.

Hospital Visits

We recommend 99232 x 2 and 99238 x 1 which is consistent with the survey median. This is a decrease of one hospital visit compared to the 2013 data which is the result of the considerable pre-service time expended on optimizing the patient for total joint replacement surgery. The first hospital visit occurs later on the same day as surgery; 83% of respondents reported that they completed this E/M encounter. The second hospital visits occurs on post-operative day #1. The specific tasks for both visits are detailed in the section for the description of the post-service work and support a level 99232 for both encounters. The patient is typically discharged on post-operative day #2 which is indicated by the discharge day code 99238. Patients may be seen more than once on these days (e.g. morning and afternoon) to coordinate care and facilitate discharge.

Office Visits

We recommend 99213 x 3 which is consistent with the survey median.

SUMMARY

The transition to value-based alternative payment models has facilitated care delivery redesign for total hip arthroplasty, resulting in a shorter hospital length of stay, diminished utilization of post-acute care facilities, lower rates of hospital readmissions and reduced costs. A key change in this evolution is an increasing emphasis on pre-operative optimization of patients prior to surgery with a corresponding shift in resource utilization to the pre-service period.

AAOS and AAHKS recommend the current work RVU of 20.72, which is below the survey 25th percentile; this is well supported by the survey results from a representative and robust survey with 206 respondents.

Key Reference Code Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMMED POST	POST-OP HOSPITAL VISITS	POST-OP OFFICE VISITS
27447	Arthroplasty, knee, condyle and plateau medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	19.60	0.112	374	70	97	20	2-99232 1-99238	3-99213
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	22.13	0.089	448	75	140	30	1-99232 2-99231 1-99238	3-99213 1-99212
22851	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	25.00	0.140	395	98	120	30	1-99232 1-99238	3-99213

MPC Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMMED POST	POST-OP HOSPITAL VISITS	POST-OP OFFICE VISITS
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	1-99232 1-99238	2-99213
27447	Arthroplasty, knee, condyle and plateau medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	19.60	0.112	374	70	97	20	2-99232 1-99238	3-99213
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	33.75	0.096	682	95	158	40	1-99291 3-99233 1-99232 1-99231 1-99238	1-99214 1-99212

ARTICLES SUPPORTING ADDITIONAL PREOPERATIVE PATIENT OPTIMIZATION WORK

1. Early Results of Medicare's Bundled Payment Initiative for a 90-Day Total Joint Arthroplasty Episode of Care, Iorio, Richard et al., The Journal of Arthroplasty, Volume 31, Issue 2, 343-350. <https://www.ncbi.nlm.nih.gov/pubmed/26427938>
2. Bundled Payments: Our Experience at an Academic Medical Center, Bolz, Nicholas J. et al., The Journal of Arthroplasty, Volume 31, Issue 5, 932-935 <https://www.ncbi.nlm.nih.gov/pubmed/27020651>
3. *Improvements in Total Joint Replacement Quality Metrics: Year one Versus Year Three of the Bundled Payments for Care Improvement Initiative*, Dundon, John M. et al., The Journal of Bone & Joint Surgery, Volume 98, Issue 23, 1949-1953. <https://www.ncbi.nlm.nih.gov/pubmed/27926675>
4. *Cost of Joint Replacement Using Bundled Payment Models*, Navathe, Amol S. et al., JAMA Internal Medicine, Volume 177, Issue 2, 214-222. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2594805>
5. *Effect of Bundled Payments and Health Care Reform as Alternative Payment Models in Total Joint Arthroplasty: A Clinical Review*, Siddiqi, Ahmed et al., The Journal of Arthroplasty, Volume 32, Issue 8, 2590 -2597. <https://www.ncbi.nlm.nih.gov/pubmed/28438453>
6. Early Lessons on Bundled Payment at an Academic Medical Center, Jubelt, Lindsay E. et al., Journal of the American Academy of Orthopaedic Surgery, Volume 25, Issue 9, 654-663. <https://www.ncbi.nlm.nih.gov/pubmed/28837458>

7. Total knee arthroplasty: improving outcomes with a multidisciplinary approach, Feng, James et al., Journal of Multidisciplinary Healthcare, Volume 2018, Issue 11, 63-73. <https://www.dovepress.com/total-knee-arthroplasty-improving-outcomes-with-a-multidisciplinary-ap-peer-reviewed-fulltext-article-JMDH>
8. Bundled Payment Arrangements: Key to Success, Bosco, Joseph A. et al., Journal of the American Academy of Orthopaedic Surgery, Volume 26, Issue 23, 817-822. <https://www.ncbi.nlm.nih.gov/pubmed/30252787>
9. Two year Evaluation of Mandatory Bundled Payments for Joint Replacement, Barnett, Michael L. et al., New England Journal of Medicine, Volume 380, Issue 6, 252-262. <https://www.nejm.org/doi/full/10.1056/NEJMs1809010>
10. Risk stratification in primary total joint arthroplasty: the current state of knowledge, Gronbeck, Christian et al., Arthroplasty Today, Volume 5, Issue 1, 126-131. [https://www.arthroplastytoday.org/article/S2352-3441\(18\)30128-6/fulltext](https://www.arthroplastytoday.org/article/S2352-3441(18)30128-6/fulltext)
11. The Impact of Comprehensive Care for Joint Replacement Bundled Payment Program on Care Delivery, Sood, Neeraj et al., The Journal of Arthroplasty, Volume 34, Issue 4, 609-612. [https://www.arthroplastyjournal.org/article/S0883-5403\(18\)31162-8/fulltext](https://www.arthroplastyjournal.org/article/S0883-5403(18)31162-8/fulltext)
12. Quantifying the Perioperative Work Associated with Total Hip and Knee Arthroplasty: The Burden Has Increased With Contemporary Care Pathways, Wasterlain, Amy S. et al., The Journal of Arthroplasty, Forthcoming 2019. [https://www.arthroplastyjournal.org/article/S0883-5403\(19\)30630-8/fulltext](https://www.arthroplastyjournal.org/article/S0883-5403(19)30630-8/fulltext)
13. Perioperative Telephone Encounters Should Be Included in the Relative Value Scale Update Committee Review of Time Spent on Total Hip and Knee Arthroplasty, Kheir, Matthew et al., The Journal of Arthroplasty, Volume 34, Issue 8, 1563-1569. [https://www.arthroplastyjournal.org/article/S0883-5403\(19\)30467-X/abstract](https://www.arthroplastyjournal.org/article/S0883-5403(19)30467-X/abstract)

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) 27447

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?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. nationale data not available

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

306,305 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 orthopaedic surgery	Frequency 306000	Percentage 99.90 %
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Specialty	Frequency	Percentage	%
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Specialty	Frequency 0	Percentage 0.00 %
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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 - Knee replacement

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 27447

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: Hip/Knee Arthroplasty

TAB: 11

					RWV					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	33	32	31	38	15	14	13	12	11
REF1	23472	Arthroplasty, glenohumeral joint	103	0.089			22.13			448	40	15	20			140			30	1	2		1.0			3	1	
REF2	22551	Arthrodesis, anterior interbody, l	36	0.140			25.00			395	60	18	20			120			30	1			1.0			3		
2013 ROC Rec	27130	'Arthroplasty, acetabular and pro	150	0.110			19.60			380	40	15	20			100			25	1	2		1.0			2	1	
current	27130	Arthroplasty, acetabular and pro		0.110			20.72			407	40	15	20			100			25	2	1		1.0			3		
SVY	27130	Arthroplasty, acetabular and pro	206	0.152	18.50	22.50	24.00	25.00	40.00	377	40	15	15	45	85	100	120	250	20	2			1.0			3		
REC	27130	'Arthroplasty, acetabular and proxim		0.108			19.60			377	40	15	15			100			20	2			1.0			3		

REF1	23472	Arthroplasty, glenohumeral joint	90	0.089			22.13			448	40	15	20			140			30		1	2	1.0			3	1
REF2	22551	Arthrodesis, anterior interbody, l	32	0.140			25.00			395	60	18	20			120			30		1		1.0			3	
2013 ROC Rec	27447	Arthroplasty, knee, condyle a	157	0.110			19.60			380	40	15	20			100			25		1	2	1.0			2	1
current	27447	Arthroplasty, knee, condyle and		0.110			20.72			407	40	15	20			100			25		2	1	1.0			3	
SVY	27447	Arthroplasty, knee, condyle and	206	0.158	17.00	22.14	24.00	25.00	32.50	374	40	15	15	45	86	97	120	185	20		2		1.0			3	
REC	27447	'Arthroplasty, acetabular and proxim		0.112			19.60			374	40	15	15			97			20		2		1.0			3	

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

Meeting Date: 10/2019

CPT Code	Long Descriptor	Global Period
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	090
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	090

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
27130	A 72-year-old female has hip osteoarthritis not responding to non-operative treatment. A total hip arthroplasty (THA) is performed.
27447	A 74-year-old female has knee osteoarthritis not responding to non-operative treatment. A total knee arthroplasty (TKA) 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:

A panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The specialty societies also submitted a request to the RUC Research Subcommittee to add an additional question to the standard RUC survey regarding pre-service clinical staff time. The Research Subcommittee approved the request and the following question was added to the survey:

Background for Question 7: Clinical Staff Time

The purpose of this question is to capture the clinical staff time provided by health care professionals who are paid by your practice and cannot bill separately, such as registered nurses (RNs), licensed practical nurses (LPNs), and certified medical assistants (MA), or other clinical staff employed in your practice. Do not count the clinical staff time for any separately reported services performed on the same date or other dates (eg, chronic care management services performed during the month).

Clinical staff activities DO NOT INCLUDE time for any administrative activities no matter who performs these services, including:

- Obtain referral documents
- Schedule patient/remind patient of appointment
- Obtain medical records/manage patient database/develop chart
- Pre-certify patient/conduct pre-service billing
- Verify insurance/register patient
- Transcribe results/file and manage patient records
- Schedule subsequent post service follow-up visits
- Conduct billing and collection activities

QUESTION 7: Pre-operative CLINICAL STAFF TIME: How much total time does your clinical staff (eg, RN, LPN, MA) spend per patient on the following planning, preparation, optimization and care coordination activities prior to surgery?

Please include the CLINICAL STAFF TIME for planning the case and preparation of the patient prior to the procedure, but separate and after the decision-for-surgery visit, which may include the following activities:

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- Schedule space and equipment in the operating room.
- Coordinate pre-operative services (including test results).
- Coordinate pre-operative assessment with anesthesia.
- Coordinate pre-operative services with physical therapy, case manager and/or social worker.
- Provide pre-operative education.
- Coordinate final clearance assessment.
- Complete pre-operative phone calls, e-mails, or other communications with patient, family and other providers to coordinate care and optimization.
- Complete pre-operative phone calls, e-mails, or other communications with patient or family to review preparation and instructions (eg, NPO, medications, antibiotic shower).

2744727130

TOTAL Pre-operative CLINICAL STAFF TIME (minutes)

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 codes are used for reference.

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:

The clinical staff time involved in providing total joint arthroplasty has changed considerably in the past six plus years since 27130 and 27447 were last surveyed (2012/2013). Since 2013 the use of pre-operative optimization protocols for Total Joint patients has become typical and involves a considerable change in work done by clinical staff prior to surgery.

These activities include

- Schedule space and equipment in OR.
- Coordinate pre-surgery services (including test results).
- Coordinate pre-operative assessment with anesthesia.
- Coordinate pre-operative services with physical therapy, case manager and/or social worker.
- Provide pre-operative education.
- Coordinate final clearance assessment.
- Complete pre-operative phone calls, e-mails, or other communications with patient, family and other providers to coordinate care and optimization.
- Complete pre-operative phone calls, e-mails, or other communications with patient or family to review preparation and instructions (eg, NPO, medications, antibiotic shower).

Previous surveys did not address this work, and we believe the additional work merited survey, which compelled the societies to request the additional question. We believe the survey results illustrate that indeed the clinical work is greater in the pre-service period than in previous years and is

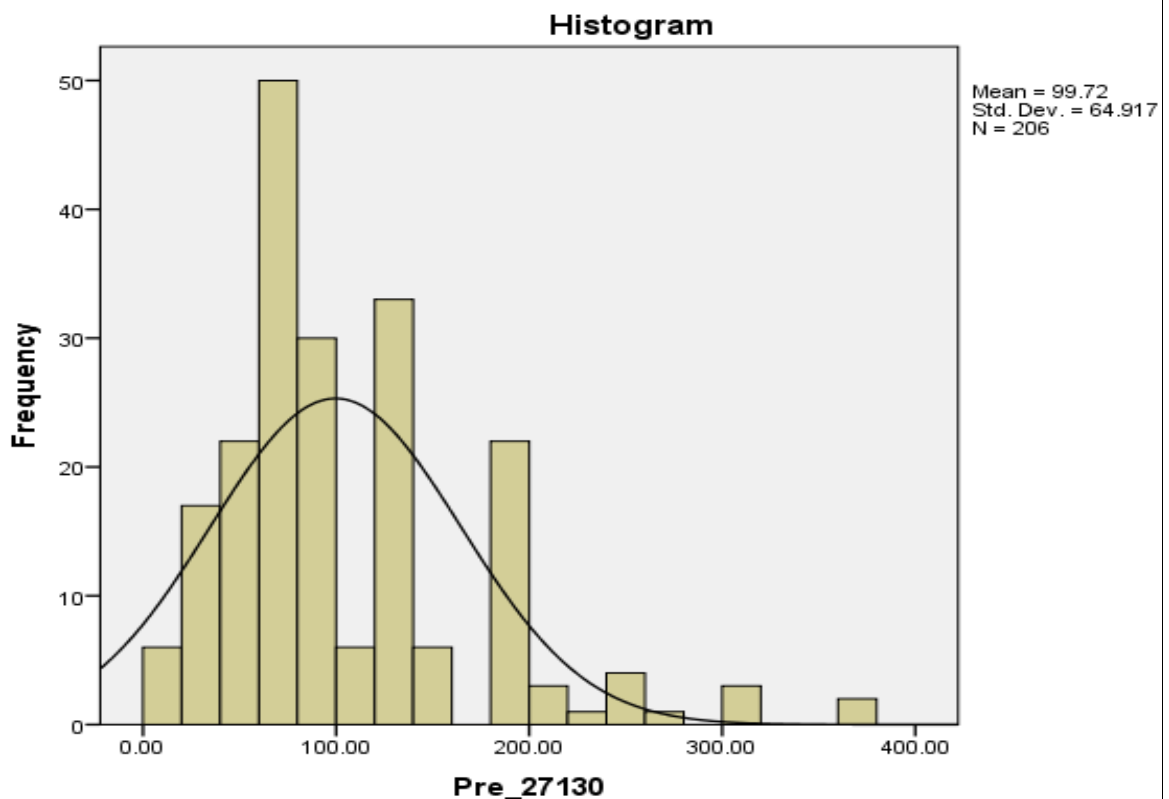
**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
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sufficiently different from the clinical standard. Please see the following literature on pre and post-service work done non face-to-face in Total Hip Arthroplasty and Total Knee Arthroplasty.

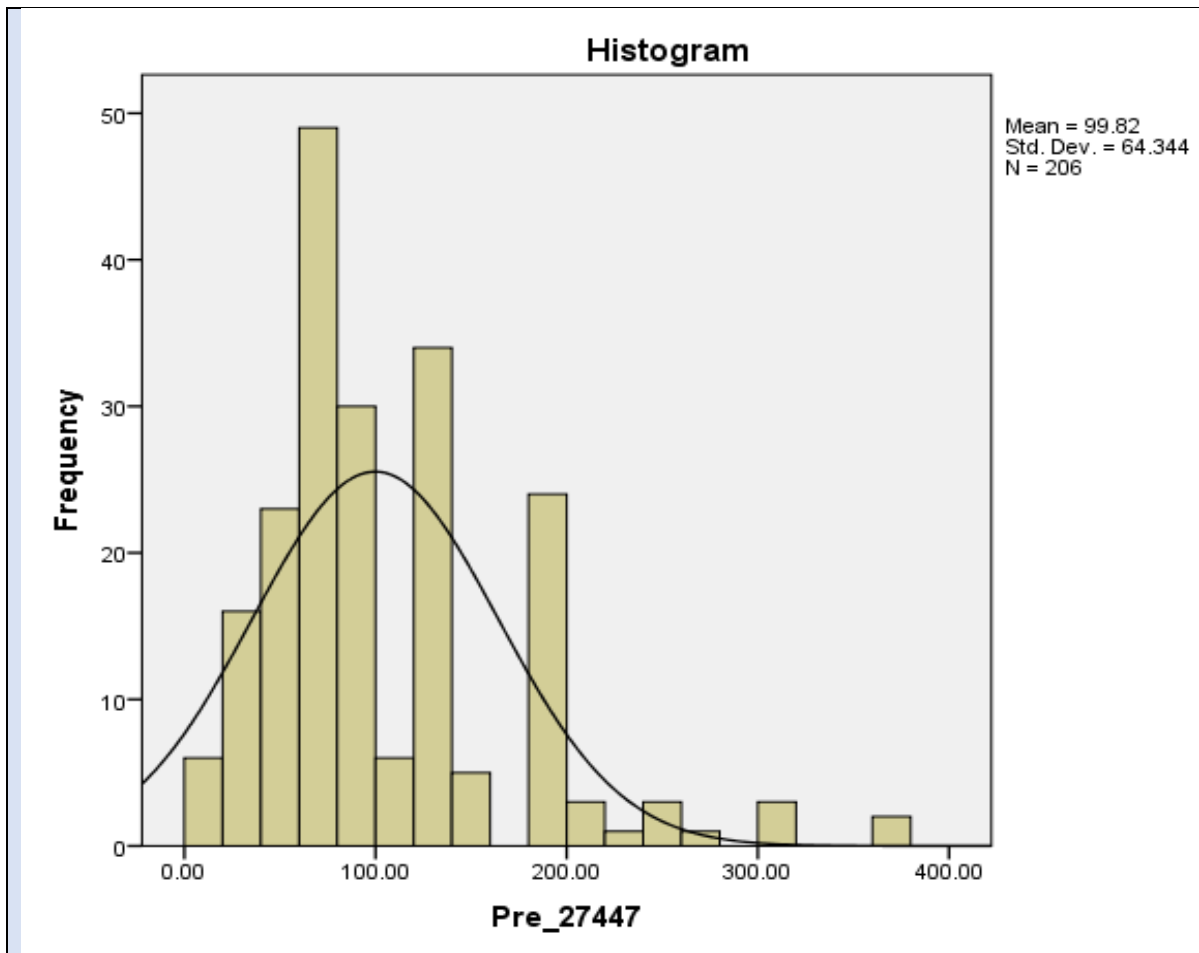
SUMMARY OF SURVEY RESPONDENTS TO CLINICAL STAFF QUESTION

Summary of Data for Question 7, Tab 11-Hip/Knee Arthroplasty in minutes

CPT	DESC	MIN	25TH %	MEDIAN	75TH%	MAX
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	0	60	90	120	360
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	0	60	90	120	360



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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**



ARTICLES SUPPORTING ADDITIONAL PREOPERATIVE PATIENT OPTIMIZATION WORK

1. Early Results of Medicare's Bundled Payment Initiative for a 90-Day Total Joint Arthroplasty Episode of Care, Iorio, Richard et al., *The Journal of Arthroplasty*, Volume 31, Issue 2, 343-350. <https://www.ncbi.nlm.nih.gov/pubmed/26427938>
2. Bundled Payments: Our Experience at an Academic Medical Center, Bolz, Nicholas J. et al., *The Journal of Arthroplasty*, Volume 31, Issue 5, 932-935. <https://www.ncbi.nlm.nih.gov/pubmed/27020651>
3. *Improvements in Total Joint Replacement Quality Metrics: Year one Versus Year Three of the Bundled Payments for Care Improvement Initiative*, Dundon, John M. et al., *The Journal of Bone & Joint Surgery*, Volume 98, Issue 23, 1949-1953. <https://www.ncbi.nlm.nih.gov/pubmed/27926675>
4. *Cost of Joint Replacement Using Bundled Payment Models*, Navathe, Amol S. et al., *JAMA Internal Medicine*, Volume 177, Issue 2, 214-222. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2594805>
5. *Effect of Bundled Payments and Health Care Reform as Alternative Payment Models in Total Joint Arthroplasty: A Clinical Review*, Siddiqi, Ahmed et al., *The Journal of Arthroplasty*, Volume 32, Issue 8, 2590 -2597. <https://www.ncbi.nlm.nih.gov/pubmed/28438453>

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

6. Early Lessons on Bundled Payment at an Academic Medical Center, Jubelt, Lindsay E. et al., Journal of the American Academy of Orthopaedic Surgery, Volume 25, Issue 9, 654-663.
<https://www.ncbi.nlm.nih.gov/pubmed/28837458>
7. Total knee arthroplasty: improving outcomes with a multidisciplinary approach, Feng, James et al., Journal of Multidisciplinary Healthcare, Volume 2018, Issue 11, 63-73.
<https://www.dovepress.com/total-knee-arthroplasty-improving-outcomes-with-a-multidisciplinary-ap-peer-reviewed-fulltext-article-JMDH>
8. Bundled Payment Arrangements: Key to Success, Bosco, Joseph A. et al., Journal of the American Academy of Orthopaedic Surgery, Volume 26, Issue 23, 817-822.
<https://www.ncbi.nlm.nih.gov/pubmed/30252787>
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[https://www.arthroplastyjournal.org/article/S0883-5403\(19\)30467-X/abstract](https://www.arthroplastyjournal.org/article/S0883-5403(19)30467-X/abstract)

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:

See response to Question 4. Increase in aggregate cost is reflective of increase in pre-service patient optimization time.

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)
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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

	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)	30 minutes (20 min standard plus 10 add'l min) 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 with physical therapy, psychology, and social worker/case worker. Staff receive records from requisite pre-operative visits and incorporate information into optimization protocols and records. 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	40 minutes (20 min standard plus 20 add'l min) Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions. Staff conduct in-person pre-surgery course for patients. 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):

<p>12 minutes (standard)</p> <p>Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as:</p> <ul style="list-style-type: none"> • Responding to patient/family questions about home activity restrictions/WB status, therapy questions • Answer questions regarding dressing/wound management, showering/bathing, personal grooming • Confirmation of home equipment • Confirmation of discharge ABX if needed, pain medication, use of anticoagulation • Coordination with PCP's office for transfer of records • 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:

<p>108 minutes - standard time for <u>current</u> (2019) office visit E/Ms</p> <p>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</p>
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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

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, ROM assessment, and staple removal when appropriate. 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. 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

14. 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) database time.
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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

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

17. 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).

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[illegible]

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Final Rule for 2019 – Public Nominations

April 2019

Hip/Knee Arthroplasty – Tab 10

CMS provided detail in the Medicare Physician Payment Final Rule for CY 2019 on the seven high-volume codes nominated by Anthem for review under the potentially misvalued code initiative. In its request, Anthem noted a systemic overvaluation of work RVUs in certain procedures and tests based “on a number of GAO and MedPAC reports, media reports regarding time inflation of specific services, and the January 19, 2017 Urban Institute report for CMS.” Anthem suggested that the times CMS assumes in estimating work RVUs are inaccurate for procedures, especially due to substantial overestimates of preservice and post-service time, including follow-up inpatient and outpatient visits that do not take place. According to Anthem, the time estimates for tests and some other procedures are primarily overstated as part of the intra-service time. Anthem stated that previous RUC reviews of these services did not result in reductions in valuation that adequately reflected reductions in surveyed times.

The specialty societies were critical of the Urban Institute report, “Collecting Empirical Physician Time Data,” cited by Anthem which is based on a collection of empirical time data derived from electronic health records (EHRs) and/or direct observation at only three multispecialty health care systems. Only two sites provided data from EHRs, which forms the basis for the analysis of total hip arthroplasty and total knee arthroplasty. Important characteristics of the sites are not specified (e.g. size, procedure volume, academic medical center or teaching hospital, urban or rural, government entity, not-for profit or for-profit) and data was collected for only 6 or 12 months. The Urban Institute authors acknowledged the limitations of the project, “We recognize that these three sites were very much a sample of convenience and should not necessarily be viewed as representative of other health systems.” In addition, physician interviews in the study were limited; only five physicians from five multispecialty group practices were interviewed for Orthopaedic Surgery. There is no information available to confirm that these physicians perform total hip arthroplasty and/or total knee arthroplasty and their level of experience and clinical volume is not specified.

The specialties did not believe there was sufficient evidence that CPT codes 27130 and 27447 were misvalued and therefore chose to present the survey data from the January 2013 RUC meeting when the codes were last reviewed and recommended that the current values for both codes be maintained. The RUC, however, determined that the specialty societies should resurvey the codes as requested by CMS and the same as the other five services that were nominated by Anthem. The codes were last valued in 2013 and there was divergence between the RUC recommendation of 19.60 RVUs and the CMS value of 20.72 RVUs. The RUC noted that there is no precedent to affirm RUC recommendations that are more than 5 years old, further justifying a resurvey of the codes. The RUC agrees with the specialties that a random sample of surgeons with a broad range of volume and experience provides a more accurate estimate of intra-service time. The RUC determined that it is not appropriate to use survey data to justify a current work value that is higher than what was recommended at the time of review and therefore requests a resurvey of the codes.

The RUC recommends that CPT codes 27130 and 27447 be surveyed and presented at the October 2019 RUC meeting.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	090	Survey for October 2019
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	090	Survey for October 2019

CPT code 23472 (Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))). CPT code 23332 is currently billed for the work of new CPT code 23335 and has a work RVU of 12.37. Although the physician time for CPT code 23335 has increased from that of the predecessor code, CPT code 22332, and the technique for removal of prosthesis may have changed, we do not believe that the work has almost doubled for this service. Therefore, we are assigning a work RVU of 19.00 based upon the 25th percentile work RVU in the survey. We believe this appropriately reflects the work required to perform this service.

(3) Hip and Knee Replacement (CPT Codes 27130, 27236, 27446 and 27447)

CPT codes CY 27130, 27446 and 27447 were identified as potentially misvalued codes under the CMS high expenditure procedural code screen in the CY 2012 final rule with comment period. The AMA RUC reviewed the family of codes for hip and knee replacement (CPT codes 27130, 27236, 27446 and 27447) and provided us with recommendations for work RVUs and physician time for these services for CY 2014. We are establishing the AMA RUC-recommended values of 17.61 and 17.48 a CY 2014 interim final work RVUs for CPT codes 27236 and 27446, respectively.

For CPT codes 27130 and 27447, we are establishing work RVUs that vary from those recommended by the AMA RUC. In addition to the recommendation we received from the AMA RUC, we received alternative recommendations and input regarding appropriate values for codes within this family from the relevant specialty societies. These societies raised several objections to the AMA RUC's recommended values, including the inconsistent data sources used for determining the time for this recommendation relative to its last recommendation in 2005, concerns regarding the thoroughness of the AMA RUC's review of the services, and questions regarding the appropriate number of visits estimated to be furnished within the global period for the codes.

We have examined the information presented by the specialty societies and the AMA RUC regarding these services and we share concerns raised by stakeholders regarding the appropriate valuation of these services, especially related to using the most accurate data source available for determining the intraservice time involved in furnishing PFS services. Specifically, there appears

to be significant variation between the time values estimated through a survey versus those collected through specialty databases. However, we also note that the AMA RUC, in making its recommendation, acknowledged that there has been a change in the source for time estimates since these services were previously valued.

We note that one source of disagreement regarding the appropriate valuation of these services result from differing views as to the postoperative visits that typically occur in the global period for both of these procedures. The AMA RUC recommended including three inpatient postoperative visits (2 CPT code 99231 and one CPT code 99232), one discharge day management visit (99238), and three outpatient postoperative office visits (1 CPT code 99212 and 2 CPT code 99213) in the global periods for both CPT codes 27130 and 27447. The specialty societies agreed with the number of visits included in the AMA RUC recommendation, but contended that the visits were not assigned to the appropriate level. Specifically, the specialty societies believe that the three inpatient postoperative visits should be 1 CPT code 99231 and 2 CPT code 99232. Similarly, the specialty societies indicated that the three outpatient postoperative visits should all be CPT code 99213. The visits recommended by the specialty societies would result in greater resources in the global period and thus higher work values.

