

AMA/Specialty Society RVS Update Committee Summary of Recommendations
April 2019

Office Visits – Tab 9

In the July 27, 2018, Proposed Rule for the 2019 Medicare Physician Payment Schedule, the Centers for Medicare and Medicaid Services (CMS) proposed significant documentation and payment changes for office visits (99201-99215). CMS called for the major changes as part of their “Patients Over Paperwork” initiative with an expressed intent to allow physicians to spend more time with patients. Physicians are supportive and appreciative of this effort.

As part of both the Proposed and Final Rules in 2018, CMS also proposed to collapse payments for the office visits. Additionally, add-on codes were proposed for additional payment for primary care and certain other specialties. The medical community objected to these proposals and suggested that an alternative coding solution be developed to be utilized not only by Medicare, but by all payors. In the *Final Rule*, CMS stated the following:

“We recognize that many commenters, including the AMA, the RUC, and specialties that participate as members in those committees, have stated intentions of the AMA and the CPT Editorial Panel to revisit coding for E/M office/outpatient services in the immediate future. We note that the 2-year delay in implementation will provide the opportunity for us to respond to the work done by the AMA and the CPT Editorial Panel, as well as other stakeholders. We will consider any changes that are made to CPT coding for E/M services, and recommendations regarding appropriate valuation of new or revised codes.”

The Chairmen of the AMA CPT Editorial Panel and the AMA/Specialty Society Relative Value Update Committee (RUC) formed the CPT/RUC Workgroup on E/M to develop a coding structure for office visits to foster burden reduction, while ensuring appropriate valuation. The Workgroup convened seven conference calls and one face-to-face meeting over the course of six months. Each of these meetings were open and transparent, with approximately 300 individuals participating in meetings. The Workgroup solicited feedback from the national medical specialty societies and other health care professional organizations utilizing an electronic survey process, prior to most conference calls. The results of these surveys were shared with all meeting participants and used to develop the new coding structure and documentation guidelines.

Stakeholder input led the Workgroup to align with the CMS proposal to eliminate the physical exam and history component in selecting an appropriate code level. With the proliferation of electronic health record (EHR) systems, these elements of documentation became burdensome and often duplicative within the systems. The Workgroup agreed that the code selection should be based on medical decision making (MDM) or time spent by the physician/qualified health care professional (QHP) on the date of patient encounter. In February 2019, the CPT Editorial Panel approved the Workgroup’s recommended new CPT guidelines and revised code descriptors for the office visit codes 99202-99205 and 99211-99215 to report code levels by MDM or time spent on the date of encounter. CPT code 99201 has been deleted. The Panel also created add-on code 99417 to describe extended office visits.

COMPELLING EVIDENCE

The specialty societies presented two points for compelling evidence that the work of providing office visits for the evaluation and management of new and established patients should be modified. First, a flawed methodology in the previous 2010 valuation of these services and second, a change in technology due to the implementation EHRs.

Flawed Methodology

The current work values for office visits were revised in 2010 when CMS accounted for work neutrality from the elimination of payment for consultation codes. In adjusting the work RVUs for office visits, CMS used a mathematical formula to derive the new values. CMS did not request that the RUC resurvey and CMS did not adjust the physician time for these services. The RUC also noted that during the 2005 Five-Year Review, the number of surveying specialties was very limited. Many specialties who commonly perform office visits, including surgical specialties, were not included. The RUC agreed that 1) the previous survey (2005) was not representative of all physicians and health care professionals who perform office visits; and 2) the valuation of these services was changed in 2010 using a flawed methodology.