The divergent recommendations from the specialty societies and the AMA RUC regarding the accuracy of the estimates of time for these services, including both the source of time estimates for the procedure itself as well as the inpatient and outpatient visits included in the global periods for these codes, lead us to take a cautious approach in valuing these services.

We agree with the AMA RUC's recommendation to value CPT codes 27130 and 27447 equally so we are establishing the same CY 2014 interim final work RVUs for these two procedures. However, based upon the information that we have at this time, we believe it is also appropriate to modify the AMA RUC-recommended RVU to reflect the visits in the global period as recommended by the specialty societies. This change results in a 1.12 work RVU increase for the visits in the global period. We added the additional work to the AMA RUC-recommended work RVU of 19.60 for CPT codes 27130 and 27447, resulting in an interim final work RVU of 20.72 for both services.

To finalize values for these services for CY 2015, we seek public comment

regarding not only the appropriate work RVUs for these services, but also the most appropriate reconciliation for the conflicting information regarding time values for these services as presented to us by the physician community. We are also interested in public comment on the use of specialty databases as compared to surveys for determining time values. We are especially interested in potential sources of objective data regarding procedure times and levels of visits furnished during the global periods for the services described by these codes.

(4) Transcatheter Aortic Valve Replacement (TAVR) (CPT Code 33366)

For the CY 2013 final rule with comment period, we reviewed and valued several codes within the transcatheter aortic valve replacement (TAVR) family including CPT Codes 33361 (transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach), 33362 (transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach), 33363 (transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach), 33364 (transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach) and 33365 (transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)). For these codes, we finalized the CY 2013 interim final values for CY 2014 (see section II.E.2.a.ii.) For CY 2014, CPT created a new code in the TAVR family, CPT code 33366, (Trcath replace aortic value).

The AMA RUC has recommended the median survey value RVU of 40.00 for CPT Code 33366. After review, we believe that a work RVU of 35.88, which is between the survey's 25th percentile of 30.00 and the median of 40.00, accurately reflects the work associated with this service. The median intraservice time from the survey for CPT code 33365 is 180 minutes and for CPT code 33366 is 195. Using a ratio between the times for these procedures we determined the current work RVU of 33.12 for CPT code 33365 results in the work RVU of 35.88 for CPT code 33366. We believe that an RVU of 35.88 more appropriately reflects the work required to perform CPT code 33366 and maintains appropriate relativity among these five codes. We are establishing a CY 2014 interim final work RVU of 35.88 for CPT code 33366.

2014, breast biopsies and marker placements were billed using a single code. In addition, the appropriate image guidance code was separately billed. Prior to CY 2014, there were individual guidance codes for the different types of guidance including MR and stereotactic guidance.

For CY 2013, the MR guidance code, CPT code 77032, had a lower work RVU than the stereotactic guidance code, CPT code 77031. Combining the values for the marker placement or biopsy codes with the guidance codes should not, in our view, result in a change in the rank order of the guidance. Accordingly, we do not believe the bundled code that includes MR guidance should now be valued significantly higher than one that includes the stereotactic guidance. Also, the refinement panel discussions did not provide new clinical information. Therefore, we continue to believe the CY 2014 interim final values are appropriate for CPT codes 19287 and 19288, and are finalizing them for CY 2015.

Comment: Commenters stated that the RUC-recommended intraservice time of 19 minutes for CPT code 19286, which is an add-on code, was incorrect and that the code should have the same intraservice time as its base code (15 minutes) rather than the 14 minutes assigned by CMS. The commenter said that this was consistent with the other base code/add-on relationships across the family.

Response: We agree and are finalizing the intraservice time for CPT code 19286 at 15 minutes.

Comment: In response to our request for confirmation that a post procedure mammogram is typically furnished with a breast marker placement procedure, commenters agreed that it was. However, they disagreed with our assertion that if it was typical it should be bundled with the appropriate breast marker procedures. Commenters said that it should be a separately reportable service because it requires additional work not captured by the codes in this family.

Response: We thank commenters for their feedback. We are not bundling post procedure mammograms with the appropriate breast marker codes at this time, but will consider whether as a services that typically occur together they should be bundled.

(3) Hip and Knee Replacement (CPT Codes 27130, 27446 and 27447)

In the CY 2014 final rule with comment period we established interim final values for three CPT codes for hip and knee replacements that had previously been identified as potentially

misvalued codes under the CMS high expenditure procedural code screen. For CY 2014, we established the RUC-recommended work value of 17.48 as interim final work RVUs for CPT code 27446. As we explained in the CY 2014 final rule with comment period, we established interim final work RVUs for CPT codes 27130 and 27447 that varied from those recommended by the RUC based upon information that we received from the relevant specialty societies. We noted that the information presented by the specialty societies and the RUC raised concerns regarding the appropriate valuation of these services, especially related to the use of the best data source for determining the intraservice time involved in furnishing PFS services. Specifically, there was significant variation between the time values estimated through a survey versus those collected through specialty databases. We characterized our concerns saying, “The divergent recommendations from the specialty societies and the RUC regarding the accuracy of the estimates of time for these services, including both the source of time estimates for the procedure itself as well as the inpatient and outpatient visits included in the global periods for these codes, lead us to take a cautious approach in valuing these services.”

With regard to the specific valuations, we agreed with the RUC’s recommendation to value CPT codes 27130 and 27447 equally. We explained that we modified the RUC-recommended work RVUs for these two codes to reflect the visits in the global period as recommended by the specialty societies, resulting in a 1.12 work RVU increase from the RUC-recommended value for each code. Accordingly, we assigned CPT codes 27130 and 27447 an interim final work RVU of 20.72. We sought public comment regarding, not only the appropriate work RVUs for these services, but also the most appropriate reconciliation for the conflicting information regarding time values for these services as presented to us by the physician community. We also sought public comment on the use of specialty databases as compared to surveys for determining time values, potential sources of objective data regarding procedure times, and levels of visits furnished during the global periods for the services described by these codes.

Comment: The RUC submitted comments explaining how it reached its recommendations for these codes and that it followed its process consistently in developing its recommendations on these codes. All those who commented specifically on the interim final work

RVUs for these codes objected to the interim final work RVUs—some citing potential access problems. Commenters suggested that we use more reliable time data. Commenters suggested that valuation should be based on actual time data, which demonstrates that the time for this code has not changed since the last valuation; and thus the work RVUs should not decrease from the CY 2013 values. Among the commenters’ suggestions were using data from the Function and Outcomes Research for Comparative Effectiveness in Total Joint Replacement (FORCE-TJR), which includes data on more than 15,000 total lower extremity joint arthroplasty procedures, including time in/time out data for at least half of the procedures, and working with the specialty societies to explore the best data collection methods. A commenter suggested restoring the CY 2013 work RVUs until additional time data are available. Another commenter suggested valuing these services utilizing a reverse building block methodology resulting in work RVU of 21.18 for CPT codes 27130 and 22.11 for CPT code 27447. A commenter stated that the hip and knee replacement codes should be valued differently since they are clinically different procedures. Two commenters expressed concern regarding the use of a final rule to establish interim values for established hip and knee procedures due to the lack of opportunity it provides stakeholders to analyze and comment on reductions prior to implementation.

Response: In the CY 2014 final rule with comment period, we noted concerns about the time data used in valuing these services and requested additional input from stakeholders regarding using other sources of data beyond the surveys typically used by the RUC. We do not believe that we received the kind of information and the level of detail about the other types of data suggested by commenters that we would need to be able to use routinely in valuing procedures. We will continue to explore the use of other data on time. As we discuss in section II.B. we have engaged contractors to assist us in exploring alternative data sources to use in determining the times associated with particular services. At this time, we are not convinced that data from another source would result in an improved value for these services. Nor did we find the reasons given for modifying the interim final work values established in CY 2014. The interim final values are based upon the best data we have available and preserve appropriate relativity with other codes.

Accordingly, we are finalizing the interim final values for these procedures.

(4) Transcatheter Placement Intravascular Stent (CPT Code 37236, 37237, 37238, and 37239)

For CY 2014, we established the RUC-recommended work RVUs for newly created CPT codes 37236, 37237, and 37238 as the interim final values. We disagreed with the RUC-recommended work RVU for CPT code 37239, which is the add-on code to CPT code 37238, for the placement of an intravascular stent in each additional vein. As we described in the CY 2014 final rule with comment period we believe that the work for placement of an additional stent in a vein should bear the same relationship to the work of placing an initial stent in the vein as the placement of an additional stent in an artery to the placement of the initial stent in an artery.

Comment: Many commenters indicated that our valuation of CPT code 37239 was inappropriate. They indicated that instead we should use the RUC's recommended work RVU of 3.34 for this code since the procedure is more intense and requires more physician work than would result from the comparison made by CMS. One commenter requested that CPT code 37239 be referred to the refinement panel.

Response: After re-review, we continue to believe that the ratio of the work of the placement of the initial stent to the placement of additional stents is the same whether the stents are placed in an artery or a vein, and accordingly the appropriate ratio is found in the RUC-recommended work RVUs of CPT codes 37236 and 37237, the comparable codes for the arteries. For that reason, we are finalizing our CY 2014 interim final values. Additionally, we did not refer these codes for refinement panel review because the criteria for refinement panel review were not met.

(5) Embolization and Occlusion Procedures (CPT Codes 37242 and 37243)

For CY 2014, we established interim final work RVUs for these two codes based upon the survey's 25th percentile. As we discussed in the CY 2014 interim final rule with comment period, we believed that the RUC-recommended work RVU for CPT code 37242 did not adequately take into account the substantial decrease in intraservice time. We indicated that we believed that the survey's 25th percentile work RVU of 10.05 was more consistent with the

decreases in intraservice time since its last valuation and more appropriately reflected the work of the procedure. Similarly, we did not believe that the RUC-recommended work RVU for CPT code 37243 adequately considered the substantial decrease in intraservice time for the procedure; and we also use the survey's 25th percentile for CPT code 37243.

Comment: Many commenters disagreed with our interim final valuation of 37242, including one who recommended a work RVU of 11.98. One commenter also believed the work RVU assigned to CPT code 37243 was inappropriate and recommended instead a work RVU of 14.00. Commenters requested that the family of codes be referred for refinement.

Response: After consideration of the comments, we continue to believe that work RVUs should reflect the decreases in intraservice time that have occurred since the last valuation. As a result, we continue to believe that our CY 2014 interim final values are most appropriate and are finalizing them for CY 2015. Additionally, we did not refer these codes for refinement panel review because the criteria for refinement panel review were not met.

(6) Rigid Transoral Esophagoscopy (CPT Codes 43191, 43192, 43193, 43194, 43195 and 43196)

We established CY 2014 interim final work RVUs for the rigid transoral esophagoscopy codes using a ratio of 1 RVU per 10 minutes of intraservice time, resulting in a RVU of 2.00 for CPT code 43191, 3.00 for CPT code 43193, 3.00 for CPT code 43194, 3.00 for CPT code 43195, and 3.30 for CPT code 43196. As we detailed in the CY 2014 final rule with comment period, the surveys showed that this ratio was reflected for about half of the rigid transoral esophagoscopy codes. Additionally, we noted that this ratio was further supported by the relationship between the CY 2013 work value of 1.59 RVUs for CPT code 43200 (Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)) and its intraservice time of 15 minutes. For CPT code 43192, the 1 work RVU per 10 minutes ratio resulted in a value that was less than the survey low, and thus did not appear to be appropriate for this procedure. Therefore, we established a CY 2014 interim final work RVU for CPT code 43192 of 2.45 based upon the survey low.

Comment: Multiple commenters objected to the interim final work RVUs assigned to CPT codes 43191–43196,

and expressed dissatisfaction with CMS's explanation for the valuations. The commenters specifically noted that CMS did not account for the difference in intensity between flexible and rigid scopes now that there are separate codes for these procedures. The commenters also suggested that the reduction in time in the RUC recommendations for codes 43191, 43193, 43195, and 43196 was also based on data from procedures with flexible scopes. The commenters also stated that our valuation of services based upon 1 work RVU per 10 minutes of intraservice time was inappropriate and was based on the survey low, which is an anomalous outlier. The commenters suggested the following work RVUs based upon the RUC recommended values: 2.78 for CPT code 43191, 3.21 for CPT code 43192, 3.36 for CPT code 43193, 3.99 for CPT code 43194, 3.21 for CPT code 43195 and 3.36 for CPT code 43196. Finally, the commenters asked that all these codes be referred to a refinement panel for reconsideration.

Response: After consideration of the comments, we agree that modification of the CY 2014 interim final values is appropriate. Based upon the information provided in comments and further investigation, we believe that greater intensity is involved in furnishing rigid than flexible transoral esophagoscopy. Accordingly, rather than assigning 1 work RVU per 10 minutes of intraservice time as we did for the CY 2014 interim final, we are assigning a final work RVU to the base code, CPT code 43191, of 2.49. This work RVU is based on increasing the work RVU of the previous comparable code (1.59) to reflect the percentage increase in time for the CY 2014 code. For the remaining rigid esophagoscopy codes, we developed RVUs by starting with the RVUs for the corresponding flexible esophagoscopy codes, and increasing those values by adding the difference between the base flexible esophagoscopy and the base rigid esophagoscopy codes to arrive at final RVUs. We are establishing a final work RVU of 2.79 to CPT code 43192, 2.79 to CPT code 43193, 3.51 to CPT code 43194, 3.07 to CPT code 43195, and 3.31 to CPT code 43196. These codes were not referred to refinement because the request did not meet the criteria for referral.

(7) Flexible Transnasal Esophagoscopy (CPT Codes 43197 and 43198)

We established CY 2014 interim final work RVUs of 1.48 for CPT code 43197 and 1.78 for CPT code 43198. As detailed in the CY 2014 final rule with comment period, we removed 2 minutes

potentially misvalued. In addition to the Harvard-valued codes, in the CY 2013 PFS final rule with comment period we finalized for review a list of potentially misvalued codes that have stand-alone PE (codes with physician work and no listed work time and codes with no physician work that have listed work time).

In the CY 2016 PFS final rule with comment period, we finalized for review a list of potentially misvalued services, which included eight codes in the neurostimulators analysis-programming family (CPT codes 95970–95982). We also finalized as potentially misvalued 103 codes identified through our screen of high expenditure services across specialties.

In the CY 2017 PFS final rule, we finalized for review a list of potentially misvalued services, which included eight codes in the end-stage renal disease home dialysis family (CPT codes 90963–90970). We also finalized as potentially misvalued 19 codes identified through our screen for 0-day global services that are typically billed with an evaluation and management (E/M) service with modifier 25.

In the CY 2018 PFS final rule, we finalized arthrodesis of sacroiliac joint (CPT code 27279) as potentially misvalued. Through the use of comment solicitations with regard to specific codes, we also examined the valuations of other services, in addition to, new potentially misvalued code screens (82 FR 53017 through 53018).

3. CY 2019 Identification and Review of Potentially Misvalued Services

In the CY 2012 PFS final rule with comment period (76 FR 73058), we finalized a process for the public to nominate potentially misvalued codes. In the CY 2015 PFS final rule with comment period (79 FR 67606 through 67608), we modified this process whereby the public and stakeholders may nominate potentially misvalued codes for review by submitting the code with supporting documentation by February 10th of each year. Supporting documentation for codes nominated for the annual review of potentially misvalued codes may include the following:

- Documentation in peer reviewed medical literature or other reliable data that there have been changes in physician work due to one or more of the following: Technique, knowledge and technology, patient population, site-of-service, length of hospital stay, and work time.
- An anomalous relationship between the code being proposed for review and other codes.

- Evidence that technology has changed physician work.
- Analysis of other data on time and effort measures, such as operating room logs or national and other representative databases.
- Evidence that incorrect assumptions were made in the previous valuation of the service, such as a misleading vignette, survey, or flawed crosswalk assumptions in a previous evaluation.
- Prices for certain high cost supplies or other direct PE inputs that are used to determine PE RVUs are inaccurate and do not reflect current information.
- Analyses of work time, work RVU, or direct PE inputs using other data sources (for example, VA, NSQIP, the STS National Database, and the MIPS data).
- National surveys of work time and intensity from professional and management societies and organizations, such as hospital associations.

We evaluate the supporting documentation submitted with the nominated codes and assess whether the nominated codes appear to be potentially misvalued codes appropriate for review under the annual process. In the following year's PFS proposed rule, we publish the list of nominated codes and indicate for each nominated code whether we agree with its inclusion as a potentially misvalued code. The public has the opportunity to comment on these and all other proposed potentially misvalued codes. In that year's final rule, we finalize our list of potentially misvalued codes.

a. Public Nominations

We received one submission that nominated several high-volume codes for review under the potentially misvalued code initiative. In its request, the submitter noted a systemic overvaluation of work RVUs in certain procedures and tests based “on a number of Government Accountability Office (GAO) and the Medicare Payment Advisory Commission (MedPAC) reports, media reports regarding time inflation of specific services, and the January 19, 2017 Urban Institute report for CMS.” The submitter suggested that the times CMS assumes in estimating work RVUs are inaccurate for procedures, especially due to substantial overestimates of preservice and postservice time, including follow-up inpatient and outpatient visits that do not take place. According to the submitter, the time estimates for tests and some other procedures are primarily overstated as part of the intraservice time. Furthermore, the

submitter stated that previous RUC reviews of these services did not result in reductions in valuation that adequately reflected reductions in surveyed times.

Based on these analyses, the submitter requested that the codes listed in Table 11 be prioritized for review under the potentially misvalued code initiative.

TABLE 11—PUBLIC NOMINATIONS DUE TO OVERVALUATION

CPT code	Short description
27130	Total hip arthroplasty.
27447	Total knee arthroplasty.
43239	Egd biopsy single/multiple.
45385	Colonoscopy w/lesion removal.
70450	CT head w/o contrast.
93000	Electrocardiogram complete.
93306	Tte w/doppler complete.

Another submitter requested that CPT codes 92992 (Atrial septectomy or septostomy; transvenous method, balloon (e.g., Rashkind type) (includes cardiac catheterization)) and 92993 (Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)) be reviewed under the potentially misvalued code initiative in order to establish national RVU values for these services under the MPFS. These codes are currently priced by the Medicare Administrative Contractors (MACs).

We received several comments with regard to the nomination of several high-volume codes for review under the potentially misvalued code initiative.

Comment: One commenter stated that specific details of the nomination of the seven high-volume codes were not provided in the CY 2019 PFS proposed rule. Several other commenters, including the RUC, expressed concern that the source of the nomination of the seven high-volume codes and its entire nomination letter was not made available. These commenters requested that CMS provide greater transparency and publicly provide all nomination requests identifying potentially misvalued codes.

Response: We believe that we summarized the contents of the public nomination letter and provided the rationale in the CY 2019 PFS proposed rule with enough detail for commenters to comment substantively and provide supporting documentation or data to rebut the suggestion that these codes are potentially misvalued. We recognize the importance of transparency and note that under the public nomination process that was established in CY 2012 rulemaking, the first opportunity for the public to nominate codes was during the 60-day comment period for the CY

2012 final rule with comment period; therefore, public nominations were received via submission to www.regulations.gov. In the CY 2015 final rule with comment period (79 FR 67606 through 67608), we finalized a modified process for identifying potentially misvalued codes (fully effective in CY 2017), where we established a new deadline of February 10th for receipt of public nominations for potentially misvalued codes to be considered for inclusion in the proposed rule. Although stakeholders often include public nominations of misvalued codes for consideration in a subsequent year's rulemaking as part of their comments on a current year's proposed rule, the public and stakeholders may nominate potentially misvalued codes for review by submitting the code with supporting documentation to CMS by February 10th of each year. In the future, public nominations that CMS receives by the February 10th deadline will be made available in the form of a public use file with the proposed rule, in the downloads section on the CMS website at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/>. We remind submitters that any information that might be considered proprietary or confidential should not be included. Additionally, we have included the submission that nominated these high-volume codes for review as potentially misvalued as a public use file for the CY 2019 PFS final rule.

Comment: One commenter stated that because CMS did not include these publicly nominated codes in Table 13 of the proposed rule, it does not appear that CMS has agreed with the commenter on the need to revisit these codes. Another commenter stated that CMS did not provide guidance on whether these nominated codes would be considered for revaluation or retained at their current value.

Response: We clarify that the codes for which we received public nominations as potentially misvalued were not included in Table 13 of the proposed rule because that table contains a list of codes for which we proposed work RVUs for CY 2019 (the list does not include codes for which we received nominations discussed in the proposed rule for consideration as potentially misvalued). As previously indicated, in the proposed rule we publish the list of codes nominated as potentially misvalued, which allows the public the opportunity to comment on these codes; then, in the final rule, we finalize our list of potentially misvalued codes. No new valuations were

proposed for these codes in the CY 2019 PFS proposed rule. Any revaluation of these codes would be proposed in future rulemaking.

Comment: One commenter stated that the codes in Table 8 in the proposed rule and their respective code families should be prioritized for review as potentially misvalued. The commenter suggested revisiting two recent efforts funded by CMS, reports by Urban Institute and RAND Corporation (https://www.urban.org/sites/default/files/publication/87771/2001123-collecting-empirical-physician-time-data-piloting-approach-for-validating-work-relative-value-units_1.pdf), and, https://www.rand.org/content/dam/rand/pubs/research_reports/RR600/RR662/RAND_RR662.pdf), for prioritization of codes for review to expand the misvalued codes initiative list. The commenter referenced a June 2018 MedPAC report that stated that CMS' review of potentially misvalued codes has not addressed services that account for a substantial share of fee schedule spending and is hampered by the lack of current, accurate, and objective data on clinician work time and practice expenses. Consequently, according to the MedPAC report, work RVUs for procedures, imaging, and tests are systemically overvalued relative to other services, such as ambulatory evaluation and management (E/M) services.

Response: We appreciate the commenters' recommendations for expanding the misvalued codes list. We will consider whether to address these suggestions in future rulemaking.

Comment: One commenter recommended that additional research be conducted on the analytic products available that could be used to create transparency into the RUC process and allow for greater external participation in misvalued cost evaluation. The commenter also stated that CMS should reconsider reliance on the RUC altogether given the inherent conflicts of interest in the RUC-based process.

Response: We acknowledge that the RUC provides critically important information that factors into our review process. However, our review of recommended work RVUs and time inputs is also informed by review of various alternate sources of information, in addition to the RUC. Examples of these alternate sources of information include information provided by other public commenters, Medicare claims data, comparative databases, medical literature, as well as consultation with other physicians and healthcare professionals within CMS and the federal government. We also reiterate

that we continue to be open to reviewing additional and supplemental sources of data furnished by stakeholders, and providing such information to CMS is not limited to the public nomination process for potentially misvalued codes. We encourage stakeholders to continue to provide such information for our consideration in establishing work RVUs.

Comment: One commenter stated concerns with CMS' use of a non-relative measuring approach for the seven codes nominated for review when generally the RUC-valued and CMS-approved codes are based on the concept of relativity. The commenter stated that using such an inconsistent approach on select codes will potentially cause disruption and instability in code valuations. The commenter also stated that determining reimbursement in value-based care delivery models must rely on the carefully cultivated RUC process for fairness and accountability.

Response: We are unclear about the commenter's claim that CMS is using a non-relative measuring approach for the seven high volume codes that have been nominated as potentially misvalued. We did not propose a valuation for the nominated codes, nor did we propose to use a non-relative measuring approach. Rather, as part of our statutory obligation to identify and review potentially misvalued codes, we implemented an annual process whereby the public can nominate potentially misvalued codes with supporting documentation; we then publish the list of nominated codes and the public has the opportunity to comment on these nominations. We continue to maintain that adjustments to work RVUs should be based on the resources involved with each procedure or service, and reiterate that our review of work RVUs and time inputs utilizes information from various resources, including the RUC. We continue to seek information on the best sources of objective, routinely-updated, auditable, and robust data regarding the resource costs of furnishing PFS services.

Comment: Several commenters stated that CPT codes 27130 and 27447 should not be considered potentially misvalued and do not warrant any further action because the current valuation for the codes was established after review by the RUC and CMS in 2013, and since that time there are no new data to indicate a change in the work of performing the procedure or the number of post-operative follow up visits. Another commenter stated that CMS should not subject professions to code

valuations and analysis so frequently, and that doing so calls into question the validity of the RUC process in the first place.

Response: We do not agree that recent review of a code should preclude it from being considered as potentially misvalued, nor that it calls into question the validity of the RUC process. We have a responsibility to identify and review potentially misvalued codes, and believe there is value in consistent and routine review of high-volume services, particularly considering that a minor adjustment to the work RVU of a high-volume code may have a significant dollar impact. We also note that review of high-volume services does not need to be predicated on the suspicion of overvaluation.

Comment: One commenter stated that if CMS decides to reexamine these nominated codes in the future, then the agency should provide ample opportunity for public comments, and in the event of such review, CMS should consider supplemental sources of information, including hospital anesthesia time in addition to any RUC recommendations in order to support accurate valuations of these procedures.

Response: Any revaluations of these codes would be undertaken through notice and comment rulemaking. Notice and comment rulemaking provides for an open process whereby we welcome input from all interested parties, and we encourage commenters to provide feedback including supplemental sources of information regarding potentially misvalued codes, as well as input on our annual proposed valuations.

Comment: One commenter disagreed that CPT codes 43239 and 45385 are misvalued and stated that while the Urban Institute report provides insights into potential flaws in the RUC survey process, it should not be considered proof that these codes are overvalued. The commenter stated that these code valuations were recently revised, and the RUC survey responses from gastroenterologists informed revisions to the work RVUs for both services. The commenter stated that for CPT code 43239, CMS finalized work RVUs that were less than the RUC's recommended work RVUs, and for CPT code 45385, CMS finalized the RUC-recommended work RVUs, which were lower than the work RVUs prior to reevaluation. Therefore, the commenter stated that CMS should reject the nominations of these codes as potentially misvalued.

Response: We note that the nomination referenced the Urban Institute report as only one of the sources regarding the issue of time

inflation of specific services.

Additionally, as previously indicated, we do not agree that recent review of a code should preclude it from being considered as potentially misvalued. We believe there is value in consistent and routine review of high-volume services, particularly considering that a minor adjustment to the work RVU of a high-volume code may have a significant dollar impact. Therefore, we do not agree that we should reject nominations of these codes as potentially misvalued because they were previously reviewed and refinements were made.

Comment: A few commenters stated that the current work RVU valuation of 0.85 for CPT code 70450 is inadequate. The commenters stated that the level of effort associated with CPT code 70450 increased between the time the code was originally valued and the 2012 survey, and this increase continued through 2016. The commenters stated that over time, advances in technology led to many more images being created than existed historically. The commenters also stated that volume acquisitions, a CT scan technique that allows for multiple two-dimensional images, has resulted in thinner reconstructions and effortless multiplanar reformats, and other technological advancements have increased the amount of professional work associated with interpreting a non-contrast head CT and should be considered in the work RVU. The commenters expressed concern that the nomination by a single entity threatens the integrity of how physician services are valued generally.

Response: We disagree with the commenter that a nomination by a single entity threatens the integrity of how physician services are valued generally, and reiterate that a public nomination process was established through rulemaking as a way for the public and stakeholders to nominate potentially misvalued codes for consideration. Any future proposed valuations of specific codes are open for public comment, and we encourage stakeholders to submit data that would indicate that the current valuation is insufficient.

Comment: One commenter stated that with regard to CPT code 70450, the times prior to survey were CMS/other times and were not subdivided into pre-service, intra-service, and post-service categories. Therefore, the commenter stated that drawing comparisons between prior RUC database times and the surveyed times is invalid because the source of the prior RUC database times are unknown and completely different from the surveyed times. The

commenter also stated that selecting as potentially misvalued only certain CPT codes that have undergone the RUC process with validated surveys is not a rational approach because if the times assumed based on the RUC approved survey data are invalid for these codes, they should be invalid for the entire fee schedule so that consistent methodology is applied to all CPT codes.

Response: We typically rely on RUC survey values because we believe they are the closest to accurate values, as they are the best data available in some cases. Although we do not agree that we should not consider comparisons of RUC database times to the newly surveyed times as described by the commenter, on a case-by-case basis we can consider the existence of previous inaccuracies. However, we also note that previous valuations established based on those inaccuracies would also indicate that the payments would have been inaccurate as well. The goal of the identification and review of potentially misvalued services is to facilitate accurate payment for PFS services. We also disagree with the commenter's characterization that selecting codes that have undergone the RUC process with validated surveys is not rational, and note that just because a code has been reviewed by the RUC does not preclude it from being identified and/or publically nominated as potentially misvalued.

Comment: With regard to CPT codes 93000 and 93306, one commenter stated that while the Urban Institute report concludes that the intraservice time to interpret an electrocardiogram is 6 seconds, practitioners who furnish the service do not believe it is possible to completely interpret a study so quickly. The commenter expressed concern about the large emphasis placed on service time by CMS and some stakeholders when it comes to valuation. The commenter suggested that frequent reviews of long-established mature services like electrocardiography and echocardiography will produce two outcomes—the inputs will remain the same or circumstances at some point will align such that it appears they take less time, which will open the window for payers to try to reduce payment for services that have not actually changed, and eventually these reductive revaluations produce underpayment. A few commenters stated that CPT code 93306 was recently reviewed and valued in CY 2018. One commenter stated that the current valuation is reflective of numerous accreditation body requirements that were implemented since the service was last valued in 2007, which increased the

work required per study. The commenter stated that the Urban Institute report should not be considered proof that the CPT code is overvalued, and given the recent RUC review of this service, CMS' acceptance of the RUC recommendation, and no change in the physician work of performing the service in the past year, this code should not be included in the potentially misvalued codes list.

Response: We reiterate that it is our practice to consider all elements of the relative work when we are reviewing and determining work RVU valuations. Additionally, our review of recommended work RVUs and time inputs generally includes review of various sources such as information provided by the RUC, and other public commenters, medical literature, and comparative databases. As previously stated, we believe there is great value in consistent and routine review of high-volume services. Additionally, as previously indicated, we do not agree that recent review of a code should preclude it from being considered as potentially misvalued, and therefore, do not agree that CMS should not include a code in the list of potentially misvalued services because it was previously reviewed.

Comment: One commenter disagreed that the time allocated to CPT code 93306 is overstated. The commenter stated that the Intersocietal Accreditation Commission for Echocardiography Guidelines regarding time standards indicated that more time is necessary from patient encounter to departure than is stipulated in the CMS time file. The commenter also stated there is more and more information being gathered with the introduction of technology that is labor and time intensive. The commenter suggested that if anything is revised, CMS times should be increased, not decreased.

Response: We reiterate that we are interested in receiving resource-based data from stakeholders and not just the RUC and we encourage stakeholders to submit data that would indicate that the current valuations are insufficient.

Although we appreciate the comments that were received regarding the seven high-volume codes, we believe that the nominator presented some concerns that have merit, such as the observation that in many cases time is reduced substantially but the work RVU only minimally, which results in an implied increase in the intensity of work that does not appear to be valid, and ultimately creates work intensity anomalies that are difficult to defend, and further review of these high-volume codes is the best way to determine the

validity of the concerns articulated by the submitter. Therefore, we are adding CPT codes 27130, 27447, 43239, 45385, 70450, 93000, and 93306 to the list of potentially misvalued codes and anticipate reviewing recommendations from the RUC and other stakeholders. We reiterate that we do not believe that the inclusion of a code on a potentially misvalued code list necessarily means that a particular code is misvalued. Instead, the list is intended to prioritize codes to be reviewed under the misvalued code initiative.

In addition to comments on the nomination of the seven high-volume codes, we also received comments on the nomination of two contractor-priced codes for review under the potentially misvalued code initiative.

Comment: We received a few comments with regard to CPT codes 92992 and 92993, which were requested for review under the potentially misvalued code initiative in order to establish national RVU values for these services under the PFS. One of the commenters, the RUC, stated that these contractor-priced services, which are typically performed on children, would be discussed at the October 2018 Relativity Assessment Workgroup meeting.

Response: We appreciate the information from the RUC on their plans to discuss these codes. Given the plans by the RUC to consider CPT codes 92992 and 92993 we will wait for the RUC's review and will not add these codes to the list of potentially misvalued codes.

b. Update on the Global Surgery Data Collection

Payment for postoperative care is currently bundled within 10 or 90 days after many surgical procedures. Historically, we have not collected data on how many postoperative visits are actually performed during the global period. Section 523 of the MACRA added a new paragraph 1848(c)(8) to the Act, and section 1848(c)(8)(B) required CMS to use notice and comment rulemaking to implement a process to collect data on the number and level of postoperative visits and use these data to assess the accuracy of global surgical package valuation. In the CY 2017 PFS final rule, we adopted a policy to collect postoperative visit data. Beginning July 1, 2017, we required practitioners in groups with 10 or more practitioners in nine states (Florida, Kentucky, Louisiana, Nevada, New Jersey, North Dakota, Ohio, Oregon, and Rhode Island) to use the no-pay CPT code 99024 (Postoperative follow-up visit, normally included in the surgical

package, to indicate that an E/M service was performed during a postoperative period for a reason(s) related to the original procedure) to report postoperative visits. Practitioners who only practice in groups with fewer than 10 practitioners are exempted from required reporting, but are encouraged to report if feasible. The 293 procedures for which reporting is required are those furnished by more than 100 practitioners, and either are nationally furnished more than 10,000 times annually or have more than \$10 million in annual allowed charges. A list of the procedures for which reporting is required is updated annually to reflect any coding changes and is posted on the CMS website at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Global-Surgery-Data-Collection-.html>.

In these nine states, from July 1, 2017 through December 31, 2017, there were 990,581 postoperative visits reported using CPT code 99024. Of the 32,573 practitioners who furnished at least one of the 293 procedures during this period and who, based on Tax Identification Numbers in claims data, were likely to meet the practice size threshold, only 45 percent reported one or more visit using CPT code 99024 during this 6-month period. The share of practitioners who reported any CPT code 99024 claims varied by specialty. Among surgical oncology, hand surgery, and orthopedic surgeons, reporting rates were 92, 90, and 87 percent, respectively. In contrast, the reporting rate for emergency medicine physicians was 4 percent.

Among 10-day global procedures performed from July 1, 2017 through December 31, 2017, where it is possible to clearly match postoperative visits to specific procedures, only 4 percent had one or more matched visit reported with CPT code 99024. The percentage of 10-day global procedures with a matched visit reported with CPT code 99024 varied by specialty. Among procedures with 10-day global periods performed by hand surgeons, critical care, and obstetrics/gynecology, 44, 36, and 23 percent, respectively, of procedures had a matched visit reported using CPT code 99024. In contrast, less than 5 percent of 10-day global procedures performed by many other specialties had a matched visit reported using CPT code 99024. Among 90-day global procedures performed from July 1, 2017 through December 31, 2017, where it is possible to clearly match postoperative visits to specific procedures, 67 percent had one or more matched visits reported using CPT code 99024.

In the CY 2019 PFS proposed rule, we suggested one potential explanation for



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Submitted via email: Jessica.Bruton.cms.hhs.gov

February 9, 2018

Jessica Bruton
Health Policy Analyst
Department of Health and Human Services
Centers for Medicare & Medicaid Services
Baltimore, MD

Re: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2018; Medicare Shared Savings Program Requirements; and Medicare Diabetes Prevention Program Final Rule

Dear Ms. Bruton:

Anthem, Inc. (Anthem) appreciates this opportunity to comment on the Potentially Misvalued Code Initiative established to meet the Misvalued Code Target established through the Achieving a Better Life Experience (ABLE) Act of 2014.

Anthem is one of the nation's leading health benefits companies, serving over 74 million people through its affiliated companies, including more than 40 million within its family of health plans. As a committed participant in the health care markets, including the Medicare, Medicaid managed care, individual (both on and off Exchange), small group, and large group markets, we look forward to working with the Centers for Medicare & Medicaid Services (CMS) to provide feedback on the CY 2018 Medicare Physician Fee Schedule (PFS) final rule (82 FR 52976) annual comment opportunity on the revaluation of certain Fee-for-Service (FFS) codes.

We appreciate CMS's solicitation of comments on the FFS codes that should be considered for revaluation. Based on a number of Government Accountability Office (GAO) and the Medicare Payment Advisory Commission (MedPAC) reports, media reports regarding time inflation of specific services, and the January 19, 2017 Urban Institute [report](https://www.urban.org/sites/default/files/publication/87771/2001123-collecting-empirical-physician-time-data-piloting-approach-for-validating-work-relative-value-units_1.pdf)¹ for CMS, Anthem believes there is systematic overvaluation of work for the Berenson-Eggers Type of Service (BETOS) categories of Major Procedures, Other Procedures, Test Interpretations, and Imaging Interpretations.

The specific reasons for overestimates of time vary by the nature of the service – for Major Procedures and many of the Other Procedures, the problem is with substantial overestimates of pre- and, especially,

¹ https://www.urban.org/sites/default/files/publication/87771/2001123-collecting-empirical-physician-time-data-piloting-approach-for-validating-work-relative-value-units_1.pdf

post-service time, mostly related to follow-up inpatient and outpatient visits that do not take place. For many other procedures and test interpretations, the essential time misvaluation results from overestimates of intra-service time, as documented in the Urban Institute report (which only collected empirical intra-service time data).

As the embedded summary of important data parameters associated with the attached list of our proposed codes with overvalued work units demonstrates, virtually all high cost codes have previously been subject to Relative Value Scale Update Committee (RUC) review – including many in the 2013 and 2014 time frame – as CMS increased its interest in identifying and revaluing overvalued codes. However, although many of the codes which were subject to review did receive reductions in work values, it is apparent that the reductions in most cases were insufficient or limited, such that the new values continue to be excessive and not empirically supported.

A central component of correcting overvaluation of work should be revaluing times in the PFS to more closely track with empirically available data, rather than relying upon specialty society estimates provided to the RUC, in determining times associated with a service. MedPAC has long pointed out that time predicts 70-80 percent of work differences across services. Based partly on the important point made in the Urban Institute report – *that in many cases, time is reduced substantially but work much less* – that this results in implying an increase in the intensity of work that does not pass any tests of face validity, but does create work intensity anomalies that cannot be defended. An example of this would be imaging interpretations having implied work intensity far higher than the physician work associated with performing major procedures.

In accordance with the process finalized in the CY 2017 Medicare PFS (45 CFR Parts 405, 410, 424)², Anthem proposes the accompanying list of overvalued services for CMS's review (see table below).

Anthem believes the review of the proposed codes will accomplish a few specific objectives:

1. For two years, CMS has not been able to redistribute 0.5 percent of spending under the Medicare PFS, as called for under the ABLE Act of 2014. Anthem believes that overvaluations of work are far greater than this modest threshold amount of 0.5 percent. Accordingly, we have identified seven services drawn from the highest spending 75 codes as presented in the CMS document "[Part B Physician/Supplier National Data – CY2016: Top 200 Level 1 Current Terminology \(HCPCS/CPT\) Codes](#)."³ Many of these high spending codes are in families with similar codes that are comparably overvalued because the families represent relatively small variations of the same service. Examples of such families include colonoscopies and imaging scans with or without contrast. To avoid creating "rank order anomalies" and other internal distortions, review and revision of the index code in our list should also lead to revision of the similar codes by extrapolation. Because the indirect practice expense allocator is partially driven

² <https://www.gpo.gov/fdsys/pkg/FR-2017-11-15/pdf/2017-23953.pdf>

³ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareFeeForSvcPartsAB/Downloads/LEVEL1CHARG16.pdf?agree=yes&next=Accept>

by the work values, the actual code-specific reductions would be greater than that derived only from work values.

2. More importantly, reviewing and revising the work estimates for these high cost services would demonstrate that systematic overvaluation of work plagues the Medicare FPS and leads to a broader initiative to correct misvaluations throughout the fee schedule. Focusing on just seven codes and their families would be manageable and achievable demonstrating processes that CMS could then expand for the greater goal of systematic review and revision, including by extrapolation from specifically reviewed codes.
3. We have included codes in the 4 major BETOS categories other than Evaluation and Management (E&M), i.e., Major Procedures, Other Procedures, Imaging, and Test Interpretations. We specifically selected codes performed primarily by only four specialties to make the review work less complex. We have identified likely overvalued services in the top 200 codes by spending performed by other specialties, but have limited our proposed set of codes to review for feasibility. The specialties are cardiology, orthopedics, radiology, gastroenterology, and ophthalmology, with each specialty having either one or two codes.
4. Below are the codes recommended for review, drawn from the Urban Institute report. The time differences found by researchers are limited only to the intra-time component, but serve as sufficient evidence that the Total Time estimates should be re-evaluated.

HCPCS Code	Description	2016 Charges (m)	2016 Spending Rank	2018 wRVU	2016 wRVU	CMS 2016 Intra-time (min)	CMS 2016 Total Time (min)	External Intra-time Estimates (min)	Time Difference (CMS vs. External)	Primary Impacted Specialty
27130	Total hip arthroplasty	227	67	20.72	20.72	100	407	87	-13%	Orthopedics
27447	Total knee arthroplasty	442	30	20.72	20.72	100	407	83	-17%	Orthopedics
43239	Egd biopsy single/multiple	347	34	2.39	2.49	15	54	6	-60%	Gastroenterology
45385	Colonoscopy w/lesion removal	387	33	4.57	4.67	30	78	22	-27%	Gastroenterology
70450	CT head w/o contrast	244	60	0.85	0.85	10	19	5	-50%	Radiology
93000	Electrocardiogram complete*	202	75	0.17	0.17	5	6	0.1	-98%	Cardiology / PCP
93306	Tte w/doppler complete	892	16	1.50	1.30	20	31.5	5	-75%	Cardiology

We value the partnership that we have developed with CMS and welcome the opportunity to discuss our recommendations for the revaluation of certain FFS codes. Should you have any questions or wish to discuss our comments further, please contact Alison Armstrong at (805) 336-5072, or Alison.Armstrong@anthem.com.

Sincerely,



Anthony Mader
Vice President, Public Policy

American Academy of Orthopaedic Surgeons
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April 2, 2019

Peter K. Smith, MD
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Dear Dr. Smith,

In the 2019 Medicare Physician Fee Schedule (MPFS) Finale Rule, the Centers for Medicare and Medicaid Services (CMS) referred CPT codes 27447 (“total knee arthroplasty”) and 27130 (“total hip arthroplasty”) to the American Medical Association (AMA) Relative Value Update Committee (RUC) to be evaluated as potentially misvalued. The RUC has requested the American Academy of Orthopaedic Surgeons (AAOS) and American Association of Hip and Knee Surgeons (AAHKS) present recommended values and supporting data at the April 2019 meeting.

The AAOS and AAHKS do not believe there is sufficient compelling evidence that the codes are misvalued. Therefore, at the April 2019 meeting, we will present the survey data from the January 2013 RUC meeting when the codes were most recently reviewed and we recommend that the current values for both codes be maintained.

Background

A public nomination was submitted to CMS in February 2018 indicating seven codes are potentially misvalued, including 27447 and 27130. The request was not received during the proposed rule comment period and was not publicly available in the Federal Docket Management System. The letter was sent directly to CMS.

In the 2018 MPFS Proposed Rule, CMS noted the nomination, but did not disclose the source of the request, nor did they make the full communication publicly available.¹ The RUC, in a comment letter to the proposed rule, requested that CMS provide the source of the request and the entire letter to provide transparency.² AAOS sent a similar letter questioning the public nomination process and lack of transparency; we also indicated there is no evidence that physician work has changed.³

Once CMS identified the nominating party, it was evident that the request to revalue the codes was made by Anthem, Inc., the largest for-profit managed care health insurance company in the Blue Cross and Blue Shield Association.⁴ Anthem administers Medicare, Medicaid and

commercial health insurance plans. The lack of transparency and failure to disclose a clear conflict of interest by Anthem is troubling. We appreciate that in the 2018 MPFS final rule, CMS indicated they will make all relevant material available on a public site going forward.⁵

Prior to publication of the 2018 MPFS final rule, at the October 2018 RUC meeting, the RAW noted that “this is a process issue and without more information on how these services were identified and rationale to review these services, the Workgroup will wait until the final rule for more information to determine whether to review these services”.⁶ In the final rule, CMS stated there is value in consistent and routine review of high-volume services, because a minor adjustment to a high volume code may have a significant financial impact. RUC then placed the codes identified by Anthem on an LOI for the April 2019 RUC meeting.

Anthem believes there is a systematic overestimation of work based primarily on the December 2016 Urban Institute report.⁷ Anthem indicates that the times RUC and CMS use to estimate wRVU are inaccurate due to substantial overestimates of pre- and, especially, post-service time, mostly related to follow-up inpatient and outpatient visits that do not take place. Anthem also indicated that the RUC survey process results in overestimates of intra-service time.

While we are generally supportive of an inclusive and transparent system to value physician services, including involvement of key stakeholders, we disagree with the process used to identify these codes as misvalued. We do not believe that Anthem has provided compelling evidence to support the public nomination. Moreover, we believe the 2016 Urban Institute report has several fundamental limitations and we strongly disagree with its’ conclusions.

Rules for Public Nomination

In the CY 2012 final rule, CMS established a process for the public to nominate potentially misvalued codes.⁸ In the CY 2015 final rule, CMS modified this process whereby the public and stakeholders may nominate potentially misvalued codes for review by submitting the code with supporting documentation.⁹

Supporting documentation for codes nominated for the annual review of potentially misvalued codes may include the following:

1. Documentation in peer reviewed medical literature or other reliable data that there have been changes in physician work due to one or more of the following: technique, knowledge and technology, patient population, site-of-service, length of hospital stay, and work time.
2. An anomalous relationship between the code being proposed for review and other codes.
3. Evidence that technology has changed physician work.

4. Analysis of other data on time and effort measures, such as operating room logs or national and other representative databases.
5. Evidence that incorrect assumptions were made in the previous valuation of the service, such as a misleading vignette, survey, or flawed crosswalk assumptions in a previous evaluation.
6. Prices for certain high cost supplies or other direct PE inputs that are used to determine PE RVUs are inaccurate and do not reflect current information.
7. Analyses of work time, work RVU, or direct PE inputs using other data sources (for example, VA, NSQIP, the STS National Database, and the MIPS data).
8. National surveys of work time and intensity from professional and management societies and organizations, such as hospital associations.

CMS evaluates the supporting documentation submitted with the nominated codes to assess whether the nominated codes appear to be potentially misvalued codes appropriate for review under the annual process. In the proposed rule, CMS will publish the list of nominated codes and indicate for each nominated code whether they agree with its inclusion as a potentially misvalued code. The public has the opportunity to comment on these and all other proposed potentially misvalued codes. In final rule, CMS finalizes their list of potentially misvalued codes.

Of the eight specific criteria to support a public nomination, only the fourth is potentially applicable to these two codes: analysis of other data on time and effort measures, such as operating room logs or national and other representative databases.

Data from national or other representative databases was not provided as a rationale. Rather data from the Urban Institute report, utilizing a small select sample of two hospitals, forms the basis of the argument from Anthem regarding inaccurate intra-service time.

Analysis of the Urban Institute Report

Overview

The Urban Institute research focused on developing estimates of intra-service time to validate the work RVUs for a selected set of services. There were three key objectives:

1. Obtain empirical time estimates for a group of services from several physician practices or health care systems using administrative data (e.g. EHR) and/or from direct observation.
2. Compare these empirical time estimates with current fee schedule time data and assess the implications of these data for physician work values.

3. Review empirical time estimates and service descriptions with a series of clinical experts in relevant specialties.

Potential Sources of Bias

CMS was intimately involved in the study. CMS funded the work and also provided input on the selection of study sites. Only two sites provided data from electronic health records, which forms the basis for the analysis of TKA and THA. Important characteristics of the sites are not specified (e.g. size, procedure volume, academic medical center or teaching hospital, urban or rural, government entity, not-for profit or for-profit).

As the authors note, “we recognize that these sites were very much a sample of convenience and should not necessarily be viewed as representative of other health systems”.

The sample size was fairly small. Data was collected for only 6 or 12 months. The total sample size was lower than the survey sample presented at the RUC in 2013 (see table below; number of physicians = n and total cases = N).

RUC Survey 2013					Urban Institute 2016		
					Empirical Data		Physician Opinion
CPT Code	Procedure	Median intraservice time (mins)	n	N	Median intraservice time (mins)	N	Mean intraservice time (mins)
27130	Total hip	100	150	7,950	87	471	92
27447	Total knee	100	157	14,310	83	726	86

Physician Interviews

Physician interviews were limited; only five physicians from five multispecialty group practices were interviewed for Orthopaedic Surgery. There is no information available to confirm that these physicians actually perform TKA and/or THA; their level of experience and clinical volume is not specified. As the Urban Institute report authors note, this is “a convenience sample, rather than a representative sample of physicians across the country”.

There were several key opinions of the physician reviewers that are supportive of the RUC survey data:

1. Vignettes were deemed representative of a typical patient.
2. Intra-service descriptors were felt to be accurate.

3. Post-service work was viewed as accurate except that staff, rather than physicians, transfer the patient from the operating table or procedure room to the recovery area. Specifically, there were no comments on post-operative visits in the global period.

Post Report Statement by Author

On November 27, 2018, Robert Berenson, a co-author of the Urban Institute report, participated in a conference held by the American Enterprise Institute. CMS Administrator Seema Verna was also a participant and gave the keynote address. Mr. Berenson described the Urban Institute report as a “study to obtain empirical time data, as a feasibility study, not to rely on its’ results, but to test the feasibility of actually getting the time data”.¹⁰

Comments

Anthem suggests that the times RUC and CMS use to estimate wRVU are inaccurate due to substantial overestimates of pre- and, especially, post-service time, mostly related to follow-up inpatient and outpatient visits that do not take place. Anthem also indicated that the RUC survey process results in overestimates of intra-service time.

The Urban Institute report does not provide any evidence regarding inaccurate pre-service times. Pre-service times are essentially determined by standard “packages” that have been accepted by RUC and CMS; these standards were utilized for the 2013 RUC survey.

The report also does not provide any evidence regarding follow-up inpatient and outpatient visits that do not take place. In fact, the physician reviewers were generally supportive of the post-service work.

The data in the Urban Institute report regarding intra-service time should be interpreted with caution. Only two institutions, both selected with input from CMS, form the basis of the analysis. The sample size was small in comparison to the RUC survey data and important characteristics of the institutions and surgeons were not provided. Together, this results in a clear selection bias and, as the authors state, “these sites were very much a sample of convenience and should not necessarily be viewed as representative of other health systems.” In addition, the Urban Institute report was designed as a feasibility study to obtain empirical time data and an author of the report explicitly stated “not to rely on its’ results”. We believe that a random sample of surgeons with a broad range of volume and experience provides a more accurate estimate of intra-service time.

Conclusions and Recommendations

The AAOS and AAHKS do not believe that CPT codes 27447 (“total knee arthroplasty”) and 27130 (“total hip arthroplasty”) are misvalued. There is no reliable data to support any changes in physician work due to knowledge technique, technology, patient population, site-of-service, length of hospital stay and work time since the 2013 RUC review.

While we are generally supportive of the collaborative process involving specialty societies, RUC and CMS, as imperfect as it may be, we have concerns regarding the public nomination process, the lack of transparency by CMS, and the limited discussion of this matter by the RUC.

Therefore, at the April 2019 RUC meeting, we plan to present the 2013 survey data and recommend the current time and values for 27447 and 27130. Thank you for your work on behalf of the RUC and all of medicine and we look forward to an open, fair, robust, and earnest discussion of the CMS nomination process and the code value recommendation.

Sincerely,

William R. Creevy, MD
AAOS RUC Advisor

Adam Sassoon, MD
AAHKS RUC Advisor

¹ CMS proposed rule for 2019

² RUC comment letter

³ AAOS comment letter

⁴ Anthem letter

⁵ CMS final rule for 2019

⁶ RAW Oct 2018 minutes

⁷ Urban Institute report Dec 2016

⁸ CMS final rule 2012

⁹ CMS final rule 2015

¹⁰ <http://www.aei.org/events/the-new-medicare-physician-payment-regulation-what-does-it-mean-for-physicians-and-patients/> Time stamp 1:03.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Harvard-Valued Allowed Charges > \$10 mil/CMS High Expenditure Procedural Codes Screen

January 2013

Arthroplasty

In the July 19, 2011 Proposed Rule for the 2012 Medicare Fee Schedule, CMS identified CPT code 27130 *Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft* and 27447 *Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)* as high expenditure procedural codes. CMS also identified CPT code 27446 *Arthroplasty, knee, condyle and plateau; medial OR lateral compartment* as a Harvard-valued service with Annual Allowed Charges Greater than \$10 million.

Prior to valuing these procedures, the specialty societies presented compelling evidence to justify a change in the physician work value. Specifically, the physician work and time components of CPT code 27446 *Arthroplasty, knee, condyle and plateau; medial OR lateral compartment* were Harvard valued. Since that time the technique and technology to perform these services has changed. There have been considerable advances in technology and technique since this code was reviewed in the Harvard survey. Implant geometry, materials, fixation methods, and bearing surfaces have changed significantly. Mobile bearing components have been developed as an alternative to fixed bearing designs. More precise systems for accurate and limited bone cuts as well limb alignment are utilized. Minimally invasive procedures with smaller incisions and limited soft tissue disruption have been developed. All of these factors have changed the physician work during a unicompartmental knee arthroplasty (UKA). Historical indications for UKA included unicompartmental arthritis, age greater than 60 years, patients with a low demand for activity, range of motion arc of 90 degrees with less than 5 degree flexion deformity, weight less than 180 pounds and an intact ACL. These patients are more active and demand better outcomes. These patients may also present with one of the following conditions: rheumatoid arthritis (RA), skeletal dysplasia, post-traumatic arthritis, infections, ligament injury reconstruction, and meniscectomyweight, ACL deficiency, and patellofemoral arthritis. Primary osteonecrosis is now also considered and acceptable indication for UKA. Given this information, the RUC accepted compelling evidence that the current work RVU of 16.38 for 27446 is potentially undervalued.

There was also discussion regarding intra service time. It was noted that surveyed intra-service time decreased compared to current time. Specifically, for CPT code 27130, surveyed intra service time was 100 minutes compared to 135 minutes; for CPT code 27446 surveyed intra-service time was 90 minutes compared to 105 minutes; and lastly, for CPT code 27447, surveyed intra service time was 100 minutes compared to 124 minutes. However, the RUC confirmed that when these codes were reviewed at the September 2005 RUC meeting, physician time was based

on data from the National Surgical Quality Improvement Program (NSQIP) rather than survey data. The RUC confirmed that the actual survey data from September 2005 was similar to the recommended survey time. For example, code 27130 had 135 minutes of NSQIP intra-service time as opposed to 110 minutes based on the survey. Therefore, the RUC agreed with the specialty societies that the recommended survey physician time data for this series of codes is appropriate and relative to past surveys.