Change in Technology

According to National Medical Ambulatory Care Survey (NAMCS) data, in 2015, 76% of all practices used electronic health records exclusively, 11% used them partially, and 12% used only paper records. In 2008 the corresponding numbers were 29%, 17%, and 53%. All remarkable differences demonstrating that the technology used to deliver office-based care has changed dramatically. This is confirmed by the CDC, which estimates that use of an EHR increased from 35% in 2007 to 87% in 2015.¹ The EHR contains more data than paper records, most of which must be reviewed including for drug-drug and, with increasing use of homeopathic substances, drug substance interactions. The use of EHRs has increased physician work by increasing the time physician spend documenting the medical record. In 2016, it was estimated that for every hour spent with patients, physicians spend 2 hours on EHR and desk work, according to an *Annals of Internal Medicine* study.²

With increased consolidation of hospitals and EHR systems (EPIC and Cerner now have a combined 85% market share of 500+ bed hospitals), physicians have access to more patient information. The centralization of data is in the best interest of patients and will help support quality care. However, this centralization does increase the time that physicians spend reviewing patient information. The presenters argued that EHR adoption has led to a decrease in efficiency, which may never be fully regained.

The RUC agrees that there is compelling evidence of 1) flawed methodology used in the previous valuation; and 2) technology changes with the growth in use of EHRs.

¹ Other citations supporting the change in technology include: <https://journals.stfm.org/familymedicine/2018/february/young-2017-0121/>
<https://ehrintelligence.com/news/physician-ehr-use-workload-trumping-face-time-with-patients>

² <https://annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties?doi=10.7326%2fM16-0961>

SURVEY PROCESS AND DATA ANALYSIS

The customized survey, vignettes and reference service lists (RSL) were developed and approved by the Research Subcommittee in conjunction with the CPT/RUC Workgroup on E/M and input from medical specialties. The RSLs were specifically developed in an objective manner to represent relativity within the Medicare Physician Payment Schedule. The Research Subcommittee considered requests from the surveying specialties to add or remove codes from the initial lists originally developed by the Workgroup. The vignettes were developed by the CPT/RUC Workgroup on E/M and approved by the CPT Editorial Panel and the RUC's Research Subcommittee. More than 80 percent of respondents agreed that the vignettes described their typical patient.

The office visit survey yielded the highest number of responses in the history of the RUC process, with nearly 1,700 physicians completing the survey. The survey was the concerted effort of 51 specialty societies and other health care professional organizations who represent 95 percent of Medicare claims for office visits. Each survey respondent chose his/her specialty that he/she identifies with from a list of 66 Medicare specialty designations (specialties with more than \$1 million in Medicare allowed charges for office visits reported separately and bundled). The RUC analyzed the responses and noted that the number of survey responses received per specialty correlated with those who perform office visits in the Medicare Physician Payment Schedule. These data were summarized by categories of specialties (primary care, surgical and medicine/other) and the number of respondents by category were representative of Medicare allowed charges for office visits for those same categories.

To ensure that survey respondents understood the new CPT guidelines and descriptors and the impact that these changes may have on their work, the RUC asked that each respondent carefully read the new descriptors/guidelines and attest that they had read the information.

Have you reviewed the new CPT guidelines and code descriptors for office visit CPT codes 99202-99205, 99211-99215, 99417 in detail? Understanding this information is necessary to correctly complete this survey.

☒ I confirm that I have reviewed the new CPT guidelines and code descriptors in detail.

The survey respondents understood that code selection will be based on either MDM or time on the date of the patient encounter. While the history and physical is no longer required for purposes of documentation, it is expected that a clinically appropriate history and physical exam is performed during the visit.

When codes are reported based on time, there are specific time requirements within each code descriptor (e.g., 45-59 minutes for 99204). The CPT time describes the total time devoted to the visit on the day of service (i.e., the sum of face-to-face and non-face-to-face physician or QHP time that day). Importantly, however, the work value for the code is based on the entire time spent by the physician from three days before the visit to seven days following the visit. The survey clarified this distinction throughout the survey. The Research Subcommittee approved the use of three days prior and seven days following the office visits based on instructions within CPT to not report certain non-face-to-face services that relate to office visit pre/post work (e.g., telephone services and inter-professional consultations).

The RUC thoroughly discussed the way physician time was captured in the survey. The specialty societies indicated that the office visit codes currently include pre- and post-service time. The recent survey merely changed the way this time was captured. The pre-service time is described as three calendar days prior to the office visit, the intra-service time is described as the calendar day of the office visit and the post-service time is described as within seven days following the office visit. Each respondent reported three different times for each office visit code. The respondents were asked to indicate zero for the three day before/seven days following the encounter, if not typical. These three times were summed and a total time determined for each respondent. The median total time will not necessarily equal the sum of the median times for each of the three-time periods. For example, one physician might spend 5 minutes preparing to see a patient on the day prior to a visit based on their own workflow pattern. Whereas, another physician may perform all the pre-service work on the morning of the office visit. Therefore, both physicians would have responded differently on the survey for the times spent three days prior and on the date of service, but the total time would remain the same. The specialty societies noted that the physicians who completed the survey are very familiar with the concept of floor time and the day of encounter time question for office visits is similar.

The RUC recommends that the total time be utilized to value office visits, using the survey median of the individual survey respondent's total time. For five codes (99204, 99211, 99213, 99215 and 99417), the median total time from the survey equals the sum of the survey medians of the individual time components (3 days prior, date of encounter, and 7 days following). For five codes (99202, 99203, 99205, 99212 and 99214) the median total time from the survey is within 10% of the sum of the survey medians of the individual time components. Previous surveys used to measure physician time have used the survey respondent total time versus summing the individual components. An example is the Physician Practice Information (PPI) survey that used total number of hours worked per week versus summing the individual questions about time spent on various activities. Using the total time is best to balance the individual physician choice regarding when they typically perform record review and other activities. The RUC concluded for office visits, the work is the same level of intensity regardless of whether performed on the date of encounter or other dates surrounding the office visit. **Therefore, total time is the appropriate measurement of time and each individual survey respondent's total time response should be used in determining the median total time.**

INCREASE IN TOTAL TIME

The respondents agreed that the current times and work RVUs for every office visit code are too low. For most codes, the survey respondents indicated the time it takes to perform these services is 23%-38% longer than what is reflected in the Medicare Physician Payment Schedule. Consistent with the time increase the respondents also indicated that these services are undervalued by 13%-34%.

The rationale for this increased time is in part discussed in the compelling evidence section and may largely be due to increased non-face-to-face time spent in reviewing additional patient data, provided by enhanced use of EHRs. The RUC also reviewed an argument that in the effort to be more efficient, physician practices are encouraging more follow up non-face-to-face care to preclude additional visits. Instead of bringing patients back for another visit, physicians are encouraged to complete more in the follow-up care to avoid that next visit. Physicians are also spending more time on asynchronous communication (e.g., email or phone calls) in the follow-up with patients and documenting the communication/information.

COMPARISON OF OFFICE VISITS TO HOSPITAL VISITS

Throughout the code by code analysis and comparison of office visits to hospital visits (e.g., initial, subsequent or observation hospital visits), the specialties noted that there is significant risk associated with patients in the office setting, which informs the intensity and complexity of the visit. First, patients with potentially major life-threatening conditions often first seek care in the office setting. Those problems could be known (e.g., coronary artery disease, cancer, severe depression or substance use disorder), but the physician will not know if the patient's condition is stable. That level of uncertainty increases the level of psychological stress for the physician. That stress is even higher with an undifferentiated problem (e.g., headache, syncope, nausea, vomiting or weight loss). For those patients in which there is not yet a diagnosis and in the office setting, the physician must perform a complex evaluation to determine whether the patient is stable. Second, treatment initiated in the office setting carries significant risk. In large part because the treatments will be carried out after the patient leaves the office and not under supervision of the physician or clinical staff. Such treatment risks include reactions to medications, drug interactions and potential implications of an incomplete diagnosis or time to imaging study. Therefore, the treatment in the outpatient setting must be thorough enough to anticipate those risks and have mitigation strategies.

NEW PATIENT OFFICE VISITS

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.

The RUC reviewed 1,181 survey responses from 51 specialty societies representing physicians and health care professionals and determined that the current work RVU of 0.93 appropriately accounts for the physician work required to perform this service. The RUC recommends 22 minutes total time. The RUC noted that the total time did not change, which supports maintaining the current value.