27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft

The RUC reviewed survey results from 157 orthopedic surgeons and determined that a work RVU 19.60, a direct crosswalk to 63075 *Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace* (work RVU=19.60) is appropriate. These two services require the same intra service time and similar total time and complexity. The RUC also noted that the work of 27130 and 27447 require the same physician time and complexity to perform, and therefore should be valued the same. To further support this value, the RUC reviewed CPT codes 45400 *Laparoscopy, surgical; proctopexy (for prolapse)* (work RVU=19.44) and 44188 *Laparoscopy, surgical, colostomy or skin level cecostomy* (work RVU=19.35) and agreed that these services require similar work and intensity. The RUC also reviewed key reference service 23472 *Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))* (work RVU=22.13) and agreed that since the time and intensity is greater for 23472, this should be valued higher. The RUC reviewed and discussed the appropriate number and level of post-operative visits and determined that three hospital visits, (2) 99231 and (1)99232, one discharge day (99238) and three office visits, (1) 99212 and (2) 99213 were appropriate. The specialty society confirmed that the first hospital visit is done on the day of surgery. The survey data confirmed that it is typical for the physician to perform an Evaluation and Management (E/M) service later on the same day of surgery to evaluate wound, complete neuromuscular exam and assess the need for continued antibiotics. The RUC noted that although the number of hospital days has decreased from four to three, the overall post-operative work has not substantially changed and is now captured in post-operative office visits. The surgeon is typically involved in intensive care coordination with the primary care provider and relating to physical and occupational therapy. In addition, the physician will complete a musculoskeletal exam on the entire extremity as well as a neurovascular exam. Determining a gait pattern for these patients is essential since the extremity will be considered non-weight bearing post-surgery. **The RUC recommends a work RVU of 19.60 for CPT code 27130.**

27446 Arthroplasty, knee, condyle and plateau; medial OR lateral compartment

The RUC reviewed survey results from 138 orthopedic surgeons and determined that a work RVU of 17.48, a direct crosswalk to CPT code 27709 *Osteotomy; tibia and fibula* (work RVU=17.48) is appropriate. Although, the intra service time of 27709 is greater, the RUC agreed that 27446 is a more complex procedure. To further support this value, the RUC reviewed CPT codes 46710 *Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach* (work RVU=17.14) and 22554 *Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2* (work RVU=17.69) and agreed that the physician work and complexity of these services are similar. The RUC reviewed and discussed the appropriate number and level of post-operative visits and determined that two hospital visits, (1) 99231 and (1) 99232, one discharge day (99238) and three office visits, (1) 99212 and (2) 99213 were appropriate. The specialty society confirmed that the first hospital visit is done on the day of surgery. The survey data confirmed that it is typical for the physician to perform an Evaluation and Management (E/M) service later on the same day of surgery to evaluate wound, complete

neuromuscular exam and assess the need for continued antibiotics. The RUC noted that although the number of hospital days has decreased from four to two, the overall post-operative work has not substantially changed and is now captured in post-operative office visits. The surgeon is typically involved in intensive care coordination with the primary care provider and relating to physical and occupational therapy. In addition, the physician will complete a musculoskeletal exam on the entire extremity as well as a neurovascular exam. Determining a gait pattern for these patients is essential since the extremity will be considered non-weight bearing post-surgery. **The RUC recommends a work RVU of 17.48 for CPT code 27446.**

27447 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

The RUC reviewed survey results from 157 orthopedic surgeons and determined that a work RVU 19.60, a direct crosswalk to 63075 *Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace* (work RVU=19.60) is appropriate. These two services require the same intra service time and similar total time and complexity. The RUC also noted that the work of 27130 and 27447 require the same physician time and complexity to perform, and therefore should be valued the same. To further support this value, the RUC reviewed CPT codes 45400 *Laparoscopy, surgical; proctopexy (for prolapse)* (work RVU=19.44) and 44188 *Laparoscopy, surgical, colostomy or skin level cecostomy* (work RVU=19.35) and agreed that these services require similar work and intensity. The RUC also reviewed key reference service 23472 *Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))* (work RVU=22.13) and agreed that since the time and intensity is greater for 23472, this should be valued higher. The RUC reviewed and discussed the appropriate number and level of post-operative visits and determined that three hospital visits, (2) 99231 and (1) 99232, one discharge day (99238) and three office visits, (1) 99212 and (2) 99213 were appropriate. The specialty society confirmed that the first hospital visit is done on the day of surgery. The survey data confirmed that it is typical for the physician to perform an Evaluation and Management (E/M) service later on the same day of surgery to evaluate wound, complete neuromuscular exam and assess the need for continued antibiotics. The RUC noted that although the number of hospital days has decreased from four to three, the post-operative work has not substantially changed and is now captured in post-operative office visits. The surgeon is typically involved in intensive care coordination with the primary care provider and relating to physical and occupational therapy. In addition, the physician will complete a musculoskeletal exam on the entire extremity as well as a neurovascular exam. Determining a gait pattern for these patients is essential since the extremity will be considered non-weight bearing post-surgery. **The RUC recommends a work RVU of 19.60 for CPT code 27447.**

Practice Expense:

The RUC reviewed and approved the direct practice expense inputs as recommended by the Practice Expense Subcommittee.

Work Neutrality:

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

CPT Code (●New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
27130		Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	090	19.60
27446		Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	090	17.48
27447		Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	090	19.60

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 27130	Tracking Number	Original Specialty Recommended RVU: 21.79
		Presented Recommended RVU: 21.79
Global Period: 090		RUC Recommended RVU: 19.60

CPT Descriptor: Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old obese female (BMI > 30) with osteoarthritis of the lumbar spine and chronic low back pain presents with severe left hip pain affecting activities of daily living. She is hypertensive and a non-insulin dependent diabetic. At operation, she undergoes a conventional total left hip arthroplasty (THA).

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 59%

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: Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of DVT prophylaxis. Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs; with special attention to review of radiographs and scaled radiographs if necessary, which were used for sizing and ordering of special implants or allografts. Reexamine patient to make sure that physical findings have not changed and update H&P. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available, including intraoperative imaging/fluoroscopy for documentation and intraoperative cell saver. Ensure that an array of implants is available for possible use in the operating room. An estimate of the appropriate size component is determined by templating with radiographs. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's leg is placed properly on the table and positioned with proper bolstering to aid surgical exposure. A tourniquet is placed on the proximal thigh. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: After incising the skin and the fascia the glutei were taken off the femur one at a time. Once this was completed, leg length assessment is done by placing markers in the pelvis and in the femur as well as checking through the drapes. After assessing leg length and doing a capsulectomy, the femoral head is then dislocated and femoral neck osteotomy is performed at the proper height. This is then followed by finding the femoral canal and then doing sequential raspings with the broaches until the correct rotational and axial stability is achieved. The calcar planer is then utilized to plane down the neck. The appropriate dissection and releases were then performed to expose the socket. The appropriate retractors are then placed anteriorly as well as posteriorly, all excess capsule and redundant labrum is then

removed utilizing the knife. All osteophytes are then carefully removed utilizing each of the osteotomes starting with a half inch all the way up to the one inch osteotomes. After removal of the osteophytes, the base of the acetabulum is then found by utilizing a small reamer. Once the reamer is carefully placed all the way down to the medial wall of the acetabulum, sequential reamers in 1 mm increments are utilized all the way up to correct size. This is determined based on the axial and offcenter loading of the reamers. Once this is completed, trial implants are seated and stability as well as leg length measurement are then done. Once the proper sizing and stability issues are determined, the socket is seated. The drill is then utilized and placed over the holes for the socket to insert screws. Usually 2 are depth gaged and then inserted. The central hole sealer is then placed in situ and the liner is then placed and tapped after cleaning all soft tissue. Once this was completed, trial reduction with the rasp is done again to check stability and range of motion for impingement or dislocation. Redundant capsule is then removed from the posterior aspect. The implant is then opened up and checked and then it's placed and tapped in situ. Once this is completed, copious irrigation is done. Leg length is then assessed again with trial necks. The real head/neck is then placed and tapped in situ. The hip is then reduced. An x ray is taken to verify the position of the components. Sponge and needle counts are then done and then a deep drain is placed. The closure is then performed in multilayers being careful to reattach the muscles to the proper structures.

Description of Post-Service Work: Hospital - through discharge from recovery room: Apply sterile dressings and extension splint or continuous Passive Motion apparatus (CPM). Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Monitor patient stabilization in the recovery room, with a careful neurologic examination of the extremity. Discuss postoperative recovery care with anesthesia and nursing staff including need for patient controlled analgesia. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note and place in chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to orthopaedic floor and discuss ongoing care with floor nurses.

Hospital visits: Review interval chart notes. Discuss ongoing care with floor nurses. Continue prophylaxis for DVT; monitor daily for adequacy. Assess need for continued antibiotics, order as required. Monitor and document patient progress. Assess pain scores and adequacy of analgesia. Examine patient, assess neurologic status, check wounds, change dressings, and remove drain, when appropriate. Order and monitor physiotherapy and assess range of motion progress. Assess opposite extremity for comparison. Write orders for progression to active exercise. Review nursing/other staff patient chart notes. Write orders for films, as necessary. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions.

Hospital Discharge Management: Review interval chart notes. Examine patient, assess neurologic status, check wounds, and change dressings. Write orders for discharge to an inpatient rehabilitation facility, a skilled nursing facility, or home. Write orders for follow-up, post-discharge labs, x-rays, home health care, and physical therapy. Write prescriptions for medications needed post-discharge. Restrictions and activity levels are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-op Office Visits: Review interval chart notes. Review anticoagulation laboratory values and adjust medication as needed. Examine and talk with patient. Assess surgical wound. Remove staples and sutures, when appropriate. Assess neurovascular status, ROM, circulation, sensation, and motor function of the operated extremity. Assess opposite extremity for comparison. Review activity and restrictions. Order occupational therapy. Supervise rehabilitation. Order radiographs, as necessary. Discuss progress with PCP (verbal and written). Assess pain scores and adequacy of analgesia. Dictate progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		01/2013			
Presenter(s):	William Creevy, MD; John Heiner, MD; David Halsey, MD; Mark Froimson, MD; Frank Voss, MD				
Specialty(s):	orthopaedic surgery				
CPT Code:	27130				
Sample Size:	700	Resp N:	150	Response: 21.4 %	
Description of Sample:	random selection from membership roster				
		Low	25 th pctl	Median*	75 th pctl
Service Performance Rate		1.00	25.00	53.00	120.00
Survey RVW:		14.16	23.00	24.00	48.00
Pre-Service Evaluation Time:				45.00	
Pre-Service Positioning Time:				15.00	
Pre-Service Scrub, Dress, Wait Time:				20.00	
Intra-Service Time:		60.00	90.00	100.00	120.00
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):	80.00	99231x 2.00	99232x 1.00	99233x 0.00	
Discharge Day Mgmt:	38.00	99238x 1.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	62.00	99211x 0.00	12x 1.00	13x 2.00	14x 0.00
Prolonged Services:	0.00	99354x 0.00	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:

4 - FAC Difficult Patient/Difficult Procedure

CPT Code:	27130	Recommended Physician Work RVU: 19.60				
		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:		15.00	3.00		12.00	
Pre-Service Scrub, Dress, Wait Time:		20.00	20.00		0.00	
Intra-Service Time:		100.00				
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):	80.00	99231x 2.00	99232x 1.00	99233x 0.00		
Discharge Day Mgmt:	38.00	99238x 1.0	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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
23472	090	22.13	RUC Time

CPT Descriptor Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37215	090	19.68	RUC Time	8,472

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33533	090	33.75	RUC Time	69,419

CPT Descriptor 2 Coronary artery bypass, using arterial graft(s); single arterial graft

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
63075	090	19.60	RUC Time

CPT Descriptor Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, single interspace**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: 88 % of respondents: 58.6 %

TIME ESTIMATES (Median)

	CPT Code: 27130	Key Reference CPT Code: 23472	Source of Time RUC Time
Median Pre-Service Time	75.00	75.00	
Median Intra-Service Time	100.00	140.00	
Median Immediate Post-service Time	25.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	80.0	80.00	
Median Discharge Day Management Time	38.0	38.00	
Median Office Visit Time	62.0	85.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	380.00	448.00
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	3.67	3.55
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The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.78	3.66
--	------	------

Urgency of medical decision making	2.67	2.63
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Technical Skill/Physical Effort (Mean)

Technical skill required	4.53	4.38
--------------------------	------	------

Physical effort required	4.59	4.15
--------------------------	------	------

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.45	4.05
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Outcome depends on the skill and judgment of physician	4.66	4.44
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Estimated risk of malpractice suit with poor outcome	4.35	4.02
--	------	------

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.80	3.67
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Intra-Service intensity/complexity	4.33	4.19
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Post-Service intensity/complexity	3.50	3.41
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Additional Rationale and Comments

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

Code 27130 was identified on the CMS high PFS expenditure list, requiring review by the RUC. The American Academy of Orthopaedic Surgeons and American Association of Hip and Knee Surgeons conducted a RUC survey and collected 150 responses.

Pre-time Package 4 was selected with the addition of 12 minutes (15 min total) for lateral decubitus positioning. This time is slightly less than other hip procedures reviewed by the RUC (eg, 27076-27078), but is consistent with the survey median positioning time.

The median intra-service time of 100 minutes is less than the current RUC database intra-service time of 135 which is based on 2005 NSQIP data. The 2005 survey median intra-service time was 110 minutes; closer to the current survey data. NSQIP is not currently a valid extant database; therefore we cannot provide updated information from NSQIP to show that the NSQIP times would be similar to what was shown in 2005. However, we believe the fact that our current survey is consistent with the 2005 survey shows that the intra-work has not materially changed.

Although both the survey median and 25th percentile wRVU support a higher value, the consensus panel does not believe there is compelling evidence to recommend an increase in the wRVU.

Therefore, we **recommend maintaining the current wRVU of 21.79**, which is less than the survey median and 25th percentile. An RVU of 21.79 is appropriately greater than MPC code 37215, which has 3 minutes more intra-time, but two less hospital visits and one less office visit. It is also similar, but slightly lower in RVW as the key reference service, 23472. Our survey respondents indicated the complexity of the surveyed code is considerably greater than 23472 and therefore, a value similar to 23472 with a higher IWPUT is appropriate.

Rank Order with Other RUC Reviewed Hip/Knee Codes

The consensus panel believes the recommended RVW for 27130 of 21.79 maintains the correct rank order with 27236, Hemi Hip Arthroplasty, which was surveyed and reviewed at the October 2012 RUC and recommended to maintain its current value of 17.61. Although 27236 has more post-operative time because the typical patient is sicker and older and therefore requires a higher level hospital visit as well as an additional office/outpatient visit, the complexity and intensity of work for a Total Hip Arthroplasty is substantially more and the current values of 27236 and 27130 appropriately reflect this difference

CPT	RVW	Total Time	pre	intra	sd-post	99232	99231	99238	99213	99212
27236	17.61	418	75	90	30	2	1	1	3	1
27130	21.79	380	75	100	25	1	2	1	2	1

The consensus panel also believes the recommended RVW for 27130 of 21.79, combined with the recommended RVW for 27447, Total Knee Arthroplasty, of 22.13 creates appropriate rank order between these procedures. The current values for 27130 and 27447 are slightly out of rank order and by decreasing the RVW for 27447 and maintaining the current RVW of 27130, the difference in complexity/intensity correctly reflects the fact that Total Knee Arthroplasty is a more technically intense procedure where more time is spent in the insertion and fitting of the prosthesis than is the case of Total Hip Arthroplasty where more time is spent exposing the joint and in closing.

CPT	RVW	Total Time	pre	intra	sd-post	99232	99231	99238	99213	99212
27130	21.79	380	75	100	25	1	2	1	2	1
27447	22.13	380	75	100	25	1	2	1	2	1

Medicare Utilization

Code 27130 was identified on the CMS high PFS expenditure list, requiring review by the RUC. The AAOS and AAHKS reviewed the Medicare utilization for 27130 to determine if there were any significant recent increases in Medicare volume which might suggest misvaluation as the Relativity Assessment Workgroup has focused on in recent reviews of existing procedure values. We note the following Medicare volumes:

2007: 105,136

2008: 105,041

2009: 105,490

2010: 110,145

2011: 113,827

2012: 116,189

Total Medicare volume change from 2005-2012: 11.053

Annual percentage Medicare volume change from 2005-2012: 1.90%

This is a very small percentage change in volume, no higher than annual increases in changes in total Medicare patients as a percentage of all Americans. The expert panel believes that the essentially flat utilization supports that this procedure is being appropriately performed in the Medicare 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) 27130

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. national frequency not available

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
 116,189 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 115500	Percentage 99.40 %
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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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 27130

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: 27446	Tracking Number	Original Specialty Recommended RVU: 17.48
		Presented Recommended RVU: 17.48
Global Period: 090		RUC Recommended RVU: 17.48

CPT Descriptor: Arthroplasty, knee, condyle and plateau; medial OR lateral compartment

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old obese female (BMI>30) with osteoarthritis of the knee joint presents with increased varus of the right knee affecting activities of daily living. She is a non-insulin dependent diabetic. At operation, she undergoes a uni-compartmental knee replacement.

Percentage of Survey Respondents who found Vignette to be Typical: 67%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 99% , In the ASC 1%, 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 2% , Overnight stay-less than 24 hours 3% , Overnight stay-more than 24 hours 96%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 59%

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: Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of DVT prophylaxis. Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs; with special attention to review of radiographs and scaled radiographs if necessary, which were used for sizing and ordering of special implants or allografts. Reexamine patient to make sure that physical findings have not changed and update H&P. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available, including intraoperative imaging/fluoroscopy for documentation and intraoperative cell saver. Ensure that an array of implants is available for possible use in the operating room. An estimate of the appropriate size component is determined by templating with radiographs. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's leg is placed properly on the table and positioned with proper bolstering to aid surgical exposure. A tourniquet is placed on the proximal thigh. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: After limb exsanguination, the tourniquet is elevated. An appropriate incision for unicompartmental knee arthroplasty is used. After exposure, the knee is carefully inspected visually for the presence of arthritis in the two non-operative compartments. The ACL is inspected and tested. The remnant meniscus and the osteophytes of the operative compartment are removed. The tibia is exposed sufficiently to allow proximal (usually medial) resection of the tibia without injury to the ACL, PCL or MCL. After adequate distal femoral resection has been made, the femur is sized and the appropriate jig to complete the posterior and posterior chamfer cut is used to cut and drill the femur. Posterior femoral osteophytes can then be removed.

Then the improved visualization allows proper sizing and preparation of the tibial surface. Once the trial implants have been placed a complete examination of the alignment, ligamentous balance, range of motion and patellar tracking is done. The appropriate implants are then selected.

The knee is prepared for cementing with careful retractor placement, pulsatile lavage, and suction to dry the cut bony surface. Cement is applied to the tibial surface and the tibial component is impacted. Excess cement is then removed from the posterior tibial recess. Then the femoral component is cemented as well. A trial polyethylene is used to pressurize the components onto the bony surface. After the cement has cured, excess cement is carefully removed from around the components. Then the correct polyethylene is placed, the knee is again tested, the tourniquet is deflated and hemostasis is achieved. The knee wound is closed in layers.

Description of Post-Service Work: Hospital - through discharge from recovery room: Apply sterile dressings and extension splint or continuous Passive Motion apparatus (CPM). Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Monitor patient stabilization in the recovery room, with a careful neurologic examination of the extremity. Discuss postoperative recovery care with anesthesia and nursing staff including need for patient controlled analgesia. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note and place in chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to orthopaedic floor and discuss ongoing care with floor nurses.

Hospital visits: Review interval chart notes. Discuss ongoing care with floor nurses. Continue prophylaxis for DVT; monitor daily for adequacy. Assess need for continued antibiotics, order as required. Monitor and document patient progress. Assess pain scores and adequacy of analgesia. Examine patient, assess neurologic status, check wounds, change dressings, and remove drain, when appropriate. Order and monitor physiotherapy and assess range of motion progress. Assess opposite extremity for comparison. Write orders for progression to active exercise. Review nursing/other staff patient chart notes. Write orders for films, as necessary. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions.

Hospital Discharge Management: Review interval chart notes. Examine patient, assess neurologic status, check wounds, and change dressings. Write orders for discharge to an inpatient rehabilitation facility, a skilled nursing facility, or home. Write orders for follow-up, post-discharge labs, x-rays, home health care, and physical therapy. Write prescriptions for medications needed post-discharge. Restrictions and activity levels are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-op Office Visits: Review interval chart notes. Review anticoagulation laboratory values and adjust medication as needed. Examine and talk with patient. Assess surgical wound. Remove staples and sutures, when appropriate. Assess neurovascular status, ROM, circulation, sensation, and motor function of the operated extremity. Assess opposite extremity for comparison. Review activity and restrictions. Order occupational therapy. Supervise rehabilitation. Order radiographs, as necessary. Discuss progress with PCP (verbal and written). Assess pain scores and adequacy of analgesia. Dictate progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		01/2013				
Presenter(s):	William Creevy, MD; John Heiner, MD; David Halsey, MD; Mark Froimson, MD; Frank Voss, MD					
Specialty(s):	orthopaedic surgery (AAOS, AAHKS)					
CPT Code:	27446					
Sample Size:	700	Resp N:	138	Response: 19.7 %		
Description of Sample:	random selection from membership roster					
		Low	25 th pctl	Median*	75 th pctl	High
Service Performance Rate		0.00	1.00	5.00	15.00	150.00
Survey RVW:		13.00	20.00	22.00	24.00	45.00
Pre-Service Evaluation Time:				45.00		
Pre-Service Positioning Time:				15.00		
Pre-Service Scrub, Dress, Wait Time:				20.00		
Intra-Service Time:		60.00	75.00	90.00	105.00	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):	60.00	99231x 1.00	99232x 1.00	99233x 0.00		
Discharge Day Mgmt:	38.00	99238x 1.00	99239x 0.00	99217x 0.00		
Office time/visit(s):	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:

4 - FAC Difficult Patient/Difficult Procedure

CPT Code:	27446	Recommended Physician Work RVU: 17.48		
		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:		15.00	3.00	12.00
Pre-Service Scrub, Dress, Wait Time:		20.00	20.00	0.00
Intra-Service Time:		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):	60.00	99231x 1.00	99232x 1.00	99233x 0.00
Discharge Day Mgmt:	38.00	99238x 1.0	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

KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
23472	090	22.13	RUC Time

CPT Descriptor Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33249	090	15.17	RUC Time	50,309

CPT Descriptor 1 Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37215	090	19.68	RUC Time	8,472

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
27709	090	17.48	RUC Time

CPT Descriptor Osteotomy; tibia and fibula**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: 55 % of respondents: 39.8 %

TIME ESTIMATES (Median)

	CPT Code: 27446	Key Reference CPT Code: 23472	Source of Time RUC Time
Median Pre-Service Time	75.00	75.00	
Median Intra-Service Time	90.00	140.00	
Median Immediate Post-service Time	20.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	60.0	80.00	
Median Discharge Day Management Time	38.0	38.00	
Median Office Visit Time	62.0	85.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	345.00	448.00
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)(of those that selected Key
Reference code)**Mental Effort and Judgment (Mean)**

The number of possible diagnosis and/or the number of management options that must be considered	3.57	3.50
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The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.56	3.59
--	------	------

Urgency of medical decision making	2.78	2.89
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Technical Skill/Physical Effort (Mean)

Technical skill required	4.41	4.30
--------------------------	------	------

Physical effort required	3.96	3.93
--------------------------	------	------

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.00	3.91
---	------	------

Outcome depends on the skill and judgment of physician	4.57	4.43
--	------	------

Estimated risk of malpractice suit with poor outcome	4.04	3.91
--	------	------

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.56	3.59
----------------------------------	------	------

Intra-Service intensity/complexity	4.11	4.11
------------------------------------	------	------

Post-Service intensity/complexity	3.39	3.50
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Additional Rationale and Comments

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

Compelling Evidence to Increase wRVU

- ***Evidence that incorrect assumptions were made in the previous valuation of the service***

Harvard utilized the AMA Physician Masterfile to draw names for their surveys. While general orthopaedic surgeons can perform arthroplasties, it is more typical for patients to be referred to orthopaedic surgeons who specialize in joint replacement. We do not believe that all specialty surgeons were surveyed for these codes, since the AMA Masterfile did not delineate orthopaedic specialties.

- ***Evidence that the patient population has changed***

Historical indications for unicompartmental knee arthroplasty (UKA) included unicompartmental arthritis, age greater than 60 years, low demand for activity, range of motion arc of 90 degrees with < 5 degree flexion deformity, weight < 180 pounds, and an intact ACL. More recently, the indications have expanded especially with respect to age, weight, ACL deficiency, and patellofemoral arthritis. Primary osteonecrosis is now also considered and acceptable indication for UKA. Therefore, the population of patients undergoing this procedure is significantly different than it was in the 1980's and 1990's.

- ***Evidence that technology has changed physician work***

Since the late 1980's when this code was reviewed in the Harvard survey, there have been considerable advances in technology and technique. Implant geometry, materials, fixation methods, and bearing surfaces have changed significantly. Mobile bearing components have been developed as an alternative to fixed bearing designs. More precise systems for accurate and limited bone cuts as well limb alignment are utilized. Minimally invasive procedures with smaller incisions and limited soft tissue disruption have been developed. All of these factors have changed the physician work during a UKA.

Recommended Value

The American Academy of Orthopaedic Surgeons and the American Association of Hip and Knee Surgeons, and the conducted a RUC survey and collected 138 responses.

Pre-time Package 4 was selected with the addition of 12 minutes (15 min total) for positioning the patient's leg on the table with proper bolstering to aid surgical exposure, positioning equipment for intraoperative imaging, and application of a tourniquet. This time is consistent with other knee procedures reviewed by the RUC (eg, 27556-27558) and consistent with the survey median positioning time.

Based on the compelling evidence noted above, the consensus panel reviewing the survey data believe the work to perform 27446 has increased since the previous review by Harvard in the late 1980s. The consensus panel reviewed the survey median and 25th percentile work RVUs and determined those values were too high.

Instead, **we recommend crosswalking the work RVU (17.48) from RUC reviewed code 27709** (*Osteotomy; tibia and fibula*). Although 27709 has slightly greater intra-time, the post-op work for 27709 is less than 27446. Total time for both codes is almost identical.

CPT	RVW	Total time	pre	intra	sd-post	99232	99231	99238	99213	99212
27446	17.48	345	75	90	20	1	1	1	2	1
27709	17.48	346	68	108	15		2	1	2	2

Rank Order with Other RUC Reviewed Hip/Knee Codes

The consensus panel believes the recommended RVW for 27446, combined with the recommended RVW for 27447, Total Knee Arthroplasty, creates appropriate rank order between these procedures. The current values for 27446 and 27447 are slightly out of rank order, and by slightly increasing the RVW for 27446, and slightly decreasing the RVW for 27447, both the difference in time and in complexity/intensity is correct.

CPT	RVW	Total time	pre	intra	sd-post	99232	99231	99238	99213	99212
27446	17.48	345	75	90	20	1	1	1	2	1
27447	22.13	380	75	100	25	1	2	1	2	1

Medicare Utilization

Code 27446 was added as a family code to 27447, which was identified on the CMS high PFS expenditure list, requiring review by the RUC. The AAOS and AAHKS reviewed the Medicare utilization for 27446 to determine if there were any significant recent increases in Medicare volume which might suggest misvaluation as the Relativity Assessment Workgroup has focused on in recent reviews of existing procedure values. We note the following Medicare volumes:

2007: 11,151

2008: 11,024

2009: 12,552

2010: 14,476

2011: 13,684

2012: 12,506

Total Medicare volume change from 2005-2012: 1355

Annual percentage Medicare volume change from 2005-2012: 2.17%

This is a very small percentage change in volume, no higher than annual increases in changes in total Medicare patients as a percentage of all Americans. The expert panel noted that the Medicare utilization for 27446 appears to appropriately reflect the need for this procedure in the Medicare 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) 27446

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery

How often? Sometimes

Specialty

How often?

Specialty

How often?

Estimate the number of times this service might be provided nationally in a one-year period?

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 not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

12,506 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 12500	Percentage 99.95 %
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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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 27446

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: 27447	Tracking Number	Original Specialty Recommended RVU: 22.13
		Presented Recommended RVU: 22.13
Global Period: 090		RUC Recommended RVU: 19.60

CPT Descriptor: Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old obese female (BMI > 30) with bilateral osteoarthritis of the knee joint presents with increased varus of the right knee affecting activities of daily living. She is hypertensive and a non-insulin dependent diabetic. At operation, she undergoes a conventional total right knee arthroplasty (TKA).