The RUC noted that CPT code 99201 has been deleted and some or all its previous utilization will now be reported with CPT code 99202. The current Medicare utilization of CPT code 99201 is only 9 percent of that of the Medicare utilization for 99202, thus the typical patient for a 99202 will not change.

The RUC compared 99202 to the top two key reference services 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.* (work RVU = 0.76 and 20 minutes total time) and 99487 *Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.*; (work RVU = 1.00 and 26 minutes total time). The RUC indicated that CPT code 99202 is slightly more intense than key reference code 99231 because those are straightforward or low-level complexity patients in the hospital that have already been evaluated and are stable, whereas 99202 patients are completely new with more uncertainty and potentially more diseases and medications. The RUC indicated that CPT code 99202 is slightly more intense than the non-face-to-face service CPT code 99487, but since it requires slightly less time it is appropriately valued lower. The RUC confirms that maintaining the current work RVU of 0.93 for CPT code 99202 maintains the appropriate rank order with key reference services 99231 and 99487.

For additional support the RUC compared 99202 to services with similar physician work and time, CPT code 78707 *Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention* (work RVU = 0.96 and 22 minutes total time) and CPT code 92242 *Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral* (work RVU = 0.95 and 22 minutes total time). **The RUC recommends a work RVU of 0.93 with 22 minutes total time for CPT code 99202.**

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.

The RUC reviewed 1,494 survey responses from 51 specialty societies representing physicians and health care professionals and determined that the median work RVU of 1.60 appropriately accounts for the physician work required to perform this service. The RUC recommends 40 minutes total time. The total physician time increased by 38% or 11 minutes, which the RUC determined justified the 13% increase in physician work. The specialty societies indicated and the RUC agreed that physician time has increased due to higher number of diagnoses per patient and time required to review/manage the EHR.

The RUC compared 99203 to the top two key reference services 99221 *Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.* (work RVU = 1.92 and 50 minutes total time) and 99232 *Subsequent hospital 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 moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.* (work RVU = 1.39 and 40 minutes total time). The RUC agreed that the median work RVU places 99203 in the proper rank order in comparison to CPT code 99221, which requires longer physician time and work. CPT code 99203 and CPT code 99232 have the same total time but is 99232 is reported for an established patient. The RUC also elaborated specific comparison of office visits to hospital visits in the introductory section of these recommendations.

For additional support the RUC referenced CPT code 77047 *Magnetic resonance imaging, breast, without contrast material; bilateral* (work RVU = 1.60 and 40 minutes total time) and MPC code 92004 *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits* (work RVU = 1.82 and 40 minutes of total time). **The RUC recommends a work RVU of 1.60 with 40 minutes total time for CPT code 99203.**

99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

The RUC reviewed 1,622 survey responses from 51 specialty societies representing physicians and health care professionals and determined that the median work RVU of 2.60 appropriately accounts for the physician work required to perform this service. The RUC recommends 60 minutes total time. The total physician time increased by 33% or 15 minutes, which the RUC determined justifies the 7% increase in physician work. The specialty societies indicated and the RUC agreed that physician time has increased due to higher number of diagnoses per patient and time required to review/manage the EHR.

The RUC compared 99204 to the top two key reference services 99234 *Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.* (work RVU = 2.56 and 69 minutes total time) and 99219 *Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.* (work RVU = 2.60 and 64.5 minutes total time). The RUC noted that the median work RVU of 2.60 places CPT code 99204 in the correct rank order with key reference code 99234. While 99234 requires more time, the complexity of medical decision making is lower. The median work RVU also places CPT code 99204 in proper rank order to CPT code 99219 which has the same work RVU and similar time. A 99219 patient has already been seen and assessed by a physician in the facility. For CPT code 99204 new patient visit, the physician is the first physician that is assessing the patient.

For additional support the RUC referenced CPT code 74262 *Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed* (work RVU = 2.50 and 57 minutes total time), CPT code 31623 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings* (work RVU = 2.63 and 65 minutes total time) and CPT code 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)* (work RVU = 2.55 and 60 minutes total time). **The RUC recommends a work RVU of 2.60 with 60 minutes total time for CPT code 99204.**

99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.

The RUC reviewed 1,472 survey responses from 51 specialty societies representing physicians and health care professionals and determined that the median work RVU of 3.50 appropriately accounts for the physician work required to perform this service. The RUC recommends 85 minutes total time. The total physician time increased by 27% or 18 minutes, which the RUC determined justifies the 10% increase in physician work. The specialty societies indicated and the RUC agreed that physician time has increased due to higher number of diagnoses per patient and time required to review/manage the EHR.

The RUC compared 99205 to the top two key reference services 99223 *Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of 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 problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.* (work RVU = 3.86 and 90 minutes total time) and 99220 *Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of 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 problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.* (work RVU = 3.56 and 75 minutes total time). The RUC determined that the median work RVU of 3.50 placed CPT code 99205 in the proper rank order comparing physician work and time with the top two key reference services, which are also patients of high severity.

For additional support the RUC referenced services, CPT code 99483 *Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications;* (work RVU = 3.44 and 85 minutes total time) and CPT code 90792 *Psychiatric diagnostic evaluation with medical services* (work RVU = 3.25 and 90 minutes total time). **The RUC recommends a work RVU of 3.50 with 85 minutes total time for CPT code 99205.**

ESTABLISHED PATIENT OFFICE VISITS

99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

The RUC reviewed 1,103 survey responses from 51 specialty societies representing physicians and health care professionals and determined that the current work RVU of 0.18 appropriately accounts for the physician work required to supervise this service. The RUC recommends 7 minutes total time. The RUC noted that the total time did not change, which supports maintaining the current value. This service is typically performed by clinical staff under physician supervision and does not require direct contact between the physician and the patient.

The RUC compared 99211 to the top two key reference services 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) and 93010 *Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only* (work RVU = 0.17 and 6 minutes total time). The RUC determined that the current physician work and time for 99211 is supported by the two key reference services with similar physician work, time, intensity and complexity.

For additional support the RUC referenced MPC codes 93042 *Rhythm ECG, 1-3 leads; interpretation and report only* (work RVU = 0.15 and 7 minutes total time) and 96401 *Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic* (work RVU = 0.21 and 9 minutes total time). **The RUC recommends a work RVU of 0.18 with 7 minutes total time for CPT code 99211.**

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.

The RUC reviewed 1,353 survey responses from 51 specialty societies representing physicians and health care professionals and determined that a work RVU of 0.70 appropriately accounts for the physician work required to perform this service. Based on the RUC reviewer comments, the specialty societies indicated and the RUC agreed to crosswalk CPT code 99212 to CPT code 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* (work RVU = 0.70 and 18 minutes total time). The RUC recommends 18 minutes total time. The RUC noted that the total time increased 13% or 2 minutes and determined the median work RVU of 0.75 was slightly high. Therefore, RUC recommends a work RVU of 0.70 to place this service in the proper rank order.

The RUC compared 99212 to the top two key reference services 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit* (work RVU = 0.76 and 20 minutes total time) and 99490 *Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored* (work RVU = 0.61 and 15 minutes total time). The top key reference code 99231 is more intense and requires slightly more physician time and therefore is valued slightly higher. The second top key reference service 99490 does not require face-to-face interaction. The RUC determined that CPT code 99212 is in the proper rank order with these two key reference services.

For additional support the RUC referenced CPT code 99452 *Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes* (work RVU = 0.70 and 18 minutes total time) and 92235 *Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral* (work RVU = 0.75 and 17 minutes total time). **The RUC recommends a work RVU of 0.70 with 18 minutes total time for CPT code 99212.**

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

The RUC reviewed 1,650 survey responses from 51 specialty societies representing physicians and health care professionals and determined that the median work RVU of 1.30 appropriately accounts for the physician work required to perform this service. The RUC recommends 30 minutes total time. The total physician time increased by 30% or 7 minutes, which the RUC determined justifies the 34% increase in physician work. The specialty societies indicated and the RUC agreed that physician time has increased due to higher number of diagnoses per patient and time required to review/manage the EHR.