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

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 58%

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: Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of DVT prophylaxis. Review results of preadmission testing including labs, X-rays, CT scans, and/or MRIs; with special attention to review of radiographs and scaled radiographs if necessary, which were used for sizing and ordering of special implants or allografts. Reexamine patient to make sure that physical findings have not changed and update H&P. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available, including intraoperative imaging/fluoroscopy for documentation and intraoperative cell saver. Ensure that an array of implants is available for possible use in the operating room. An estimate of the appropriate size component is determined by templating with radiographs. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's leg is placed properly on the table and positioned with proper bolstering to aid surgical exposure. A tourniquet is placed on the proximal thigh. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: After the tourniquet is elevated following exsanguination, an acceptable surgical incision is utilized to expose the joint. After everting the patella, appropriate soft tissue elevation and removal is performed to expose and visualize the joint. Care and attention is utilized to evaluate the ligament balance of the knee and appropriate soft tissue releases are performed to restore balance to the joint. The remnant meniscal tissue and overlying osteophytes are removed and if indicated, the cruciate ligaments are released. Next, attention is turned to the patella. The patella is measured and then the articular surface is resected at the appropriate depth. The optimal component size is selected and the fixation holes drilled. Next, attention is turned to the distal femur. The intramedullary canal is drilled and the distal femoral

cutting block is applied. The alignment of the block is confirmed and the distal femoral resection is made. The AP and ML size of the distal femur is evaluated and the appropriate implant size selected following which the remaining chamfer and AP bone cuts of the distal femur are made. The remainder of the posterior cruciate ligament is excised to expose everything back to the capsule. This tissue is resected, taking great care to leave the collateral ligaments intact and protect the neurovascular structures. The tibia is subluxed forward and the tibial cutting guide is applied, the optimal position in all planes confirmed and the bone cut made. The tibia is sized for the appropriate implant and the bone prepared. Next, the trial components are inserted and a trial reduction of the prosthetic knee is performed. Overall limb alignment, soft tissue and ligamentous balance and prosthetic interactions are assessed. Further refinement of the soft tissue balance, the bone resections for alignment and the prosthetic implant interaction are performed as indicated to optimize the prosthetic longevity. The polyethylene insert into place onto the tibial prosthesis. Knee stability, range of motion and alignment are again confirmed. Having completed all of the preparations, the tourniquet is released, hemostasis obtained, a deep drain placed, and the wound closed in layers.

Description of Post-Service Work: Hospital - through discharge from recovery room: Apply sterile dressings and extension splint or continuous Passive Motion apparatus (CPM). Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Monitor patient stabilization in the recovery room, with a careful neurologic examination of the extremity. Discuss postoperative recovery care with anesthesia and nursing staff including need for patient controlled analgesia. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note and place in chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to orthopaedic floor and discuss ongoing care with floor nurses.

Hospital visits: Review interval chart notes. Discuss ongoing care with floor nurses. Continue prophylaxis for DVT; monitor daily for adequacy. Assess need for continued antibiotics, order as required. Monitor and document patient progress. Assess pain scores and adequacy of analgesia. Examine patient, assess neurologic status, check wounds, change dressings, and remove drain, when appropriate. Order and monitor physiotherapy and assess range of motion progress. Assess opposite extremity for comparison. Write orders for progression to active exercise. Review nursing/other staff patient chart notes. Write orders for films, as necessary. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions.

Hospital Discharge Management: Review interval chart notes. Examine patient, assess neurologic status, check wounds, and change dressings. Write orders for discharge to an inpatient rehabilitation facility, a skilled nursing facility, or home. Write orders for follow-up, post-discharge labs, x-rays, home health care, and physical therapy. Write prescriptions for medications needed post-discharge. Restrictions and activity levels are discussed with the patient, family members and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-op Office Visits: Review interval chart notes. Review anticoagulation laboratory values and adjust medication as needed. Examine and talk with patient. Assess surgical wound. Remove staples and sutures, when appropriate. Assess neurovascular status, ROM, circulation, sensation, and motor function of the operated extremity. Assess opposite extremity for comparison. Review activity and restrictions. Order occupational therapy. Supervise rehabilitation. Order radiographs, as necessary. Discuss progress with PCP (verbal and written). Assess pain scores and adequacy of analgesia. Dictate progress notes for medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		01/2013			
Presenter(s):	William Creevy, MD; John Heiner, MD; David Halsey, MD; Mark Froimson, MD; Frank Voss, MD				
Specialty(s):	orthopaedic surgery				
CPT Code:	27447				
Sample Size:	700	Resp N:	157	Response: 22.4 %	
Description of Sample:		random selection from membership roster			
		Low	25 th pctl	Median*	75 th pctl
Service Performance Rate		0.00	50.00	90.00	150.00
Survey RVW:		14.00	22.13	24.00	26.00
Pre-Service Evaluation Time:				45.00	
Pre-Service Positioning Time:				15.00	
Pre-Service Scrub, Dress, Wait Time:				20.00	
Intra-Service Time:		60.00	90.00	100.00	120.00
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):	80.00	99231x 2.00	99232x 1.00	99233x 0.00	
Discharge Day Mgmt:	38.00	99238x 1.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	62.00	99211x 0.00	12x 1.00	13x 2.00	14x 0.00
Prolonged Services:	0.00	99354x 0.00	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:

4 - FAC Difficult Patient/Difficult Procedure

CPT Code:	27447	Recommended Physician Work RVU: 19.60		
		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:		15.00	3.00	12.00
Pre-Service Scrub, Dress, Wait Time:		20.00	20.00	0.00
Intra-Service Time:		100.00		
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):	80.00	99231x 2.00	99232x 1.00	99233x 0.00
Discharge Day Mgmt:	38.00	99238x 1.0	99239x 0.0	99217x 0.00
Office time/visit(s):	62.00	99211x 0.00	12x 1.00	13x 2.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
23472	090	22.13	RUC Time

CPT Descriptor Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37215	090	19.68	RUC Time	8,472

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33533	090	33.75	RUC Time	69,419

CPT Descriptor 2 Coronary artery bypass, using arterial graft(s); single arterial graft

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
63075	090	19.60	RUC Time

CPT Descriptor Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, single interspace**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: 80 % of respondents: 50.9 %

TIME ESTIMATES (Median)

	CPT Code: 27447	Key Reference CPT Code: 23472	Source of Time RUC Time
Median Pre-Service Time	75.00	75.00	
Median Intra-Service Time	100.00	140.00	
Median Immediate Post-service Time	25.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	80.0	80.00	
Median Discharge Day Management Time	38.0	38.00	
Median Office Visit Time	62.0	85.00	
Prolonged Services Time	0.0	0.00	

Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	380.00	448.00
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	3.59	3.41
--	------	------

The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.68	3.54
--	------	------

Urgency of medical decision making	2.68	2.57
------------------------------------	------	------

Technical Skill/Physical Effort (Mean)

Technical skill required	4.41	4.23
--------------------------	------	------

Physical effort required	4.28	3.90
--------------------------	------	------

Psychological Stress (Mean)

The risk of significant complications, morbidity and/or mortality	4.33	3.96
---	------	------

Outcome depends on the skill and judgment of physician	4.60	4.34
--	------	------

Estimated risk of malpractice suit with poor outcome	4.10	3.88
--	------	------

INTENSITY/COMPLEXITY MEASURES**CPT Code****Reference
Service 1****Time Segments (Mean)**

Pre-Service intensity/complexity	3.75	3.65
----------------------------------	------	------

Intra-Service intensity/complexity	4.31	4.09
------------------------------------	------	------

Post-Service intensity/complexity	3.59	3.35
-----------------------------------	------	------

Additional Rationale and Comments

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

Code 27447 was identified on the CMS high PFS expenditure list, requiring review by the RUC. The American Academy of Orthopaedic Surgeons and the American Association of Hip and Knee Surgeons conducted a RUC survey and collected 157 responses.

Pre-time Package 4 was selected with the addition of 12 minutes (15 min total) for positioning the patient's leg on the table with proper bolstering to aid surgical exposure, positioning equipment for intraoperative imaging, and application of a tourniquet. This time is consistent with other knee procedures reviewed by the RUC (eg, 27556-27558) and consistent with the survey median positioning time.

The median intra-service time of 100 minutes is less than the current RUC database intra-service time of 124 which is based on 2005 NSQIP data. The 2005 survey median intra-service time was 95 minutes; slightly less than the current survey data. NSQIP is not currently a valid extant database; therefore we cannot provide updated information from NSQIP to show that the NSQIP times would be similar to what was shown in 2005. However, we believe the fact that our current survey is consistent with the 2005 survey shows that the intra-work has not materially changed.

The survey median work RVU supports a value greater than the current wRVU. However, we do not believe there is compelling evidence to recommend an increase in wRVUs.

We recommend the survey 25th percentile RVW of 22.13, which is less than the current wRVU of 23.25. This is slightly greater than MPC code 37215, which has 3 minutes more intra-time, but two less hospital visits and one less office visit. It is also the same RVW as the key reference service, 23472, which we believe is appropriate. Our survey respondents indicated the complexity of the surveyed code is considerably greater than 23472 and therefore, a value equal to 23472, with a correspondingly higher IWPOT is appropriate.

Rank Order with Other RUC Reviewed Hip/Knee Codes

The consensus panel believes the recommended RVW for 27447 of 22.13, combined with the recommended RVW for 27446, Uni Knee Arthroplasty, of 17.48 creates appropriate rank order between these procedures. The current values for 27446 and 27447 are slightly out of rank order and by slightly increasing the RVW for 27446 and slightly decreasing the RVW for 27447, both the difference in time and in complexity/intensity is correct.

CPT	RVW	Total Time	pre	intra	sd-post	99232	99231	99238	99213	99212
27446	17.48	345	75	90	20	1	1	1	2	1
27447	22.13	380	75	100	25	1	2	1	2	1

The current values for 27130 and 27447 are slightly out of rank order and by decreasing the RVW for 27447 and maintaining the current RVW of 27130, the difference in complexity/intensity correctly reflects the fact that Total Knee Arthroplasty is a more technically intense procedure where more time is spent in the insertion and fitting of the prosthesis than is the case of Total Hip Arthroplasty where more time is spent exposing the joint and in closing.

CPT	RVW	Total Time	pre	intra	sd-post	99232	99231	99238	99213	99212
27130	21.90	380	75	100	25	1	2	1	2	1
27447	22.13	380	75	100	25	1	2	1	2	1

Medicare Utilization

Code 27447 was identified on the CMS high PFS expenditure list, requiring review by the RUC. The AAOS and AAHKS reviewed the Medicare utilization for 27447 to determine if there were any significant recent increases in Medicare volume which might suggest misvaluation as the Relativity Assessment Workgroup has focused on in recent reviews of existing procedure values. We note the following Medicare volumes:

2007: 263,210
 2008: 259,457
 2009: 256,319
 2010: 260,953
 2011: 270,072

2012: 261,381

Total Medicare volume change from 2005-2012: -1,859

Annual percentage Medicare volume change from 2005-2012: -0.14%

There has actually been a very slight decrease in total Medicare volume in the past five years. The expert panel believes that the current flat to declining utilization supports that this procedure is being appropriately performed in the Medicare 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) 27447

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?

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 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?
 261,381 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
 Please explain the rationale for this estimate. RUC database

Specialty orthopaedic surgery	Frequency 260000	Percentage 99.47 %
-------------------------------	------------------	--------------------

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

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 27447

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: Arthroplasty

					RVW					TOT	PRE			INTRA				FAC-inpt/same day					OFFICE								
	CPT	DESC			Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	33	32	31	38	39	15	14	13	12	11

UNI-KNEE

REF	23472	Arthroplasty, glenohumeral joint; total s	55	0.089		22.13		448	40	15	20		140		30	1	2.0	1.0		3	1					
HVD	27446	Arthroplasty, knee, condyle and platea		0.091		16.38		342	23	8	25		105		19		3	1.0			4					
SVY	27446	Arthroplasty, knee, condyle and platea	138	0.158	13.00	20.00	22.00	23.00	45.00	350	45	15	20	60	75	90	105	150	20	1	1	1.0			2	1
REC				0.109		17.48		345	40	15	20		90		20		1	1	1.0						2	1

TOTAL KNEE

REF	23472	Arthroplasty, glenohumeral joint; total s	80	0.089		22.13		448	40	15	20		140		30	1	2.0	1.0		3	1				
RUC-05	27447	Arthroplasty, knee, condyle and platea		0.099		23.25		469	45	15	15		124		30	1	3	1.0		1	2	1			
SVY	27447	Arthroplasty, knee, condyle and platea	157	0.153	14.00	22.13	24.00	26.00	52.00	385	45	15	20	60	90	100	120	180	25	1	2	1.0		2	1
REC				0.110		19.60		380	40	15	20		100		25	1	2	1.0		2	1				

TOTAL HIP

REF	23472	Arthroplasty, glenohumeral joint; total s	88	0.089		22.13		448	40	15	20		140		30	1	2.0	1.0		3	1				
RUC-05	27130	Arthroplasty, acetabular and proximal f		0.081		21.79		478	60	15	15		135		30	1	3	1.0		3	1				
SVY	27130	Arthroplasty, acetabular and proximal f	150	0.153	14.16	23.00	24.00	26.00	48.00	385	45	15	20	60	90	100	120	180	25	1	2	1.0		2	1
REC				0.110		19.60		380	40	15	20		100		25	1	2	1.0		2	1				

6,7, 20, 24____
Tab Number

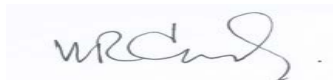
Shoulder Prosthesis Removal, Elbow Prosthesis Removal, Arthroplasty, Laminectomy____
Issue

233X1-233X3, 24160 and 24164, 27446 27447 and 27130, 63047-63048____
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

William Creevy, MD
Printed Signature

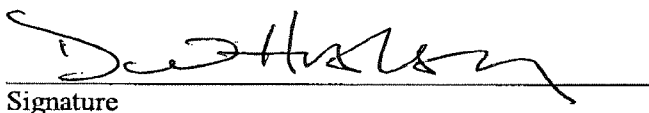
AAOS
Specialty Society

1-8-13
Date

20
Tab NumberArthroplasty
Issue
27130, 27446, 27447
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.)


SignatureDavid A. Harsany
Printed SignatureAAHK S.
Specialty Society1/9/2013
Date

**AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs**

CPT Long Descriptor:

- 27130** Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
- 27446** Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
- 27447** Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

Global Period 90

Meeting Date January 2013

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee: Orthopaedic surgeons familiar with the procedures reviewed current PE inputs and modified based on change to number of post-op office visits.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

- The only change from current PE inputs is an adjustment for change in number of post-op visits.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time: N/A

4. 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:

Phone calls to family, caregiver, pharmacy, therapist, and/or home care related to discharge management and instructions

Post-Service Clinical Labor Activities:

Assist physician at post-op office visits

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
2				Survey Code		Reference Code		Survey Code		Reference Code		Survey Code		Reference Code	
3				27446		27446 PEAC 2002		27447		27447 PEAC 2002		27130		27130 PEAC 2002	
4	Meeting Date: January 2013 Tab: 20 Specialty: Orthopaedic Surgery	CMS Code	Staff Type	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment		Arthroplasty, knee, condyle and plateau; medial OR lateral compartment		Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)		Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)		Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft		Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	
5	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6	GLOBAL PERIOD			90	90	90	90	90	90	90	90	90	90	90	90
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	171	n/a	180	n/a	180	n/a	224	n/a	180	n/a	207
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	60	n/a	60	n/a	60	n/a	60	n/a	60	n/a	60
9	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12
10	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	99	n/a	108	n/a	108	n/a	152	n/a	108	n/a	135
11	PRE-SERVICE														
12	Start: Following visit when decision for surgery or procedure made														
13	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5		5		5		5		5
14	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20		20		20		20		20
15	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8		8		8		8		8
16	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20		20		20		20		20
17	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7		7		7		7		7
19	End: When patient enters office/facility for surgery/procedure														
20	SERVICE PERIOD														
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12
44	POST-SERVICE Period														
45	Start: Patient leaves office/facility														
46	Conduct phone calls/call in prescriptions														
47	Office visits: List Number and Level of Office Visits					# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
48	99211 16 minutes		16												
49	99212 27 minutes		27		1		4		0		1		0		1
50	99213 36 minutes		36		2				3		2		3		3
51	99214 53 minutes		53								1				
52	99215 63 minutes		63												
53	Total Office Visit Time	L037D	RN/LPN/MTA	0	99	0	108	0	108	0	152	0	108	0	135
54	Other Clinical Activity - specify:														
55	End: with last office visit before end of global period														
56	MEDICAL SUPPLIES														
57	pack, minimum multi-specialty visit	SA048	pack		3		4		3		4		3		4
58	pack, post-op incision care (staple)	SA052	pack		1		1		1		1		1		1
63	EQUIPMENT														
64	table, power	EF031			99		63		108		152		108		135

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
2				Survey Code		Reference Code		Survey Code		Reference Code		Survey Code		Reference Code	
3				27446		27446 PEAC 2002		27447		27447 PEAC 2002		27130		27130 PEAC 2002	
4	Meeting Date: January 2013 Tab: 20 Specialty: Orthopaedic Surgery	CMS Code	Staff Type	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment		Arthroplasty, knee, condyle and plateau; medial OR lateral compartment		Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)		Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)		Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft		Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	
5	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6	GLOBAL PERIOD			90	90	90	90	90	90	90	90	90	90	90	90
7	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	171	n/a	180	n/a	171	n/a	224	n/a	171	n/a	207
8	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	60	n/a	60	n/a	60	n/a	60	n/a	60	n/a	60
9	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12
10	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MTA	n/a	99	n/a	108	n/a	99	n/a	152	n/a	99	n/a	135
11	PRE-SERVICE														
12	Start: Following visit when decision for surgery or procedure made														
13	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		5		5		5		5		5		5
14	Coordinate pre-surgery services	L037D	RN/LPN/MTA		20		20		20		20		20		20
15	Schedule space and equipment in facility	L037D	RN/LPN/MTA		8		8		8		8		8		8
16	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		20		20		20		20		20		20
17	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		7		7		7		7		7		7
19	End: When patient enters office/facility for surgery/procedure														
20	SERVICE PERIOD														
41	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MTA	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12	n/a	12
44	POST-SERVICE Period														
47	Office visits: List Number and Level of Office Visits			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
48	99211 16 minutes		16												
49	99212 27 minutes		27		1		4		1		1		1		1
50	99213 36 minutes		36		2				2		2		2		3
51	99214 53 minutes		53								1				
52	99215 63 minutes		63												
53	Total Office Visit Time	L037D	RN/LPN/MTA	0	99	0	108	0	99	0	152	0	99	0	135
55	End: with last office visit before end of global period														
56	MEDICAL SUPPLIES														
57	pack, minimum multi-specialty visit	SA048	pack		3		4		3		4		3		4
58	pack, post-op incision care (staple)	SA052	pack		1		1		1		1		1		1
63	EQUIPMENT														
64	table, power	EF031			99		63		99		152		99		135

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CPT Assistant Analysis

October 2019

Spirometry – Tab 12

In January 2019, the Relativity Assessment Workgroup reviewed action plans on the status of services that were RUC referrals to develop CPT Assistant articles from 2013-2016. The RUC recommended that this service be surveyed.

94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation

The RUC reviewed the survey results from 92 pulmonary medicine physicians and determined that the current work RVU of 0.17, which is below the survey 25th percentile, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes of intra-service and 2 minutes of immediate post-service time. The RUC noted that this service is typically reported with an Evaluation and Management (E/M) service on the same day, therefore the survey pre and post-service times were reduced to account for any overlap in these services. Based on the reviewer comments, the specialty societies revised the description of pre-, intra- and post-service work to describe only the work of the physician or qualified healthcare professional.

The RUC compared CPT code 94010 to the second key reference service, 93010 *Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only* (work RVU = 0.17) noting that these services require the same intra-service time of 5 minutes and similar total time (6 and 7 minutes, respectively), therefore should be valued the same. Additionally, approximately two-thirds of the respondents that selected this reference code indicated that these services require identical overall intensity and complexity to perform. For additional support the RUC noted that there are many services that require similar physician work and time, such as MPC code 93042 *Rhythm ECG, 1-3 leads; interpretation and report only* (work RVU = 0.15, intra-service time of 3 minutes and total time of 7 minutes), MPC code 96374 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug* (work RVU = 0.18 and intra-service time of 5 minutes and total time of 9 minutes) and CPT code 51741 *Complex uroflowmetry (eg, calibrated electronic equipment)* (work RVU = 0.17, intra-service time of 5 minutes and total time of 7 minutes). **The RUC recommends a work RVU of 0.17 for CPT code 94010.**

94060 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration

The RUC reviewed the survey results from 93 pulmonary medicine physicians and determined that the survey 25th percentile work RVU of 0.22 accounts for the work required to perform this service. The RUC recommends 5 minutes of intra-service time and 3 minutes of immediate post-service time. The RUC noted that this service is typically reported with an Evaluation and Management (E/M) service on the same day, therefore the survey pre and post-service times were reduced to account for any overlap in these services. Based on the reviewer comments, the specialty societies revised the description of pre-, intra- and post-service work to describe only the work of the physician or qualified healthcare professional.

The RUC noted that the survey intra-service time decreased by two and a half minutes from the current time and therefore the RUC accepted the survey median intra-service time of 5 minutes and lowered the current work RVU. The RUC notes that 94010 and 94060 now require the same intra-service time. Although CPT code 94060 now only requires one more minute of total time to complete than 94010, it does require more intense work, as it includes the work of the spirometry and evaluation of the three to eight maneuvers both pre- and post- bronchodilator. CPT code 94060 is appropriately slightly more intense and complex than 94010, which the recommended work RVU and time support.

The RUC compared CPT code 94060 to the second key reference service, CPT code 71046 *Radiologic examination, chest; 2 views* (work RVU = 0.22 and 6 minutes total time) and noted that 94060 requires similar physician time and intensity and complexity and thus should be valued similarly. For additional support the RUC referenced MPC code 99406 *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes* (work RVU = 0.24 and 7 minutes total time), which requires similar physician work and time. **The RUC recommends a work RVU of 0.22 for CPT code 94060.**

Practice Expense

The Practice Expense Subcommittee approved the addition of *gloves, non-sterile* (SB022) and the obsolete *Vmax 29s (spirometry testing equip, computer system)* (EQ043) was replaced with the currently available system *PFT System with PC and printer*. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

Work Neutrality

The RUC's recommendation for this family of 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
94010 (f)	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	XXX	0.17 (No Change)
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	XXX	0.22

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 94010	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: Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female complains of shortness of breath, with occasional wheezing. spirometry is performed.

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: N/A

Description of Intra-Service Work: The physician or qualified healthcare provider (QHP) verifies that predicted values are correct for the patient tested, according to the age, gender, height and race of the patient. The data is evaluated to ensure accuracy, effort and consistency in the three to eight maneuvers performed. The data are further reviewed including review of the mid-maximal flow rates, examination of the volume-time curves, and comparison to available previous studies for significant interval change according to the ATS/ERS consensus statement. The results are interpreted, and a report is prepared.

Description of Post-Service Work: Review transcribed report, check for errors, sign final report. Discuss results with patient and/or family (when clinically indicated). Communicate results to referring physician, (when clinically indicated).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Katina Nicolacakis, MD (ATS), Alan Plummer, MD (ATS), Kevin Kovitz, MD (CHEST), Robert DeMarco, MD (CHEST)				
Specialty Society(ies):	American Thoracic Society (ATS) & The American College of Chest Physicians (CHEST)				
CPT Code:	94010				
Sample Size:	2654	Resp N:	92	Response: 3.4 %	
Description of Sample:	Total surveys sent to a random selection of 2654 members that was a mix of both CHEST and ATS member lists with duplicates deleted.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	200.00	413.00	3900.00
Survey RVW:	0.02	0.20	0.25	0.45	10.50
Pre-Service Evaluation Time:			3.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	2.00	5.00	8.00	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:	94010	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:	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			
Please, pick the <u>post-service</u> 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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
94727	XXX	0.26	RUC Time

CPT Descriptor Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes.

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93010	XXX	0.17	RUC Time

CPT Descriptor Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only.

KEY MPC COMPARISON CODES:

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
93042	XXX	0.15	RUC Time	315,843

CPT Descriptor 1 Rhythm ECG, 1-3 leads; interpretation and report only

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
96374	XXX	0.18	RUC Time	292,003

CPT Descriptor 2 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
51741	XXX	0.17	RUC Time

CPT Descriptor Complex uroflowmetry (eg, calibrated electronic equipment)

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

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

Number of respondents who choose Top Key Reference Code: 34 % of respondents: 36.9 %

Number of respondents who choose 2nd Key Reference Code: 26 % of respondents: 28.2 %

TIME ESTIMATES (Median)

	CPT Code: <u>94010</u>	Top Key Reference CPT Code: <u>94727</u>	2nd Key Reference CPT Code: <u>93010</u>
Median Pre-Service Time	0.00	5.00	0.00
Median Intra-Service Time	5.00	5.00	5.00
Median Immediate Post-service Time	2.00	5.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	7.00	15.00	6.00
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

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

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	18%	59%	24%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
15%	59%	26%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	26%	56%	18%
Physical effort required	12%	79%	9%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

12%

76%

12%

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

4%

69%

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

19%

65%

15%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

4%

69%

27%

Physical effort required

0%

88%

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

35%

62%

4%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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

As a result of the RUC Relativity Assessment Workgroup (RAW), CPT 94060 was identified and reviewed as a RUC referral to develop CPT assistant articles from 2013 to 2016. The RUC recommended that CPT 94060 be surveyed for April 2019. The specialty societies requested deferment until October 2019 to include CPT 94010 as it is a code in this family and should be surveyed together. Additionally, the societies wanted to be sure the LOI process was transparent

to include CPT 94010 to allow other societies the option to participate in the survey process, since it was not included on the first LOI for April 2019.

94010 Survey Results & Recommendations:

The American Thoracic Society (ATS) the American College of Chest Physicians (CHEST), conducted a joint random survey of their members. Physician advisors and staff met via conference calls and over email to review the survey work data and develop both work and practice expense recommendations. The joint ATS and CHEST RVS consensus panel (joint panel) reviewed and discussed the work survey results. For code 94010 there were 92 responses to the survey request with a median performance rate of 200. The vignette was typical for 85% of the respondents.

Time Discussion

The joint panel reviewed the survey median times (3 pre, 5 intra, 5 post) and compared it to the current time from the recent survey for CPT 94010 (0 pre, 5 intra, 2 post). The joint panel agreed that existing pre and post time is more accurate and compares nicely to CPT 93010. The consensus of the joint panel is that this service for CPT 94010 is accurately represented by the existing current times and fits well within MPC CPT codes (93042, 96374) and additional comparators (51741, 90460).

Work Discussion

The joint panel reviewed the survey median work (RVW 0.25) as well as the 25th percentile (RVW 0.20) compared to the current value of CPT 94010 (RVW 0.17). The 25th percentile (0.20) is too high to be considered for this service because there is no compelling evidence. Additionally, the RVW median was higher than the joint panel would have anticipated. After a lengthy discussion and review of other CPT codes as well as a discussion that there is no compelling evidence, they agreed to recommend maintaining the current median work RVW of 0.17 since the survey supports at least that work RVW.

The first key reference service code chosen by the survey respondents, CPT 94727 (*Gas dilution or washout for determination of lung volumes and. When performed, distribution of ventilation and closing volumes*), is assigned an RVW 0.26 with pre, intra and post times of 5, 5 and 5 minutes for a total of 15 minutes. The second key reference service chosen by the survey respondents, CPT 93010 (*Electrocardiogram routine ECG with at least 12 leads, interpretation and report only*), is assigned an RVW 0.17, with pre, intra and post times of 0, 5 and 1 minutes for a total of 6 minutes. The intensity/complexity measures of the surveyed code were ranked generally identical or higher for all the measures, supporting a recommendation of higher RVWs than both KRS codes selected. However, we do not have compelling evidence to recommend higher RVW, therefore the survey at minimum supports maintaining the current RVW. The panel believes the survey data clearly supports maintaining the work value of 0.17.

To provide further support, the joint panel compared code 94010 to several MPC codes: CPT 93042 (*Rhythm ECG, 1-3 leads; interpretation and report only*), with an RVW of 0.15, and pre, intra, post times of 2, 3, and 2 minutes total time 7 minutes. CPT 96374 (*Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; intravenous push, single or initial substance/drug*), with an RVW of 0.18 and pre, intra, post times of 2, 5 and 2 minutes total time 9 minutes. CPT 51741 (*Complex uroflowmetry - e.g., calibrated electronic equipment*), with an RVW of 0.17, and pre, intra, post times of 0, 5, and 2 minutes total time 7 minutes.

In summary, we recommend maintaining the current work and times for CPT 94010 which is supported by the survey time, an RVW of 0.17 with a preservice time 0 minutes, intra service time 5 minutes, and post time 2 minutes for a total time 7 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.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 94010

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary Disease How often? Commonly

Specialty Internal Medicine How often? Commonly

Specialty Allergy/Immunology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 4952004

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2018 RUC data base times 4

Specialty Pulmonary Disease Frequency 2030322 Percentage 41.00 %

Specialty Internal Medicine Frequency 891361 Percentage 18.00 %

Specialty Allergy/Immunology Frequency 841841 Percentage 17.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,238,001 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 data base

Specialty Pulmonary Disease Frequency 507580 Percentage 40.99 %

Specialty Internal Medicine Frequency 222840 Percentage 17.99 %

Specialty Allergy/Immunology Frequency 210460 Percentage 16.99 %

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:

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 94010

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: 94060	Tracking Number	Original Specialty Recommended RVU: 0.27
		Presented Recommended RVU: 0.22
Global Period: XXX	Current Work RVU: 0.27	RUC Recommended RVU: 0.22

CPT Descriptor: Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old with a history of chronic obstructive bronchitis and emphysema is seen on a subsequent outpatient visit for increasing shortness of breath.