The RUC compared 99213 to the top two key reference services 99232 *Subsequent hospital 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 moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.* (work RVU = 1.39 and 40 minutes total time) and 99487 *Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.*; (work RVU = 1.00 and 26 minutes total time). The RUC noted that CPT code 99213 requires less physician work and time than CPT code 99232 and more physician work and time than CPT code 99487. Thus, the RUC agreed that the median work RVU and time places CPT code 99213 in the proper rank order with the top two key reference services.

For additional support the RUC referenced MPC codes 73721 *Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material* (work RVU = 1.35 and 30 minutes total time) and 78072 *Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization* (work RVU = 1.60 and 30 minutes total time). As well as services with similar physician work and time, CPT code 99381 *Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)* (work RVU = 1.50 and 30 minutes total time) and MPC code 99392 *Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)* (work RVU = 1.50 and 30 minutes total time). The RUC determined that the median work RVU and total physician time for CPT code 99213 appropriately places this service in the proper rank order among services in the Medicare Physician Payment Schedule. **The RUC recommends a work RVU of 1.30 with 30 minutes total time for CPT code 99213.**

99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.

The RUC reviewed 1,691 survey responses from 51 specialty societies representing physicians and health care professionals and determined that a work RVU of 1.92 appropriately accounts for the physician work required to perform this service. The RUC crosswalked CPT code 99214 to MPC code 99221 *Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.* (work RVU = 1.92 and 50 minutes total time). The RUC recommends 49 minutes total time. CPT code 99214 and 99221 require the same physician work and almost the same time. The RUC noted that the survey median of 2.00 was slightly high, yet the 25th percentile of 1.50, which is the current work RVU, would not capture the 23% or 9-minute increase in total physician time. Therefore, the RUC recommends a work RVU of 1.92 to place this service in the proper rank order.

The RUC compared 99214 to the top two key reference services 99233 *Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.* (work RVU = 2.00 and 55 minutes total time) and 99232 *Subsequent hospital 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 moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.* (work RVU = 1.39 and 40 minutes total time). The RUC noted that the top key reference service 99233 is a subsequent hospital care visit for typically an unstable patient with highly complex medical decision making, whereas CPT code 99214 is for an established patient with a moderate level of medical decision making. Therefore, the RUC determined that they should not be valued the same. The RUC compared CPT code 99214 to the second top key reference service, CPT code 99232, and noted that CPT code 99214 requires more physician time as the physician is trying to keep the patient out of the hospital by monitoring the patient in the office, assessing/prescribing treatment and arranging specific home services. Therefore, CPT code 99214 is appropriately valued higher than the second top key reference code 99232.

For additional support the RUC referenced MPC codes 99460 *Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant* (work RVU = 1.92 and 50 minutes total time) and 92004 *Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits* (work RVU = 1.82 and 40 minutes total time). **The RUC recommends a work RVU of 1.92 with 49 minutes total time for CPT code 99214.**

99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

The RUC reviewed 1,535 survey responses from 51 specialty societies representing physicians and health care professionals and determined that the median work RVU of 2.80 appropriately accounts for the physician work required to perform this service. The RUC recommends 70 minutes total time. The total physician time increased by 27% or 15 minutes, which the RUC determined justifies the 33% increase in physician work. The specialty societies indicated and the RUC agreed that physician time has increased due to higher number of diagnoses per patient and time required to review/manage the EHR.

The RUC compared CPT code 99215 to the top two key reference services 99234 *Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.* (work RVU = 2.56 and 69 minutes total time) and 99235 *Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.* (work RVU = 3.24 and 83.5 minutes total time). The RUC agreed that CPT code 99215 is appropriately valued in between these codes because the top key reference service 99234 has similar time and less complex medical decision making and the second top key reference service 99235 requires more time to perform while also having less complex medical decision making. The RUC determined that the median work RVU and time for CPT code 99215 places this service in the proper rank order with the two top key reference services. The RUC also elaborated on specific comparison of office visits to hospital visits in the introductory section of these recommendations.