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: N/A

Description of Intra-Service Work: The physician or qualified healthcare provider (QHP) verifies that predicted values are correct for the patient tested, according to the age, gender, height and race of the patient. The data is evaluated to ensure accuracy, effort and consistency in the three to eight maneuvers both pre- and post- bronchodilator. The data are further reviewed including review of the mid-maximal flow rates, examination of the volume-time curves, and comparison to available previous studies for significant interval change according to the ATS/ERS consensus statement. Review technologist's comments on whether an adverse reaction occurred with bronchodilator administration and the nature of the adverse reaction, when occurring. The testing is assessed for significance of a bronchodilator response. The results are interpreted, and a report is prepared.

Description of Post-Service Work: Review transcribed report, check for errors, sign corrected report. Discuss results with patient and/or family (when clinically indicated). Communicate results to referring physician, (when clinically indicated).

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Katina Nicolacakis, MD (ATS), Alan Plummer, MD (ATS), Kevin Kovitz, MD (CHEST), Robert DeMarco, MD (CHEST)				
Specialty Society(ies):	American Thoracic Society (ATS) & The American College of Chest Physicians (CHEST)				
CPT Code:	94060				
Sample Size:	2654	Resp N:	93	Response: 3.5 %	
Description of Sample:	Total surveys sent to a random selection of 2654 members that was a mix of both CHEST and ATS member lists with duplicates deleted.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	40.00	100.00	300.00	3200.00
Survey RVW:	0.04	0.22	0.30	0.50	20.00
Pre-Service Evaluation Time:			3.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	3.00	5.00	10.00	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:	94060	Recommended Physician Work RVU: 0.22		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	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			
Please, pick the <u>post-service</u> 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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
94727	XXX	0.26	RUC Time

CPT Descriptor Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes.

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
71046	XXX	0.22	RUC Time

CPT Descriptor Radiologic examination, chest; 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99406	XXX	0.24	RUC Time	481,557

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92568	XXX	0.29	RUC Time

CPT Descriptor Acoustic reflex testing, threshold

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: 38.7 %

Number of respondents who choose 2nd Key Reference Code: 18 % of respondents: 19.3 %

TIME ESTIMATES (Median)

	CPT Code: 94060	Top Key Reference CPT Code: 94727	2nd Key Reference CPT Code: 71046
Median Pre-Service Time	0.00	5.00	1.00
Median Intra-Service Time	5.00	5.00	4.00
Median Immediate Post-service Time	3.00	5.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	8.00	15.00	6.00
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

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

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	14%	42%	44%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
11%	50%	39%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	19%	53%	28%

Physical effort required	6%	83%	11%
--------------------------	----	-----	-----

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%	67%	25%
----	-----	-----

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More**

Overall intensity/complexity	0%	17%	67%	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

22%	56%	22%
-----	-----	-----

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	11%	83%	6%
--------------------------	-----	-----	----

Physical effort required	6%	94%	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

56%	44%	0%
-----	-----	----

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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

As a result of the RUC Relativity Assessment Workgroup (RAW), CPT 94060 was identified and reviewed as a RUC referral to develop CPT assistant articles from 2013 to 2016. The RUC recommended that CPT 94060 be surveyed for April 2019. The specialty societies requested deferment until October 2019 to include CPT 94010 as it is a code in this

family and should be surveyed together. Additionally, the societies wanted to be sure the LOI process was transparent to include CPT 94010 to allow other societies the option to participate in the survey process, since it was not included on the first LOI for April 2019.

94060 Survey Results & Recommendations:

The American Thoracic Society (ATS) the American College of Chest Physicians (CHEST), conducted a joint random survey of their members. Physician advisors and staff met via conference calls and over email to review the survey work data and develop both work and practice expense recommendations. The joint ATS and CHEST RVS consensus panel (joint panel) reviewed and discussed the work survey results. For code 94060 there were 93 responses to the survey request with a median performance rate of 100. The vignette was typical for 81% of the respondents.

Time Discussion

The joint panel reviewed the survey median times (3 pre, 5 intra, 5 post) and compared it to the current time from the recent survey for CPT 94060 (3 pre, 7.5 intra, 3 post). The joint panel agreed that existing pre time is more accurate, as is the post time and compares nicely to CPT 96413. The consensus of the joint panel is that this service for CPT 94060 is accurately represented by the existing current times and fits well within MPC CPT codes (99406, 96413) and additional comparators (92568, 71111).

Work Discussion

The joint panel reviewed the survey median work (RVW 0.30) as well as the 25th percentile (RVW 0.22) compared to the current value (RVW 0.27). Advisors discussed the median RVW (0.30) is slightly high and as with CPT 94010 there is no compelling evidence. The advisors also discussed the 25th percentile at 0.22 however the current time as well as the survey time did not correlate well in relativity and would value the service too low for the times. After discussion and review of other CPT reference code noted below, as well as a discussion that there is no compelling evidence, they agreed the survey supported maintaining the current work RVW of 0.27.

The first key reference service code chosen by the survey respondents, CPT 94727 (*Gas dilution or washout for determination of lung volumes and. When performed, distribution of ventilation and closing volumes*), is assigned an RVW 0.26 with pre, intra and post times of 5, 5 and 5 minutes for a total of 15 minutes. The second key reference service chosen by the survey respondents, CPT 71046 (*Radiologic examination, chest; 2 views*) is assigned an RVW 0.22, with pre, intra and post times of 1, 4 and 1 minutes for a total of 6 minutes. The intensity/complexity measures of the surveyed code were ranked generally identical or higher for all the measures, supporting a recommendation of higher RVWs than both KRS codes selected. However, we do not have compelling evidence to recommend higher RVW, therefore the survey at minimum supports maintaining the current RVW. The panel reviewed the family and relativity between the two codes and believes the survey data supports maintaining the current work value of 0.27.

To provide further support, the joint panel compared code 94060 to several MPC codes: CPT 99406 (*Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes*), with an RVW of 0.24, and pre, intra, post times of 0, 7, and 0 minutes total 7 minutes. CPT 96413 (*Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug*), with an RVW of 0.28 and pre, intra, post times of 4, 7 and 2 minutes total 13 minutes. CPT 92568 (*Acoustic reflex testing, threshold s*) with an RVW of 0.29, and pre, intra, post times of 1, 8, and 1 minutes total 10 minutes.

In summary, we recommend an RVW of 0.22 which is the median survey value for 94060 with times, a preservice time 0 minutes, intra service time 5 minutes, and post time 3 minutes for a total time 8 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) 94060

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pulmonary Disease How often? Commonly

Specialty Internal Medicine How often? Commonly

Specialty Allergy/Immunology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 4645412

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2018 RUC data base times 4

Specialty Pulmonary Disease	Frequency 2787247	Percentage 59.99 %
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Specialty Internal Medicine	Frequency 789720	Percentage 16.99 %
-----------------------------	------------------	--------------------

Specialty Allergy/Immunology	Frequency 371633	Percentage 8.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,161,353 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 data base

Specialty Pulmonary Disease	Frequency 696812	Percentage 60.00 %
-----------------------------	------------------	--------------------

Specialty Internal Medicine	Frequency 197430	Percentage 16.99 %
-----------------------------	------------------	--------------------

Specialty Allergy/Immunology	Frequency 92908	Percentage 7.99 %
------------------------------	-----------------	-------------------

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:

Tests

BETOS Sub-classification:

Other tests

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 94060

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.

Tab 12 RUC Sum Spirometry

ISSUE: Spirometry Revised 10-3-2019

TAB: 12

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
37%	REF 1 June 2019	94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	34	0.0072	0.26					15	5	5					5					
28%	REF 2 June 2019	93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	26	0.0295	0.17					6		5					1					
	CURRENT 2019	94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation		0.0250	0.17					7		5					2					
85%	June 2019 SVY	94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	92	0.0142	0.02	0.20	0.25	0.45	10.50	13	3	1	2	5	8	50	5	0	50	200	413	3900
	REC	94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation		0.0250	0.17					7	0	5					2					

Percent	Source	CPT	DESC	Resp	IWPUT	RVW					Total Time	PRE-TIME	INTRA-TIME					IMMD	SURVEY EXPERIENCE				
Vig Typical						MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
37%	REF 1 June 2019	94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	36	0.0072	0.26					15	5	5					5					
20%	REF 2 June 2019	71046	Radiologic examination, chest; 2 views	18	0.0438	0.22					6	1	4					1					
	CURRENT 2019	94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration		0.0181	0.27					13.5	3	7.5					3					
81%	June 2019 SVY	94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	93	0.0242	0.04	0.22	0.30	0.50	20.00	13	3	1	3	5	10	50	5	0	40	100	300	3200
	REC	94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration		0.0306	0.22					8	0	5					3					

**AMA/SPECIALTY SOCIETY REALTIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

CPT Long Descriptor:

CPT	LONG DESCRIPTION:
94010	<i>Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation</i>
94060	<i>Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration</i>

Global Period: XXX Meeting Date: OCTOBER 2019

Specialty Society's: American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST).

Vignette (vignette required even if PE only code(s)):

CPT 94010 Vignette: A 45-year-old female complains of shortness of breath, with occasional wheezing. Spirometry is performed.

CPT 94060 Vignette: A 60-year-old with a history of chronic obstructive bronchitis and emphysema is seen on a subsequent outpatient visit for increasing shortness of breath

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

A joint society consensus with members from two societies participating including; American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST).

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 94010 and CPT 94060

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, both CPT 94010 and CPT 94060 are commonly billed together with an E/M service per the 2018 Medicare claims data provided by the RUC.

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)

CPT 94010		CPT 94060	
PULMONARY DISEASE	40.65%	PULMONARY DISEASE	59.05%
ALLERGY/IMMUNOLOGY	18.21%	INTERNAL MEDICINE	16.50%

**AMA/SPECIALTY SOCIETY REALTIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

INTERNAL MEDICINE	17.22%	ALLERGY/IMMUNOLOGY	8.35%
FAMILY MEDICINE	8.71%	FAMILY MEDICINE	6.11%

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:

Height, BP, HR and Respiratory rate, see details of each procedure as repeat vitals may be part of protocol. Service performed, however time removed due to billed with E/M and billed together data.

9. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

- Greet patient, ensure appropriate medical records are available (removed time per E/M)
- Provide pre-service education/obtain consent
- Prepare room/equipment and supplies, including nose clips and mouthpieces
- Ensure proper spirometer calibration
- Patient is positioned in a comfortable seated position

b. Service period (includes pre, intra and post):

- Demonstrate test to the patient
- Perform the procedure

c. Post-service period:

- Clean the room and equipment
- Completes testing reports and prints for interpretation

**AMA/SPECIALTY SOCIETY REALTIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

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 94010:

The Staff is present for entire testing. Demonstrates the test to the patient including correct posture with head slightly elevated, inhaling rapidly and completely, how to position the mouthpiece, and how to exhale with maximal force. Following the demonstration, nose clips and mouthpiece are applied to the patient and spirometry is performed (3-8 maneuvers). Checks test repeatability and performs more maneuvers as necessary. Evaluates and documents the best effort. Takes three vital signs (BP, HR and respiratory rate).

For 94060, (after 94010 spirometry is performed), bronchodilator is administered via a metered dose inhaler with spacer (or by nebulizer). Monitors patient's response to bronchodilator. Takes three vital signs (BP, HR, and respiratory rate).

Waits 10 to 15 minutes for the medication to take effect. Repeats spirometry (3-8 maneuvers). Evaluates and documents the best effort.

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

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? N/A
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? N/A

**AMA/SPECIALTY SOCIETY REALTIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

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:

N/A

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:

CMS #	Description	Formula	Explain Here
EQ040	Vmax 229 (spirometry testing equip.)	Default	

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

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

N/A

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

20. 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).

Tab 12 PE Spreadsheet

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	RUC Practice Expense Spreadsheet						CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2							94010		94010		94060		94060	
3		<u>RUC Collaboration Website</u>					Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation		Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation		Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration		Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	
4	Clinical Activity Code	Meeting Date: October 2019 Tab: 12 Spirometry revised 10-3-2019 Specialty: ATS and CHEST	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	Non Fac	Facility
6		GLOBAL PERIOD					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					\$ 17.75	\$ -	\$ 15.04	\$ -	\$ 26.99	\$ 3.97	\$ 23.91	\$ -
8		TOTAL CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	31.0	0.0	26.0	0.0	61.0	0.0	41.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	31.0	0.0	26.0	0.0	51.0	0.0	41.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE					\$ 11.47	\$ -	\$ 9.62	\$ -	\$ 22.57	\$ -	\$ 15.17	\$ -
13		PRE-SERVICE PERIOD												
14		Start: Following visit when decision for surgery/procedure made												
15	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5*	L037D	RN/LPN/MTA	0.37								
16	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20*	L037D	RN/LPN/MTA	0.37								
17	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8*	L037D	RN/LPN/MTA	0.37								
18	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20*	L037D	RN/LPN/MTA	0.37								
19	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7*	L037D	RN/LPN/MTA	0.37								
20	CA006	Confirm availability of prior images/studies	Standard time for this activity	L037D	RN/LPN/MTA	0.37								
21	CA007	Review patient clinical extant information and questionnaire	Standard time for this activity	L037D	RN/LPN/MTA	0.37								
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)		L037D	RN/LPN/MTA	0.37					5			
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	Standard time for this activity	L037D	RN/LPN/MTA	0.37	3		0		3		0	
34	CA010	Obtain vital signs	Vital Sign Standards	L037D	RN/LPN/MTA	0.37	3		0		3		0	
35	CA011	Provide education/obtain consent	Include only the additional	L037D	RN/LPN/MTA	0.37	4		2		4		2	
36	CA012	Review requisition, assess for special needs		L037D	RN/LPN/MTA	0.37								
37	CA013	Prepare room, equipment and supplies	2 minute standard	L037D	RN/LPN/MTA	0.37	2		2		2		2	
38	CA014	Confirm order, protocol exam	Standard time for this activity	L037D	RN/LPN/MTA	0.37								
39	CA015	Setup scope (nonfacility setting only)	5 minutes standard for scope	L037D	RN/LPN/MTA	0.37								
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	L037D	RN/LPN/MTA	0.37	1		2		1		2	
41	CA017	Sedate/apply anesthesia	2 minute standard	L037D	RN/LPN/MTA	0.37								
48		Intra-service (of service period)												
49	CA018	Assist physician or other qualified healthcare professional---directly	100% of physician or other	L037D	RN/LPN/MTA	0.37								
50	CA019	Assist physician or other qualified healthcare professional---directly	67% of physician or other	L037D	RN/LPN/MTA	0.37								
51	CA020	Assist physician or other qualified healthcare professional---directly	other% of physician or other	L037D	RN/LPN/MTA	0.37								
52	CA021	Perform procedure/service---NOT directly related to physician work time		L037D	RN/LPN/MTA	0.37	15		15		30		30	
59		Post-Service (of service period)												
60	CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring following	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	3 minute standard	L037D	RN/LPN/MTA	0.37	3		3		3		3	
63	CA025	Clean scope	Standards For Scope	L037D	RN/LPN/MTA	0.37								
64	CA026	Clean surgical instrument package	Standard for cleaning	L037D	RN/LPN/MTA	0.37								
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	Standard time for this activity	L037D	RN/LPN/MTA	0.37								
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	Baseline time for this activity	L037D	RN/LPN/MTA	0.37								
69	CA031	Review examination with interpreting MD/DO	Standard time for this activity	L037D	RN/LPN/MTA	0.37					3			
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	Standard time for this activity	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					2			
73	CA035	Review home care instructions, coordinate visits/prescriptions	Standard time for this activity	L037D	RN/LPN/MTA	0.37								
74	CA036	Discharge day management	Dischrg mgmt same day (0.5	L037D	RN/LPN/MTA	0.37	n/a		n/a		n/a		n/a	
81		End: Patient leaves office/facility												
82		POST-SERVICE PERIOD												
83		Start: Patient leaves office/facility												
84	CA037	Conduct patient communications	Phone calls/emails/texts are	L037D	RN/LPN/MTA	0.37								

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	RUC Practice Expense Spreadsheet						CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2							94010		94010		94060		94060	
3		<u>RUC Collaboration Website</u>					Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation		Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation		Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration		Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	
4	Clinical Activity Code	Meeting Date: October 2019 Tab: 12 Spirometry revised 10-3-2019 Specialty: ATS and CHEST	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	Non Fac	Facility
6		GLOBAL PERIOD					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					\$ 17.75	\$ -	\$ 15.04	\$ -	\$ 26.99	\$ 3.97	\$ 23.91	\$ -
8		TOTAL CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	31.0	0.0	26.0	0.0	61.0	0.0	41.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	31.0	0.0	26.0	0.0	51.0	0.0	41.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0
85	CA038	Coordinate post-procedure services		L037D	RN/LPN/MTA	0.37					5			
86		Office visits: List Number and Level of Office Visits		MINUTES			# visits	# visits	# 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	0.0	0.0
99		End: with last office visit before end of global period												

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	RUC Practice Expense Spreadsheet						CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2							94010		94010		94060		94060	
3		RUC Collaboration Website					Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation		Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation		Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration		Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	
4	Clinical Activity Code	Meeting Date: October 2019 Tab: 12 Spirometry revised 10-3-2019 Specialty: ATS and CHEST	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	Non Fac	Facility
6		GLOBAL PERIOD					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					\$ 17.75	\$ -	\$ 15.04	\$ -	\$ 26.99	\$ 3.97	\$ 23.91	\$ -
8		TOTAL CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	31.0	0.0	26.0	0.0	61.0	0.0	41.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	31.0	0.0	26.0	0.0	51.0	0.0	41.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0
100	Supply Code	MEDICAL SUPPLIES		PRICE	UNIT									
101		TOTAL COST OF SUPPLY QUANTITY x PRICE					\$ 2.45	\$ -	\$ 2.57	\$ -	\$ 4.42	\$ -	\$ 4.10	\$ -
102	SB022	gloves, non-sterile		0.138	pair				1		1		1	
103	SD075	filter, pulmonary function filter		1.5325	item		1		1		1		1	
104	SD099	mouthpiece, respiratory		0.2228	item		1		1		1		1	
105	SD101	nebulizer mouthpiece with tubing		1.5355	item						1		1	
106	SD102	noseclips		0.656	item		1		1		1		1	
107	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)		0.9838	oz						0.34			
108	SK057	paper, laser printing (each sheet)		0.0088	item		4		2				2	
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.	Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice in column B, 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					\$ 3.84	\$ -	\$ 2.85	\$ -	\$ -	\$ 3.97	\$ 4.64	\$ -
113	EQ043	Vmax 29s (spirometry testing equip, computer system)		26875		0.077925948						54		
114	EF023	table, exam		2188.0593		0.004867106	31							
115	EQ040	Vmax 229 (spirometry testing equip, computer system)		46571.6603	Default	0.135037797	0		0				0	
116	NEW	PFT System with PC and printer		41,000		0.118882377	31		24				39	
117		Other equipment item: to add a new equipment item please include the	Other equipment item: to											

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CPT Assistant Analysis

April 2019

Evaluation of Wheezing

The Relativity Assessment Workgroup (RAW) reviewed action plans for services that were RUC referrals to develop CPT Assistant articles from 2013-2016. The RUC recommended that these services be surveyed for April 2019. The RAW noted that CPT code 94400 *Breathing response to CO2 (CO2 response curve)* may be recommended for deletion. The specialty society agreed with the RAW and recommends that 94400 as well as 94770 *Carbon dioxide, expired gas determination by infrared analyzer* be referred to the CPT Editorial Panel for possible deletion. The specialty is requesting that other codes in the family 94010 *Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation* and 94060 *Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration* be deferred to the October 2019 RUC meeting. The remaining services reviewed at the April 2019 RUC meeting are four practice expense (PE) only codes:

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*

94667 *Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation*

94668 *Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent*

94669 *Mechanical chest wall oscillation to facilitate lung function, per session*

The PE Subcommittee discussed that 94668 is the only code of the four that is not typically performed with an evaluation and management (E/M) service in the non-facility setting. The specialty society had removed clinical staff time as if the code was reported with an E/M, so the PE Subcommittee adjusted the clinical staff time accordingly. Clinical staff time was removed for clinical activity, CA034 *Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)* across all the codes, because the clinical activity code was developed to account for extra documentation requirements and is not meant for standard documentation that a service has been performed. Lastly, adjustments were made to the equipment minute formula for equipment item, EF023 exam table, to capture the correct line items. The specialty societies confirmed that the vest needed for CPT code 94669 is not listed as a direct practice expense input, because the patient provides his or her own vest. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
94010 (f)	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	XXX	Defer to October 2019
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	XXX	Defer to October 2019
94400	Breathing response to CO2 (CO2 response curve)	XXX	Refer to CPT Editorial Panel
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	XXX	0.00 PE Only
94667 (f)	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	XXX	0.00 PE Only
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	XXX	0.00 PE Only
94669 (f)	Mechanical chest wall oscillation to facilitate lung function, per session	XXX	0.00 PE Only
94770	Carbon dioxide, expired gas determination by infrared analyzer	XXX	Refer to CPT Editorial Panel

February 25, 2019

Peter Smith, MD
Chair, Relative Value Scale Update Committee
American Medical Association
AMA Plaza
330 N. Wabash Ave.
Chicago, IL 60611-5885



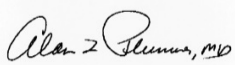



Dear Dr. Smith,

We are writing jointly on behalf of the American Thoracic Society (ATS) and the American College of Chest Physicians (CHEST) as advised by the AMA RUC staff to request deferment of CPT 94060 *Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration* to the October 2019 RUC. This request will not affect the CPT or RUC cycle as these would be in 2021. As we reviewed CPT 94060 during our survey process, we also identified CPT 94010 should be surveyed along with 94060 as part of the family. We believe other societies may want the opportunity to survey 94010 and therefore believe they should have that opportunity in the formal LOI process. The ATS and CHEST will survey the two codes in October and will welcome any other societies that wish to survey 94010.

Additionally, we have noted in our LOI that CPT 94400 and 94770 should be referred to CPT and likely deleted. We have discussed this with our CPT advisors who will work on a CCA for submission by the next CPT date of June 25, 2019 for the September 2019 CPT meeting.

If you have any questions, please contact our staff Denise Merlino at merlinohccc@gmail.com or cell 339-221-0199. We appreciate your time and consideration.

Sincerely,

ATS Advisor	ATS Alternate Advisor	CHEST Advisor	CHEST Alternate Advisor
Alan Plummer, MD	Katina Nicolacakis,	Robert DeMarco, MD	Kevin Kovitz, MD
			

GARY EWART, MHS

Chief, Advocacy & Government Relations

American Thoracic Society

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**Specialty Society: The American College of Chest Physicians, American Thoracic Society,
American Academy of Family Physicians**

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

CPT Long Descriptor: **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 Period: XXX Meeting Date: April 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: A joint consensus with members from representatives of the American College of Chest Physicians, the American Thoracic Society (ATS), American Academy of Family Physicians participated in a joint call and email discussions to provide this consensus opinion. The society members included physicians, staff, administrators and advisors.
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: Recommendations are based on current direct PE inputs.
3. Is this code(s) typically billed with an E/M service? Yes
4. Is this code(s) typically billed with the E/M service in the nonfacility? Yes
(Please see provided data in PE Subcommittee folder)
5. What specialty is the dominant provider in the nonfacility? Family Medicine
What percent of the time does the dominant provider provide the service(s) in the nonfacility? 32%
Is the dominant provider in the nonfacility different then for the global? No
(Please see provided data in PE Subcommittee folder)
6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: N/A
7. If you are requesting an increase over the 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. N/A
8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: N/A

**Specialty Society: The American College of Chest Physicians, American Thoracic Society,
American Academy of Family Physicians**

9. 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? (please use this time rather than 5 minutes in your reference code) **None**
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:
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*:
This is not directly related to physician work time. Clinical staff hooks patient up to nebulizer, checks on patient periodically during course of nebulizer treatment, and unhooks patient from nebulizer when administration is complete.
11. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **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: **N/A**
13. 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**
14. 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**
15. 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**
16. 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.

Exam Table (EF023); default

17. 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**
18. If there is any other item on your spreadsheet that needs further explanation, please include here:
N/A
18. Please include an explanation of each line item: **N/A**

Specialty Society: The American College of Chest Physicians, American Thoracic Society,
American Academy of Family Physicians

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

CPT Long Descriptor:

94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent
94669	Mechanical chest wall oscillation to facilitate lung function, per session

Global Period: XXX Meeting Date: April 2019 revised 4-24-2019

- Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: A joint consensus with members from representatives of the American College of Chest Physicians, the American Thoracic Society (ATS), American Academy of Family Physicians participated in a joint call and email discussions to provide this consensus opinion. The society members included physicians, staff, administrators and advisors.
- 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: Recommendations are based on current direct PE inputs.
- Is this code(s) typically billed with an E/M service? Yes, 94667 is done with an E/M 84% of the time, and 94669 is done 100% with an E/M. Code 94668 is not typically billed with an E/M service.
- Is this code(s) typically billed with the E/M service in the nonfacility?
(Please see provided data in PE Subcommittee folder)
Yes, 94667 is done with an E/M 84% of the time, and 94669 is done 100% with an E/M. Code 94668 is not typically billed with an E/M service.
- What specialty is the dominant provider in the nonfacility?
94667: Internal Medicine (39%)
94668: Family Medicine (36%)
94669: Pulmonary Disease (68%)
- What percent of the time does the dominant provider provide the service(s) in the nonfacility? See the answer to Question 5 above.
Is the dominant provider in the nonfacility different then for the global? No
(Please see provided data in PE Subcommittee folder)

**Specialty Society: The American College of Chest Physicians, American Thoracic Society,
American Academy of Family Physicians**

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**
8. 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. **For CPT 94668 the current services do not show this code is typically reported with an E/M unlike the 94667 and 94669, therefore the services have changed over time and the inputs for all those tasks that had been removed should be added back.**
9. 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**
10. 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? (please use this time rather than 5 minutes in your reference code)? **Five minutes for 94668; none for 94667 or 94669**
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: **For only 94668, we are requesting 5 min for vital signs in order to obtain 4 vitals: blood pressure, heart rate, respiratory rate, and pulse oximetry.**
11. 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*:
This is not directly related to physician work time.

Chest wall manipulation involves a combination of techniques such as percussion (clapping), vibration, deep breathing and huffing or coughing. This also requires placing the patient into multiple positions to use gravity to drain mucus (postural drainage) from the 5 lobes of the lungs.

The patient is placed in one of multiple positions (sitting, left lateral decubitus, right lateral decubitus and in some instances prone/dependent) the therapist then can clap on the person's chest wall. This is usually done for three to five minutes and is sometimes followed by vibration over the same area for approximately 15 seconds (or during five exhalations). The person is then encouraged to cough or huff forcefully to expectorate the mucus out of the lungs. This is the standard for all manual chest wall manipulation and requires 20 minutes to complete.

For Mechanical Oscillation, the device is made up of two pieces, an air-pulse generator and an inflatable vest that is connected to the generator by hoses. The generator sends air through the hoses, which causes the vest to inflate and deflate rapidly, as much as 20 times per second. This rapid inflation and deflation creates pressure on the chest similar to clapping.

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The vibrations not only separate mucus from the airway walls, they also help move it up into the large airways. Typically, a person uses the vest for five minutes and then coughs or huff coughs to clear the mucus. The sequence is repeated using the programmed sequence to simulate percussion of all 5 lobes of the lungs as in the chest manipulation above. Sessions last about 20 to 30 minutes. The therapist places the vest and adjusts multiple snaps to fit to the patient so that it fits snugly but not restrict taking a deep breath. The therapist then adjusts the oscillation frequency and intensity and monitors the patient during the entire session.

Following all procedures, the staff documents the procedure and exam findings in the electronic medical record

12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. N/A
13. 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
14. 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
15. 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
16. 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
17. 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.

Exam Table (EF023); default

18. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
19. If there is any other item on your spreadsheet that needs further explanation please include here:
18. Please include an explanation of each line item:

For line 33 (CA009, "Greet patient, provide gowning, ensure appropriate medical records are available") for code 94668, time originally was recommended to increase to 3 minutes to match

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the standard. Code 94668 is not typically done in conjunction with an E/M service, so it would make sense to add.

For line 35 (CA011) for CPT 94668 only "Provide patient education" 2 minutes the standard are added back to this service because the service is NOT typically performed with an E/M service.

For line 35 (CA013) for CPT 94668 only "Prepare room, equipment, supplies" 2 minutes the standard are added back to this service because the service is NOT typically performed with an E/M service.

For line 40 (CA016, "Prepare, set-up and start IV, initial positioning and monitoring of patient") for code 94668, time is eliminated, because the room is already prepared.

For line 59, (CA021, "Perform procedure/service---NOT directly related to physician work time") for code 94669, time is reduced to 20 minutes to be consistent with other codes in the family.

For line 61 (CA022, "Monitor patient following procedure/service, multitasking 1:4") time is reduced to zero for all three codes, while for line 61 (CA023, "Monitor patient following procedure/service, no multitasking) three minutes is added to each code to better reflect amount and nature of patient monitoring that occurs.

For line 67 (CA028, "Review/read post-procedure x-ray, lab and pathology reports"), the time is reduced to zero in each case to reflect this activity is not typically happening.

For line 73 (CA034, "Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)"), The PE committee removed 3 minutes as they stated documentation of the service needs to be a mandatory requirement in order for this to be considered, therefore in all three codes we removed any time for documenting the service.

For line 103 (SA048, "pack, minimum multi-specialty visit"), the quantity for code 94669 is reduced to zero, since this code is typically done with an E/M.

	A	B	D	E	F	I	J	K	L
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED	
2		<p><i>*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.</i></p> <p><i>*Please do not modify formulas in gray shaded cells</i></p> <p><i>*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.</i></p>				94640		94640	
3		<u>RUC Collaboration Website</u>				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		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	
4	Clinical Activity Code	Meeting Date: April 2019 Tab: 25 94640 Revised 4-24-2019 Specialty: ATS, CHEST, AAFP	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute				
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 12.22	\$ -	\$ 5.44	\$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	28.0	0.0	10.0	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	28.0	0.0	10.0	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				\$ 10.36	\$ -	\$ 3.70	\$ -
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				
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				
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	1		1	
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	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 of patient	L037D	RN/LPN/MTA	0.37	1		0	
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 (400%)	L037D	RN/LPN/MTA	0.37				

	A	B	D	E	F	I	J	K	L
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED	
2		<p><i>*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.</i></p> <p><i>*Please do not modify formulas in gray shaded cells</i></p> <p><i>*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.</i></p>				94640		94640	
3		<u>RUC Collaboration Website</u>				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		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	
4	Clinical Activity Code	Meeting Date: April 2019 Tab: 25 94640 Revised 4-24-2019 Specialty: ATS, CHEST, AAFP	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute				
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 12.22	\$ -	\$ 5.44	\$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	28.0	0.0	10.0	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	28.0	0.0	10.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (60%)	L037D	RN/LPN/MTA	0.37				
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (60%)	L037D	RN/LPN/MTA	0.37				
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37	15		5	
59	CA021	Perform procedure/service---NOT directly related to physician work time	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	2		0	
62	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37	2		2	
63	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37				
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 requisitions	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 x-images in PACS, checking for all images, reformats, and dose logs	L037D	RN/LPN/MTA	0.37				
70	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37				
71	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue	L037D	RN/LPN/MTA	0.37				
72	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37				
73	CA034	Document procedure (non-ACS) (e.g. mandated reporting, registry logs, EEC file, etc.)	L037D	RN/LPN/MTA	0.37	1		0	
74	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37	3		0	
75	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	n/a		n/a	
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				
87		Office visits: List Number and Level of Office Visits	MINUTES			# visits	# visits	# visits	# visits

	A	B	D	E	F	I	J	K	L
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED	
2		<p><i>*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.</i></p> <p><i>*Please do not modify formulas in gray shaded cells</i></p> <p><i>*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.</i></p>				94640		94640	
3		<u>RUC Collaboration Website</u>				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		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	
4	Clinical Activity Code	<p>Meeting Date: April 2019</p> <p>Tab: 25 94640 Revised 4-24-2019</p> <p>Specialty: ATS, CHEST, AAFP</p>	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute				
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 12.22	\$ -	\$ 5.44	\$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	28.0	0.0	10.0	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	28.0	0.0	10.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0
93	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0
100		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		<p><i>*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.</i></p> <p><i>*Please do not modify formulas in gray shaded cells</i></p> <p><i>*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.</i></p>				94640		94640	
3		<u>RUC Collaboration Website</u>				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		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	
4	Clinical Activity Code	Meeting Date: April 2019 Tab: 25 94640 Revised 4-24-2019 Specialty: ATS, CHEST, AAFP	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute				
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 12.22	\$ -	\$ 5.44	\$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	28.0	0.0	10.0	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	28.0	0.0	10.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0
101	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT					
102		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 1.69	\$ -	\$ 1.69	\$ -
103	SB022	gloves, non-sterile	0.138	pair		1		1	
104	SD101	nebulizer mouthpiece with tubing	1.5355	item		1		1	
105	SJ053	swab-pad, alcohol	0.0198	item		1		1	
106									
108		Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A							
110	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute				
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ 0.17	\$ -	\$ 0.05	\$ -
112	EF023	table, exam	2188.059	Default	0.004867	35		10	
113									
118		Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A							

	A	B	C	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T
1	RUC Practice	Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2		<i>*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.</i> <i>*Please do not modify formulas in gray shaded cells</i> <i>*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.</i>					94667		94667		94668		94668		94669		94669	
3		<u>RUC Collaboration Website</u>					Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function: initial demonstration and/or evaluation		Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function: initial demonstration and/or evaluation		Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function: subsequent		Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function: subsequent		Mechanical chest wall oscillation to facilitate lung function, per session		Mechanical chest wall oscillation to facilitate lung function, per session	
4	Clinical Activity Code	Meeting Date: April 2019 Revised 4-24-2019 Tab: 25 94667-94669 Specialty: ATS, CHEST, AAFP	Standards/Guidelines	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5		LOCATION					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6		GLOBAL PERIOD					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					\$ 16.62	\$ -	\$ 14.25	\$ -	\$ 19.21	\$ -	\$ 20.63	\$ -	\$ 23.48	\$ -	\$ 14.25	\$ -
8		TOTAL CLINICAL STAFF TIME		L047C	RN/Respiratory Therapist	0.47	35.0	0.0	30.0	0.0	36.0	0.0	39.0	0.0	45.0	0.0	30.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L047C	RN/Respiratory Therapist	0.47	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L047C	RN/Respiratory Therapist	0.47	35.0	0.0	30.0	0.0	36.0	0.0	39.0	0.0	45.0	0.0	30.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME		L047C	RN/Respiratory Therapist	0.47	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME X RATE PER MINUTE					\$ 16.45	\$ -	\$ 14.10	\$ -	\$ 16.92	\$ -	\$ 18.33	\$ -	\$ 21.15	\$ -	\$ 14.10	\$ -
13		PRE-SERVICE PERIOD																
14		Start: Following visit when decision for surgery/procedure made																
15	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5*	L047C	RN/Respiratory	0.47												
16	CA002	Coordinate pre-surgery services (including test	90 DAY: NF10, F20*	L047C	RN/Respiratory	0.47												
17	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8*	L047C	RN/Respiratory	0.47												
18	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20*	L047C	RN/Respiratory	0.47												
19	CA005	Complete pre-procedure phone calls and	90 DAY: NF10, F7*	L047C	RN/Respiratory	0.47												
20	CA006	Confirm availability of prior images/studies	Standard time for this activity is 2 minutes.	L047C	RN/Respiratory	0.47												
21	CA007	Review patient clinical extant information and	Standard time for this activity is 1 minute.	L047C	RN/Respiratory	0.47												
22	CA008	Perform regulatory mandated quality assurance		L047C	RN/Respiratory	0.47												
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	Standard time for this activity is 3 minutes.	L047C	RN/Respiratory	0.47					2		3					
34	CA010	Obtain vital signs	Vital Sign Standards	L047C	RN/Respiratory	0.47					5		5					
35	CA011	Provide education/obtain consent	Include only the additional	L047C	RN/Respiratory	0.47	2		2		1		1		2		2	
36	CA012	Review requisition, assess for special needs		L047C	RN/Respiratory	0.47												
37	CA013	Prepare room, equipment and supplies	2 minute standard	L047C	RN/Respiratory	0.47	2		2		1		2		2		2	
38	CA014	Confirm order, protocol exam	Standard time for this activity is 1 minute.	L047C	RN/Respiratory	0.47												
39	CA015	Setup scope (nonfacility setting only)	5 minutes standard for scope set up in the	L047C	RN/Respiratory	0.47												
40	CA016	Prepare, set-up and start IV, initial positioning and	2 minute standard	L047C	RN/Respiratory	0.47					1		2					
41	CA017	Sedate/apply anesthesia	2 minute standard RN/LPN/MA	L047C	RN/Respiratory	0.47												
48		Intra-service (of service period)																
49	CA018	Assist physician or other qualified healthcare	100% of physician or other qualified	L047C	RN/Respiratory	0.47												
50	CA019	Assist physician or other qualified healthcare	67% of physician or other qualified	L047C	RN/Respiratory	0.47												
51	CA020	Assist physician or other qualified healthcare	other% of physician or other qualified	L047C	RN/Respiratory	0.47												
52	CA021	Perform procedure/service---NOT directly related		L047C	RN/Respiratory	0.47												
59	CA021	Perform procedure/service---NOT directly related		L047C	RN/Respiratory	0.47	20		20		20		20		30		20	

A		B		C		D		E		F		I		J		K		L		M		N		O		P		Q		R		S		T	
1	RUC Practice	Expense Spreadsheet										CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED									
		<i>*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.</i> <i>*Please do not modify formulas in gray shaded cells</i> <i>*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.</i>										94667		94667		94668		94668		94669		94669													
2		RUC Collaboration Website										Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function: initial demonstration and/or evaluation		Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function: initial demonstration and/or evaluation		Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function: subsequent		Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function: subsequent		Mechanical chest wall oscillation to facilitate lung function, per session		Mechanical chest wall oscillation to facilitate lung function, per session													
3		Meeting Date: April 2019 Revised 4-24-2019 Tab: 25 94667-94669 Specialty: ATS, CHEST, AAFP		Standards/Guidelines		Clinical Staff Type Code		Clinical Staff Type		Clinical Staff Type Rate Per Minute		Non Fac		Facility		Non Fac		Facility		Non Fac		Facility		Non Fac		Facility		Non Fac		Facility		Non Fac		Facility	
4	Clinical Activity Code	LOCATION										XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
5		GLOBAL PERIOD										XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	
6		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME										\$ 16.62		\$ -		\$ 14.25		\$ -		\$ 19.21		\$ -		\$ 20.63		\$ -		\$ 23.48		\$ -		\$ 14.25		\$ -	
7		TOTAL CLINICAL STAFF TIME				L047C		RN/Respiratory Therapist		0.47		35.0		0.0		30.0		0.0		36.0		0.0		39.0		0.0		45.0		0.0		30.0		0.0	
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME				L047C		RN/Respiratory Therapist		0.47		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0	
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME				L047C		RN/Respiratory Therapist		0.47		35.0		0.0		30.0		0.0		36.0		0.0		39.0		0.0		45.0		0.0		30.0		0.0	
10		TOTAL POST-SERVICE CLINICAL STAFF TIME				L047C		RN/Respiratory Therapist		0.47		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0	
11		Post-Service (of service period)																																	
60		Monitor patient following procedure/service,		For monitoring following procedure, the		L047C		RN/Respiratory		0.47		5				0								5				0							
61	CA022	Monitor patient following procedure/service, no				L047C		RN/Respiratory		0.47						3								3				3							
62	CA023	Clean room/equipment by clinical staff		3 minute standard		L047C		RN/Respiratory		0.47		3				3				3				3				3							
63	CA024	Clean scope		Standards For Scope Cleaning		L047C		RN/Respiratory		0.47																									
64	CA025	Clean surgical instrument package		Standard for cleaning instruments		L047C		RN/Respiratory		0.47																									
65	CA026	Complete post-procedure diagnostic forms, lab				L047C		RN/Respiratory		0.47																									
66	CA027	Review/read post-procedure x-ray, lab and				L047C		RN/Respiratory		0.47		3				0				3				0				3				0			
67	CA028	Check dressings, catheters, wounds		Standard time for this activity is 1 minute.		L047C		RN/Respiratory		0.47																									
68	CA029	Technologist QC's images in PACS, checking for		Baseline time for this activity is 2 minute. For		L047C		RN/Respiratory		0.47																									
69	CA030	Review examination with interpreting MD/DO		Standard time for this activity is 2 minute.		L047C		RN/Respiratory		0.47																									
70	CA031	Scan exam documents into PACS. Complete exam		Standard time for this activity is 1 minute.		L047C		RN/Respiratory		0.47																									
71	CA032	Perform regulatory mandated quality assurance				L047C		RN/Respiratory		0.47																									
72	CA033	Document procedure (nonPACS) (e.g. mandated				L047C		RN/Respiratory		0.47						0								0						0					
73	CA034	Review home care instructions, coordinate		Standard time for this activity is 2 minutes.		L047C		RN/Respiratory		0.47																									
74	CA035	Discharge day management		Dischrg mgmt same day (0.5 x 99238) (enter		L047C		RN/Respiratory		0.47		n/a				n/a				n/a				n/a				n/a				n/a			
75	CA036	End: Patient leaves office/facility																																	
76		POST-SERVICE PERIOD																																	
77		Start: Patient leaves office/facility																																	
78	CA037	Conduct patient communications		Phone calls/emails/texts are in 3 minute		L047C		RN/Respiratory		0.47																									
79	CA038	Coordinate post-procedure services				L047C		RN/Respiratory		0.47																									
80		Office visits: List Number and Level of Office				MINUTE				# visits		# visits		# visits		# visits		# visits		# visits		# visits		# visits		# visits		# visits		# visits		# visits			
81	CA039	Post-operative visits (total time)				L047C		RN/Respiratory		0.47		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0			
82		End: with last office visit before end of global																																	

[illegible]

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Source – Utilization over 30,000

October 2019

Molecular Pathology Interpretation – Tab 13

In January 2019, the Relativity Assessment Workgroup reviewed CMS/Other Source codes with 2017e Medicare utilization over 30,000. The RUC recommended this service be surveyed for October 2019. The Research Subcommittee reviewed and approved a new vignette and custom survey template for the October 2019 RUC meeting.

Compelling Evidence

The specialty society presented compelling evidence for CPT code G0452 based on a change in technology, change in patient population and a flawed methodology used in the previous valuation. G0452 was created as a replacement code for deleted CPT code 83912 *Molecular diagnostics; interpretation and report*. In response to payer requests, the CPT Editorial Panel developed a new coding structure for CPT 2013 to describe molecular pathology services, based on the efforts and recommendations of the Molecular Pathology Coding Workgroup convened beginning in October 2009. By CPT 2013, the Panel had accepted 107 Tier 1 codes and 9 Tier 2 codes. For CPT 2013, the RUC had recommended physician work and time values for 80 Tier 1 codes and 9 Tier 2 codes, while the other codes were classified as not typically requiring physician work. However, the Agency determined to cover these services all under the Clinical Lab Fee Schedule (CLFS) and only create G0452 for when interpretation and report required a physician's judgement. G0452 was created by crosswalking the work RVU and physician times from deleted code 83912, which the specialty indicated was via a flawed methodology and did not sufficiently consider the surveys they conducted for over 80 CPT codes. The initial valuation of 83912 by the RUC and CMS from 1995 was based on the most frequently performed tests at the time (simple blood tests) on the general population — it is unclear what methodology the Agency used to determine if that assumption was still valid for CY2013 when G0452 was created as a replacement code. In addition, when the original service was surveyed for 1995, only 16 pathologists completed the survey which does not meet the RUC's current minimum threshold for a survey. Deleted code 83912 had 525,521 Medicare Utilization in CY2012, whereas G0452 now only has 117,592, as a result of the large change in the coding structure and data which implies many of the molecular pathology services that were formerly reported with code 83912 are no longer reported using G0452 and are solely covered under the CLFS.

One hundred of those initial codes were identified as the most frequently performed tests (Tier 1 molecular pathology codes). The remainder were recognized as clinically valid but less frequently performed (Tier 2 molecular pathology codes). The former consisted of relatively simple blood-based tests to identify common polymorphisms with generally straightforward interpretation (eg, Factor V Leiden for thrombotic risk). The Tier 2 coded services were stratified according to technical complexity (eg, DNA sequencing), the number of genes that needed to be evaluated, and the complexity of interpreting large amount of often ambiguous information. Tests for constitutional syndromic genetic abnormalities comprised the majority of the initial Tier 2 tests. Later, multianalyte panels to identify oncologic driver mutations that could direct targeted therapies for cancer

patients became a substantial part of the Tier 2 code set. The more recent addition of new codes in the Genomic Sequencing Procedures section recognized the frequent performance of molecular test procedures for evaluating complex inherited syndromes and characterizing both hematologic and solid tumor malignancies. These additions to the code set reflect significant technical advances that allow for greater amounts of genetic information to be evaluated simultaneously, which markedly affects the complexity of interpretation. The identification of multiple aberrations, their potential interaction, often equivocal understanding of their clinical significance, the limitations of the available specimen, and the clinical implications of all these factors distinguish these complex services from the relatively simple binary interpretation associated with the early molecular tests on which the initial G0452 valuation was made. The interpretation of the complex procedures requires detailed knowledge of the technology and its limitations for addressing specific clinical questions, the limitations of available specimen types and the consequences of those limitations on the test result, an extensive familiarity with data processing, as well as an understanding of the strength of medical evidence related to specific identified genetic abnormalities. The length and complexity of current molecular test reports attest to the additional interpretive efforts needed in understanding the test results and their clinical significance.

Due to changes in technology, the availability of new tests and the coding structure, the patient population for which the majority of molecular testing is currently performed (with G0452) is now dominated by oncology patients and those with complex inherited disorders, including those syndromes predictive for cancer risk and potential response to specific targeted therapies. At the October 2019 RUC meeting, the RUC agreed with the specialty that there is evidence of a change in patient populations being tested. Additionally, the RUC noted it is clear from Medicare current ICD-10 data and the survey data that the typical patient for G0452 has acute leukemia. In 1995, the typical patient was listed as “Using polymerase chain reaction (PCR), evaluation and report of DNA probe study of vaginal swab obtained from a pregnant 28-year-old suspected of gonococcal infection.”

The RUC approved the societies’ compelling evidence based on flawed methodology, change in technology and a change in patient population.

G0452 Molecular pathology procedure; physician interpretation and report

The RUC reviewed the survey results from 58 molecular pathologists and recommends: 27 minutes of intra-service time. The RUC noted that the amount of time needed for this procedure has increased because it is now typically being used for interpretation of much more complex molecular pathology tests due to improvements in technology since this service was last valued in 1995. The typical test has switched from a simple test to the analysis and molecular/genomic classification of bone marrow for a patient with acute myeloid leukemia. Furthermore, this service is typically reported alone (81 percent of the time per the 2017 Medicare 5% file).

The RUC reviewed the survey 25th percentile work RVU of 0.93 and agreed that this value appropriately accounts for the physician work involved. The RUC compared the survey code to CPT code 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* (work RVU= 0.95, intra-service time of 25 minutes) and noted that both services involve a similar amount of physician work and a similar amount of physician time. The RUC also compared the survey code to CPT code 85097 *Bone marrow, smear interpretation* (work RVU=

0.94, intra-service of 25 minutes) and noted that both services involve a similar amount of time and a similar amount of physician work. Furthermore, both services are pathology services whose typical vignette is for a bone marrow specimen for a patient with acute myeloid leukemia. **The RUC recommends 0.93 work RVU for HCPCS code G0452.**

Practice Expense

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

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
G0452	Molecular pathology procedure; physician interpretation and report	XXX	0.93 (2019 work RVU = 0.37)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: G0452	Tracking Number	Original Specialty Recommended RVU: 0.93
		Presented Recommended RVU: 0.93
Global Period: XXX	Current Work RVU: 0.37	RUC Recommended RVU: 0.93

CPT Descriptor: Molecular pathology procedure; physician interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female presents with weakness and easy bruising. A bone marrow biopsy reveals acute myeloid leukemia. A bone marrow aspirate sample is submitted for analysis and molecular/genomic classification.

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: NA

Description of Intra-Service Work: The pathologist reviews the source and composition of the submitted specimen to assure its suitability for testing and understand any limitations imposed on the test's performance or results. The pathologist evaluates nucleic acid sequence analysis data, with alignment and comparison to reference sequences to identify mismatched sequences as clinically significant variants, and assesses the veracity of weak and ambiguous signals, taking into account the characteristics and limitations of the submitted specimen. The pathologist interprets the variant results and correlates them with the context for the individual patient by reviewing the patient history and the other findings including flow cytometry, bone marrow morphology and cytogenetics. The pathologist composes a report specifying the patient's mutation status to include information from a literature and database search regarding the significance of variants identified. The report is edited, signed, and the results are communicated to a responsible health care professional.

Description of Post-Service Work: NA

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2019				
Presenter(s):	Roger McLendon, MD, Swati Mehrotra, MD, Ronald McLawhon, MD PhD, Michael Idowu, MD MPH, and Aaron Bossler, MD PhD				
Specialty Society(ies):	College of American Pathologists				
CPT Code:	G0452				
Sample Size:	3800	Resp N:	58	Response: 1.5 %	
Description of Sample:	Random				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	20.00	275.00	500.00	3000.00
Survey RVW:	0.15	0.93	1.58	2.20	3.50
Pre-Service Evaluation Time:			0.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	3.00	16.00	27.00	49.00	180.00
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:	G0452	Recommended Physician Work RVU: 0.93		
	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:	27.00			
Please, pick the <u>post-service</u> 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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
88189	XXX	1.70	RUC Time

CPT Descriptor Flow cytometry, interpretation; 16 or more markers**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
88325	XXX	2.85	RUC Time

CPT Descriptor Consultation, comprehensive, with review of records and specimens, with report on referred material**KEY MPC COMPARISON CODES:**

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

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
92012	XXX	0.92	RUC Time	658,064

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95819	XXX	1.08	RUC Time	210,877

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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
88361	XXX	0.95	RUC Time

CPT Descriptor 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**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: 20.6 %

Number of respondents who choose 2nd Key Reference Code: 8 % of respondents: 13.7 %

TIME ESTIMATES (Median)

	CPT Code: <u>G0452</u>	Top Key Reference CPT Code: <u>88189</u>	2nd Key Reference CPT Code: <u>88325</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	27.00	36.00	90.00
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	27.00	36.00	90.00
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

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

<u>Top Key Reference Code</u>	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	8%	42%	42%	8%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	33%	67%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	8%	33%	58%

Physical effort required	8%	67%	25%
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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%

50%

33%

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More**

Overall intensity/complexity	0%	0%	13%	63%	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%

13%

75%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	0%	25%	76%
--------------------------	----	-----	-----

Physical effort required	25%	63%	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

0%

38%

63%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT 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:

At the October 2018 RUC meeting, the Relativity Assessment Workgroup (RAW) identified CPT code G0452 *Molecular pathology procedure; physician interpretation and report* as potentially misvalued on a CMS/Other screen. The RUC then requested a physician work survey for the October 2019 RUC meeting.

In the 2013 Medicare Physician Fee Schedule Final Rule, the CMS created the code (G0452) “on an interim basis for CY2013” (replacing the “current CPT code that was used to bill under the PFS for interpretation and report of a molecular pathology test (CPT code 83912-26)),” to make PFS payment for “some cases when a physician interpretation of a molecular pathology test may be medically necessary to provide a clinically meaningful, beneficiary-specific result.”

When the Centers for Medicare & Medicaid Services (CMS) created G0452, the Agency stated in the CY2013 Final Rule that they:

*“reviewed the work associated with this procedure, and we believe it is appropriate to directly crosswalk the work RVUs and times of CPT code 83912-26 to HCPCS code G0452, because we do not believe this coding change reflects a change in the service or in the resources involved in furnishing the service.” **

G0452 has never been reviewed by the RUC. However, the CMS/Other physician time of 20 minutes was based on the following antiquated vignette from 1995: Using PCR, evaluation and report of DNA probe study of vaginal swab obtained from a pregnant 28-year-old suspected of gonococcal infection.

Based on the most current Medicare ICD-10 data available and confirmation with molecular experts, today's typical patient for G0452 is: A 68-year-old female presents with weakness and easy bruising. A bone marrow biopsy reveals acute myeloid leukemia. A bone marrow aspirate sample is submitted for analysis and molecular/genomic classification.

Today, the use of G0452 for molecular services requiring physician interpretation and report corresponds to a complex set of services in a rapidly evolving clinical and scientific setting, including tier one, tier two, and genomic sequencing procedures.

G0452 is currently valued with a work RVU of 0.37. The time components in the RUC database are irrelevant CMS/Other time components. The crosswalk or methodology used in the original valuation of this service is unknown and not resource based. It is therefore invalid to compare the current time and work to the surveyed time and work. CMS/Other time has historically been deemed invalid and represents a crosswalk from an unknown source. The CMS/Other time source lacks transparency and scientific validity.

Compelling Evidence:

The CAP's expert panel believes that the RUC's compelling evidence standards have been met for the following reasons:

Evidence that incorrect assumptions were made in the previous valuation of the service

There is evidence that incorrect assumptions were made in the previous valuation of this service. This service was valued through a CMS crosswalk (as discussed above) that represents a flawed valuation assumption mechanism or methodology. This code is a CMS/Other source code and has never been RUC surveyed or reviewed by the RUC.

Evidence that technology has changed physician work (ie, diffusion of technology)

The initial valuation of G0452 by CMS was made in response to the introduction of approximately 150 new molecular pathology codes. One hundred of those initial codes were identified as the most frequently performed tests (Tier 1 molecular pathology codes). The remainder were recognized as clinically valid but less frequently performed (Tier 2 molecular pathology codes). The former consisted of relatively simple blood-based tests to identify common polymorphisms with generally straightforward interpretation (eg, Factor V Leiden for thrombotic risk). The Tier 2 coded services were stratified according to technical complexity (eg, DNA sequencing), the number of genes that needed to be evaluated, and the complexity of interpreting large amount of often ambiguous information. Tests for constitutional syndromic genetic abnormalities comprised the majority of the initial Tier 2 tests. Later, multianalyte panels to identify oncologic driver mutations that could direct targeted therapies for cancer patients became a substantial part of the Tier 2 code set. The more recent addition of new codes in the Genomic Sequencing Procedures section recognized the frequent performance of molecular test procedures for evaluating complex inherited syndromes and characterizing both hematologic and solid tumor malignancies.

These additions to the code set reflect significant technical advances that allow for greater amounts of genetic information to be evaluated simultaneously, which markedly affects the complexity of interpretation. The identification of multiple aberrations, their potential interaction, often equivocal understanding of their clinical significance, the limitations of the available specimen, and the clinical implications of all these factors distinguish these complex services from the relatively simple binary interpretation associated with the early molecular tests on which the initial G0452 valuation was made. The interpretation of the complex procedures requires unprecedented knowledge of the technology and its limitations for addressing specific clinical questions, the limitations of available specimen types and the consequences of those limitations on the test result, an extensive familiarity with data processing, as well as an understanding of the

strength of medical evidence related to specific identified genetic abnormalities. The extreme length and complexity of current molecular test reports attest to the additional interpretive efforts needed in understanding the test results and their clinical significance.

Documentation in the peer-reviewed literature or other reliable data that there have been changes in physician work:

See the following recently published articles:

- The History and Impact of Molecular Coding Changes on Coverage and Reimbursement of Molecular Diagnostic Tests; Transition from Stacking Codes to the Current Molecular Code Set Including Genomic Sequencing Procedures (The Journal of Molecular Diagnostics, The Journal of Molecular Diagnostics, Vol. 20, No. 2, March 2018 [https://jmd.amjpathol.org/article/S1525-1578\(17\)30423-3/fulltext](https://jmd.amjpathol.org/article/S1525-1578(17)30423-3/fulltext)
- Acute myeloid leukaemia: How to combine multiple tools, 23 March 2018. International Journal of Laboratory Hematology. 2018;40(Suppl. 1):109–119. <https://onlinelibrary.wiley.com/doi/full/10.1111/ijlh.12081>
- Initial Diagnostic Workup of Acute Leukemia; Guideline from the College of American Pathologists and the American Society of Hematology, Archives of Pathology and Laboratory Medicine—Vol 141, October 2017 <https://www.cap.org/protocols-and-guidelines/cap-guidelines/current-cap-guidelines/initial-diagnostic-workup-of-acute-leukemia>

Patient population

The initial valuation of G0452 by CMS was based on the most frequently performed tests at the time (simple blood tests) on the general population. However, the patient population for which the majority of molecular testing is currently performed is dominated by oncology patients and those with complex inherited disorders, including those syndromes predictive for cancer risk and potential response to specific targeted therapies. We believe this is clear evidence of a change in patient populations being tested. Additionally, it is clear from Medicare current ICD-10 data and our survey respondents that the typical patient for G0452 has acute leukemia. In 1995, the typical patient was listed as “Using PCR, evaluation and report of DNA probe study of vaginal swab obtained from a pregnant 28-year-old suspected of gonococcal infection.”

Today's typical patient is an acute leukemia patient. The typical physician work scenario that is critical to ensuring the optimal management of the patient requires the complexity of linking histological findings with molecular analyses and interpretations, subclassifications.

Survey Process and Results

In preparation for the October 2019 RUC meeting, the College of American Pathologists (CAP) updated the vignette based on current Medicare ICD-10 data. In addition, the CAP determined that there is no pre-service or post-service physician work involved in this service and that the standard pathology survey instrument needed editing to exclude pre- and post-service work questions. The RUC's Research Subcommittee approved the vignette and changes to the survey instrument. In addition, the RUC's Research Subcommittee assisted in the development of the reference service listing.

The CAP conducted a physician work survey of 3,800 randomly selected active members, resulting in 58 respondents. Survey respondents (91%) agreed that the vignette represented the typical patient. The survey results are below:

G0452, N=58	Intra-Service and Total Time	Physician Work RVU
Low	3	0.15
25th Percentile	16	0.93
Median	27	1.58
75th Percentile	49	2.20
High	180	3.50

The survey instrument contained 27 reference codes for respondents to choose from to depict the most similar pathology service to G0452. The reference service list physician work RVUs ranged from 0.13 to 2.85. Over 91% of the survey respondents chose a code from the list with a work RVU greater than G0452's current value of 0.37. In addition, 72% of the respondents chose a reference code with a work RVU greater than the recommended work RVU for G0452.

The Key Reference Service Codes were:

First 88189 - Flow cytometry, interpretation; 16 or more markers (1.70 RVUs, 36 minutes total time)

Secondary 88325 - Consultation, comprehensive, with review of records and specimens, with report on referred material (2.85 RVUs, 90 minutes total time)

Expert Panel Review and Opinion:

The survey results for CPT code G0452 were reviewed by an expert panel consisting of CAP's Economic Affairs Committee physician members, including several experts who perform the service. The expert panel, considered the total work, time, intensity, and complexity of the typical patient case, and agreed that the current existing work RVU of 0.37 was too low for the physician work involved. The expert committee concluded that the 25th percentile work value of 0.93 with a median time of 27 minutes is the appropriate value for the code based on the survey results, intra-service time, comparison to key reference services, IWPUP, and the relative value of other codes on the physician fee schedule. In addition, it is important to note that the AMA's billed together data of the number of unique occurrences (same day, same patient, same provider), is typically once for G0452.

Some RUC reviewed XXX global comparison codes are:

CPT Code	Long Descriptor	Work RVU	RUC Review	Intra-Service Time	Total Time	IWPUP
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.	0.70**	April 2019	18	18	0.0389
88360	Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual	0.85	2016-04	23	23	0.0370
92012*	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	0.92	2007-02	15	25	0.0464
G0452	Molecular pathology procedure; physician interpretation and report	0.93	October 2019, Recommended	27	27	0.0344
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.	0.93	April 2019	22	22	0.0423
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	0.95	2016-04	25	25	0.0380
88121	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology	1.00	2009-10	25	25	0.0400
95819*	Electroencephalogram (EEG); including recording awake and asleep	1.08	2012-10	15	26	0.0556
88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	1.20	2009-10	30	30	0.0400
88188	Flow cytometry, interpretation; 9 to 15 markers	1.20	2016-01	30	30	0.0400
88307	Level V - Surgical pathology, gross and microscopic examination	1.59	2010-04	47	47	0.0338

88189	Flow cytometry, interpretation; 16 or more markers	1.70	2016-01	CPT Code: G0452		
				36	36	0.0472
88325	Consultation, comprehensive, with review of records and specimens, with report on referred material	2.85	2016-01	90	90	0.0317

*MPC code

** MPC code, reviewed by the RUC in April 2019, and proposed by CMS for CY2021.

Recommendation:

The CAP recommends a physician work RVU of 0.93 for CPT code G0452 with 27 minutes of intra-service and total time. The expert panel believes that our survey supports our recommendation and that the compelling evidence standards have been met.

SERVICES REPORTED WITH MULTIPLE CPT CODES

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

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

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

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

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 Pathology How often? Sometimes

Specialty Clinical Laboratory How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 117592

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database 2018 estimated volume, Medicare G code

Specialty Pathology Frequency 98060 Percentage 83.39 %

Specialty Clinical Laboratory Frequency 8796 Percentage 7.48 %

Specialty	Frequency 0	Percentage 0.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
 117,592 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 2018 estimated volume

Specialty Pathology	Frequency 98060	Percentage 83.39 %
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Specialty Clinical Laboratory	Frequency 8796	Percentage 7.48 %
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Specialty	Frequency 0	Percentage 0.00 %
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Do many physicians perform this service across the United States? No

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Tests

BETOS Sub-classification:

Lab tests

BETOS Sub-classification Level II:

Other (MPFS)

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number G0452

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

	A	B	C	D					E	F	G	H	I	J	K	L	P	Q	R	S	T
5	ISSUE: Molecular Pathology Interpretation (G0452)																				
6	TAB: 13																				
7							RVW					Total	INTRA-TIME								
8	Source	CPT	Global	Long Descriptor	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	MIN	25th	MED	75th	MAX				
9	1st REF	88189	XXX	Flow cytometry, interpretation; 16 or more markers	91	0.064			2.30			36			36						
10	2nd REF	88325	XXX	Consultation, comprehensive, with review of records and specimens, with report on referred material	39	0.032			2.85			90			90						
11	CURRENT*	G0452	XXX	Molecular pathology procedure; physician interpretation and report		0.019			0.37			20			20						
12	SVY	G0452	XXX	Molecular pathology procedure; physician interpretation and report	58	0.059	0.15	0.93	1.58	2.20	3.50	27	3	16	27	49	180				
13	REC	G0452	XXX	Molecular pathology procedure; physician interpretation and report	58	0.034	0.93					27			27						

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

Meeting Date: October 2019

CPT Code	Long Descriptor	Global Period
G0452	Molecular pathology procedure; physician interpretation and report	XXX

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
G0452	A 68-year-old female presents with weakness and easy bruising. A bone marrow biopsy reveals acute myeloid leukemia. A bone marrow aspirate sample is submitted for analysis and molecular/genomic classification.

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 direct non-facility practice expense inputs for CPT code G0452 were reviewed by an expert panel consisting of CAP's Economic Affairs Committee physician members, including several practicing molecular pathologists who perform the service. The expert panel considered the clinical labor, medical supplies, and equipment that were typical in non-facility settings across the United States, accounting for differences in laboratory 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*):

G0452

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 non-facility?
(Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

No, this service is not typically reported with an E/M service.
No, this service is not typically reported with an E/M service in the non-facility setting.
2017 Medicare Same Day Billing Occurrences = 1%
Percent Billed with office E/M (Non-Fac Only; Global + TC) = 0%

4. What specialty is the dominant provider in the non-facility?
What percent of the time does the dominant provider provide the service(s) in the non-facility?
Is the dominant provider in the non-facility different than for the global? There is no global code for this service.
(Please see provided data titled *Medicare Same Day NF EM Billed Together - NF Dom Spec* in the RUC Review Resource Materials)

Pathology is the dominant provider.
Pathology provides these services approximately 24% of the time in the non-facility setting.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

We are not recommending more time than the PE Subcommittee standards.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

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:

This code was created through a CMS crosswalk in 2013. The direct practice expense inputs for this code were mistakenly not cross-walked when the code was created. In addition, major innovations in molecular techniques, methodologies, analyses, and tools that assist the pathologist have evolved to a significant level of complexity. The software used by the pathologist must be accounted for.

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:

The service currently has no practice expense due to an error in cross-walking the direct inputs.

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:

There is no recommended clinical staff time for obtaining vital signs.

9. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

The molecular technologist compiles the list of cases, flags any patient case records that do not meet quality thresholds, and transmits the information to the pathologist for physician review. The molecular technologist interacts with the pathologist, as necessary, regarding the quality/adequacy of the specimen, technical aspects of the analytical procedures performed, and/or reevaluating raw data or other diagnostic testing/clinical history that are relevant in the pathologist's interpretation of the findings.

b. Service period (includes pre, intra and post):

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 work in the intra-service (of service period) is not typical.

11. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

Not Applicable.

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*):

Not applicable.

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**

Molecular Technologist, a cytotechnologist is the appropriate proxy for this clinical labor staff type.

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:

Not Applicable.

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:

Sequence data analytics (alignment/variant calling) and reporting software. (New equipment item, see invoice), this is used by the pathologist to provide the service. The pathologist typically uses the software for at least 9 minutes.

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:

Used by the pathologist to provide the service. There is no formulaic equipment calculation for pathology services.

- Sequence data analytics (alignment/variant calling) and reporting software. (New equipment item, see invoice) - 9 minutes
- ED021 computer, desktop, w-monitor - 27 minutes, entire physician time

19. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail, please include here:

The pathologist uses a desktop computer with monitor and sequence data analytics and reporting software to provide the service. The pathologist utilizes the computer with monitor for the entire 27 minutes of physician time and typically uses the software for at least 9 minutes.

20. If there is any other item on your spreadsheet that needs further explanation, please include here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

21. If this is a PE only code, please select a crosswalk based on a similar specialty mix:

Not Applicable

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

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION**

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						G0452		G0452	
3		<u>RUC Collaboration Website</u>				Molecular pathology procedure; physician interpretation and report		Molecular pathology procedure; physician interpretation and report	
4	Clinical Activity Code	Meeting Date: October 2019 Tab: 13 Specialty: College of American Pathologists	Clinical Staff Type Code	Clinical Staff Type	Rate Per Minute				
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				\$ -	\$ -	\$ 2.14	\$ -
8		TOTAL CLINICAL STAFF TIME	L045A	Cytotechnologist	0.45	0.0	0.0	2.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L045A	Cytotechnologist	0.45	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L045A	Cytotechnologist	0.45	0.0	0.0	2.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L045A	Cytotechnologist	0.45	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ -	\$ -	\$ 0.90	\$ -
13		PRE-SERVICE PERIOD							
14		Start: Following visit when decision for surgery/procedure made							
22									
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	PA007	Examine and screen	L045A	Cytotechnologist	0.45			2	
34									
48		Intra-service (of service period)							
50									
70		End: Patient leaves office/facility							
71		POST-SERVICE PERIOD							
72		Start: Patient leaves office/facility							
74									
88		End: with last office visit before end of global							
89	Code	MEDICAL SUPPLIES	PRICE	UNIT					
90		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ -	\$ -	\$ -	\$ -
96									
97		Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A							
99	Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute				
100		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ -	\$ -	\$ 1.24	\$ -
101									
102	New	Sequence data analytics (alignment/variant calling) and reporting software	28937.5	Other Formula	0.11160366			9	
105	ED021	computer, desktop, w-monitor	2208.8333	Other Formula	0.00875183			27	
106									
107		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 - NPRM for 2020

October 2019

External Counterpulsation (PE Only) – Tab 14

In the NPRM for 2020, this service was nominated as potentially misvalued. CPT code G0166 was originally flagged for RUC review in 2017 under CMS/Other utilization over 100,000 screen by the RAW and was reviewed for the CY 2019 PFS *Final Rule* (83 FR 59578). During that review it was determined that an individual session of External Counterpulsation (ECP) includes no physician work and 0.07 work RVUs were removed. Adjustments were also made to supplies, equipment, and clinical staff practice expense inputs. The work RVU and direct PE inputs as recommended by the AMA RUC were finalized by CMS without refinements. However, the commenter noted that the PE inputs that were considered for this code did not fully reflect the total resources required to deliver the service. CMS noted they will review the commenter's submission of additional new data and public comments received in combination with what was previously presented in the CY 2019 PFS *Final Rule*. The RUC reviewed the direct practice expense inputs for G0166 at the October 2019 RUC meeting and CMS will consider the new information for the *Final Rule* for 2020.

The RUC found that additional information about the direct practice expense inputs required to provide ECP warrants consideration of revisions to direct practice expense inputs submitted by the RUC for the 2019 *Final Rule*. ECP providers incur distinct, attributable costs for staff, supplies, and equipment resources for specialized pants, hoses, cuffs, and bladders that have not been previously accounted. This more detailed information was not available when the service was reviewed by the RUC in 2017.

The Practice Expense (PE) Subcommittee discussed the clinical staff time necessary for this service and agreed with the specialty recommended increase from the May 2017 RUC recommendations for certain clinical activities. The RUC agreed with the specialty that in addition to the standard 3 minutes for clinical activity CA010, *obtain vital signs*, before the session in the pre-service of the service period another set of vitals is appropriate after the session in the post-service of the service period. For both clinical activities the staff obtains blood pressure, heart rate, respiratory rate, and weight. The additional 4 minutes over the standard for clinical activity CA016, *prepare, set-up and start IV, initial positioning and monitoring of patient* is recommended for patient positioning to account for the difficulty of wrapping the 6 pressure cuffs. This is necessary to maximize therapeutic benefit by ensuring bladders are placed correctly over the femoral artery and avoid wrinkle or folds that commonly create blisters on patients. Lastly the RUC agreed that clinical activity CA027, *complete post-procedure diagnostic forms, lab and x-ray requisitions* requires 3 minutes for clinical staff to performing post-procedure waveform calculations and analysis as noted in the ECP user manual included with this recommendation. These times are supported by feedback and times collected from experienced experts from one of the leading group practices performing the service. The RUC did not agree that an additional 8 minutes of time was necessary for clinical activity CA021, *perform procedure/service---NOT directly related to physician work time* and this clinical activity was reduced from the specialty recommended 68 minutes to

existing 60 minutes. In addition, clinical activity CA035, *Review home care instructions, coordinate visits/prescriptions* was reduced from the specialty recommended 2 minutes to 0 minutes.

The PE Subcommittee determined that additional supply items 3 *sanitizing cloth-wipe (surface, instruments, equipment)* (SM022) was appropriate, however tissue (Kleenex) (SK114) is not necessary. The PE Subcommittee discuss that equipment item *EECP, external counterpulsation system* (EQ012) had a purchase price of \$150,000 in 2018. For 2019 CMS' equipment repricing effort resulted in a lower purchase price of \$127,873. In 2020 the machine is proposed to be priced at \$105,745 under year 2 of the phase-in. The RUC recommends that CMS review new information regarding the purchase price for EQ012 rather than complete the phase-in of the repricing which will result in a final purchase price of \$61,491 after the four-year phase-in is complete. Two paid invoices are included with this recommendation for the item. The purchase price of \$101,247.50 listed on the PE spreadsheet is an average of the two prices listed on the invoices. In addition, the RUC recommends two new equipment items for this service. The EECP compression equipment package includes cuffs, bladders, and hoses that are necessary as direct practice expense and have not been previously included. Manufacturer guidance requires sets of cuffs to be replaced every 100 hours of treatment or roughly 1/5 of a year, so the RUC recommends that the equipment have a 0.20-year useful life. The EECP electrical equipment package included invoECG cable, ECG adapter, and pleth cable that are replaced annually, so the RUC recommends this equipment package have a 1-year useful life. **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.**

Equipment Utilization Rate of 25 Percent

The RUC noted that EQ012 *EECP, external counterpulsation system* is the only equipment input in the RBRVS with an equipment utilization rate of 25 percent. All other equipment inputs in the RBRVS have at least a 50 percent equipment utilization rate. The practice expense RVU for this service assumes that the equipment is only in use 1/4th of a 50-hour work week. The 25 percent utilization rate has been in place since G0166 was created for CY2000 — the rationale for this decision was not stated in previous rulemaking. The RUC recommends for the Agency to review the equipment utilization for this service and explain why it differs from all other medical equipment.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
G0166	External counterpulsation, per treatment session	XXX	0.00 PE Only

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CPT Code	Long Descriptor	Global Period
G0166	External counterpulsation, per treatment session	XXX

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
G0166	A patient presents with chronic stable angina, who is not receiving adequate relief from medical therapy and is not a candidate for invasive surgery or interventional 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 ACC 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*):

G0166 is an existing code. Inputs from original CMS valuation and recent RUC valuation are presented.

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. 99%. No.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

These recommendations are an increase from the current inputs and in some instances exceed PE Subcommittee standards. Proposed inputs reflect feedback from a group with an emphasis on ECP who collected clinical staff time. This group provides a significant portion of ECP services in the country. These adjustments represent a more complete understanding of the service than previously presented. We believe this fits the PE compelling evidence standard of analysis of other data on time measures that "do not have to fulfill the RUC requirements for extant databases" and are supported by a change in knowledge with the inclusion the clinical manual for the service (attached).

-Line 41: We propose 6 minutes to obtain blood pressure, heart rate, respiratory rate, and weight *before* the session and blood pressure, heart rate, and respiratory rate *after* the session, consistent with user manual.

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-Line 49: We propose 6 minutes to prepare/position the patient. The additional 4 minutes is recommended for patient positioning to account for the difficulty of wrapping the 6 pressure cuffs. This is necessary to maximize therapeutic benefit by ensuring bladders are placed correctly over the femoral artery and avoid wrinkle or folds that commonly create blisters on patients. This is supported by feedback and times collected by the experienced ECP group.

-Line 62: We propose to increase the current 60 minutes of clinical staff time to perform the therapy session from 60 minutes to 68 minutes. The therapeutic session itself is 60 minutes of compression service. The additional 8 minutes includes previously uncounted time for clinical staff to evaluate the patient at the beginning of the therapy session. This includes auscultation assessment of lung sounds, executing questionnaire regarding changes in angina frequency and severity, and checking for any skin breaks on lower extremities. This 8 minutes also includes time for the typical patient to be disconnected from ECG to void, a typical occurrence due to increased blood flow to bladder during therapy.

-Line 76: We propose to add 3 minutes for clinical staff to perform post-procedure waveform calculations and analysis as noted in the ECP user manual.

-Line 84: We propose to add 2 minutes for a nurse patient manager who speaks with the patient at each session. This nurse reviews augmentation waveform to ensure productive treatment session and coaches patient to ensure adherence to program and importance of returning for next day of treatment during 7-week treatment protocol.

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:

Increased clinical staff time inputs are based in part on new knowledge obtained from having the actual ECP manual and from feedback and data provided by a practice that provides a significant volume of ECP services.

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 propose 3 minutes to obtain blood pressure, heart rate, respiratory rate, and weight *before* the session and blood pressure, heart rate, and respiratory rate *after* the session on line 72 as additional CA010, consistent with user manual. (attached)

9. Please provide a brief description of the clinical staff work for the following:
a. Pre-Service period:

Clinical staff greet the patient and gown the patient, obtain vitals, prepare the room, and prepare/position patient. An additional 4 minutes of time is recommended for patient positioning to account for the difficulty of wrapping the 6 pressure cuffs. This is necessary to maximize therapeutic benefit by ensuring bladders are placed correctly over the femoral artery and avoid wrinkle or folds that commonly create blisters on patients.

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b. Service period (includes pre, intra and post):

Clinical staff administer the ECP therapy. This includes monitoring the patient for pain, maintaining the patient's position on the table, monitoring the equipment and waveform while the machine applies pressure during each heartbeat. Of note, we propose to add 8 minutes beyond the current inputs, allowing time for clinical staff to evaluate the patient at the beginning of the therapy session. This includes auscultation assessment of lung sounds, executing questionnaire regarding changes in angina frequency and severity, and checking for any skin breaks on lower extremities. This 8 minutes also includes time for the typical patient to be disconnected from ECG to void, a typical occurrence due to increased blood flow to bladder during therapy.

c. Post-service period:

Clinical staff clean the room/equipment and perform post-procedure waveform calculations and analysis as noted in the ECP user manual. A nurse patient manager speaks with the patient at each session; reviews augmentation waveform to ensure productive treatment session and coaches patient to ensure adherence to program and importance of returning for next day of treatment during 7-week treatment protocol.

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 administer the ECP therapy. This includes monitoring the patient for pain, maintaining the patient's position on the table, monitoring the equipment and waveform while the machine applies pressure during each heartbeat.

11. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

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:

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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:

EECP compression equipment package: invoices are included for cuffs, bladders, and hoses that have not been previously included. Manufacturer guidance requires sets of cuffs to be replaced every 100 hours of treatment or roughly 1/5 of a year. We recommend this equipment have a 0.20 year useful life.

EECP electrical equipment package: invoices are included for ECG cable, ECG adapter, and pleth cable that are replaced annually. We recommend this equipment package have a 1-year useful life.

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:

Line 139: EECP external counterpulsation system uses default formula
Line 141: EECP compression equipment package uses default formula
Line 142: EECP annual electrical equipment package uses default formula

19. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

The PE Subcommittee should note the pricing calculation in the PE spreadsheet is not an accurate view of the payment based on the inputs for 2018, 2019, or potentially for 2020. A key driver is the price of the machine itself. In 2018 that piece of equipment was priced at \$150,000. In 2019 with the DPEI contractor updates, it was priced at the \$127,873 number included in the PE spreadsheet. In 2020 the machine is proposed to be priced at \$105,745 under year 2 of the phase-in. Please be aware the final payment number is changing in ways not reflected in the PE spreadsheet.

20. If there is any other item on your spreadsheet that needs further explanation please include here:

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The society thanks the PE Subcommittee for making time to review this service on short notice in response to the CY 2020 PFS NPRM. G0166 was flagged for RUC review in 2017 under CMS/Other utilization over 100,000 screen by the RAW. During that review it was determined that an individual session of EECF includes no physician work, and 0.07 work RVUs were removed. Adjustments were also made to supplies, equipment, and clinical staff practice expense inputs. (In addition to updated PE recommendations, the attached spreadsheet presents the both the current and prior inputs for context.)

In CY 2019 rulemaking for the physician fee schedule, several changes were made that affected EECF code G0166 (External counterpulsation, per treatment session). Some of these changes stemmed from review by the AMA RUC when clinical staff was changed from RN to blend and other updates were made. Another impact came from the review of supply and equipment direct practice expense input pricing by CMS contractor StrategyGen, taking the price of the machine from \$150,000 to \$61,491 over a four-year phase-in. The net impact of these changes led to meaningful payment reductions over 20% that raised the profile of ECP among providers who utilize it, citing the impact of the payment changes on patient care.

Additional information about the costs of providing EECF has been developed by providers and shared with CMS and ACC. This additional information warrants consideration of revisions to direct practice expense inputs. EECF providers bear distinct, attributable costs for staff, supplies, and equipment costs for maintenance, specialized pants, hoses, cuffs, and bladders that have not been previously accounted for in the fee schedule. This more detailed information was not available when the service was reviewed by the RUC in 2017. It would be correct for these costs to be incorporated going forward.

To facilitate Subcommittee review, we present below additional information for inputs that are new/revised.

Line 41/72: We propose 3 minutes for vitals to obtain blood pressure, heart rate, respiratory rate, and weight *before* the session and 3 minutes for vitals to obtain blood pressure, heart rate, and respiratory rate *after* the session, consistent with user manual. (attached)

Line 76: 3 minutes are newly proposed to account for time clinical staff spends performing post-procedure waveform calculations and analysis as noted in the ECP user manual.

Line 83: A nurse patient manager speaks with the patient at each session; reviews augmentation waveform to ensure productive treatment session and coaches patient to ensure adherence to program and importance of returning for next day of treatment during 7-week treatment protocol.

Line 121: 3 sanitizing wipes are used to wipe the bed, the electrodes, and the unit

Line 122: 1 tissue is needed to wipe ultrasound transmission gel off the patient

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

21. If this is a PE only code please select a crosswalk based on a similar specialty mix:

G0166

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

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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).

Line 62 for CA021 was reduced from recommended 68 minutes to existing 60 minutes.
Line 85 for CA035 was reduced from recommended 2 minutes to 0 minutes.
Line 123 for SK114 was reduced from 0.05 to 0 units
Line 140 for an annual service contract was removed.
Line 141 for compression equipment packaged was revised to have 100 hours (0.20 of a year) useful lifespan.

	A	B	D	E	F	G	H	I	J	K	L
1	RUC Practice	Expense Spreadsheet				2018		CURRENT-2019		RECOMMENDED	
2						G0166		G0166		G0166	
3		<u>RUC Collaboration Website</u>				External counterpulsation, per treatment session		External counterpulsation, per treatment session		External counterpulsation, per treatment session	
4	Clinical Activity Code	Meeting Date: October 2019 Tab: 14 Specialty: ACC	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 COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 122.88	\$ -	\$ 98.63	\$ -	\$ 104.65	\$ -
8		TOTAL CLINICAL STAFF TIME	L051A	RN	0.51	73.0	0.0	0.0	0.0	0.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L051A	RN	0.51	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L051A	RN	0.51	73.0	0.0	0.0	0.0	0.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L051A	RN	0.51	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	83.0	0.0
13		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	0.0	73.0	0.0	83.0	0.0
15		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0
17		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ 37.23	\$ -	\$ 27.01	\$ -	\$ 30.71	\$ -
18		PRE-SERVICE PERIOD									
19		Start: Following visit when decision for surgery/procedure made									
20	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37						
34		End: When patient enters office/facility for surgery/procedure									
35		SERVICE PERIOD									
36		Start: When patient enters office/facility for surgery/procedure:									
37		Pre-Service (of service period)									
38	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L051A	RN	0.51	3					
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37			3		3	
40	CA010	Obtain vital signs	L051A	RN	0.51	3					
41	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37			3		3	
42	CA011	Provide education/obtain consent	L051A	RN	0.51						
43	CA012	Review requisition, assess for special needs	L051A	RN	0.51						
44	CA013	Prepare room, equipment and supplies	L051A	RN	0.51	2					
45	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			2		2	
46	CA014	Confirm order, protocol exam	L051A	RN	0.51						
47	CA015	Setup scope (nonfacility setting only)	L051A	RN	0.51						
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L051A	RN	0.51	2					
49	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37			2		6	
50	CA017	Sedate/apply anesthesia	L051A	RN	0.51						
57		Intra-service (of service period)									
58	CA018	Assist physician or other qualified healthcare professional---directly	L051A	RN	0.51						
59	CA019	Assist physician or other qualified healthcare professional---directly	L051A	RN	0.51						
60	CA020	Assist physician or other qualified healthcare professional---directly	L051A	RN	0.51						
61	CA021	Perform procedure/service---NOT directly related to physician work time	L051A	RN	0.51	60					
62	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37			60		60	
69		Post-Service (of service period)									
70	CA022	Monitor patient following procedure/service, multitasking 1:4	L051A	RN	0.51						
71	CA023	Monitor patient following procedure/service, no multitasking	L051A	RN	0.51						
72	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37					3	
73	CA024	Clean room/equipment by clinical staff	L051A	RN	0.51	3					
74	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37			3		3	
75	CA025	Clean scope	L051A	RN	0.51						
76	CA026	Clean surgical instrument package	L051A	RN	0.51						

[illegible]