The RUC also compared CPT code 99215 to CPT code 99219 *Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.* (work RVU = 2.60 and 64.5 minutes total time) and noted that CPT code 99215 requires high level medical decision making, whereas CPT code 99219 requires slightly less time and is for a patient of moderate severity. Therefore, it would be appropriate to value CPT code 99215 higher than CPT code 99219.

For additional support the RUC referenced CPT code 31646 *Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay* (work RVU = 2.78 and 70 minutes total time) and CPT code 52310 *Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple* (work RVU = 2.81 and 72 minutes total time). **The RUC recommends a work RVU of 2.80 with 70 minutes total time for CPT code 99215.**

PROLONGED OFFICE VISIT

99417 Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

The RUC reviewed 1,112 survey responses from 51 specialty societies representing all physicians and health care professionals and determined that a work RVU of 0.61 appropriately accounts for the physician work required to perform this service. Based on RUC reviewer comments, the specialty societies recommended and the RUC agreed to crosswalk CPT code 99417 to the top key reference service 99490 *Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.* (work RVU = 0.61 and 15 minutes total time). The RUC recommends 15 minutes total time. CPT code 99417 and 99490 require the same physician work and time and thus should be valued the same. The RUC noted that this service may only be reported with CPT codes 99205 and 99215 and may not be reported for any time less than 15 minutes. The RUC agreed that CPT code 99417 and CPT code 99490 require the same physician time and work and should be valued the same.

The RUC compared 99417 to the second top key reference service 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)* (work RVU = 0.50 and 13 minutes total time) and determined that CPT code 99489 describes clinical staff time directed by a physician and the physicians' time required is less than CPT code 99417. Therefore, CPT code 99417 is appropriately valued higher than the second top key reference code 99489.

For additional support the RUC compared 99417 to CPT code 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. (work RVU = 0.61 and 15 minutes total time). CPT code 99417 and CPT code 99484 require the same physician time and work and thus should be valued the same. **The RUC recommends a work RVU of 0.61 with 15 minutes total time for CPT code 99417.**

RUC RECOMMENDATIONS

| CPT Code | Descriptor | Work RVU | Total Time | Work Per Unit Time |
|----------|---|----------|------------|--------------------|
| 99202 | New Pt, straightforward medical decision making, 15-29 min day of visit | 0.93 | 22 minutes | .042 |
| 99203 | New Pt, low level medical decision making, 30-44 min day of visit | 1.60 | 40 minutes | .040 |
| 99204 | New Pt, moderate level medical decision making, 45-59 min day of visit | 2.60 | 60 minutes | .043 |
| 99205 | New Pt, high level medical decision making, 60-74 min day of visit | 3.50 | 85 minutes | .041 |
| | | | | |
| 99211 | Est Pt, Supervision | 0.18 | 7 minutes | .026 |
| 99212 | Est Pt, straightforward medical decision making, 10-19 min day of visit | 0.70 | 18 minutes | .039 |
| 99213 | Est Pt, low level medical decision making, 20-29 min day of visit | 1.30 | 30 minutes | .043 |
| 99214 | Est Pt, moderate level medical decision making, 30-39 min day of visit | 1.92 | 49 minutes | .039 |
| 99215 | Est Pt, high level medical decision making, 40-54 min day of visit | 2.80 | 70 minutes | .040 |
| | | | | |
| 99417 | Prolonged visit new/est pt, add'l 15 min | 0.61 | 15 minutes | .041 |

PRACTICE EXPENSE

The practice expense (PE) customized survey for the office visit CPT codes 99202-99205, 99211-99215 and 99417, was developed and approved by the Research Subcommittee in conjunction with the CPT/RUC Workgroup on E/M and input from medical specialties. The Research Subcommittee determined that there are typical clinical staff tasks that are unique to office visits. Although the activities are similar to direct inputs currently codified, in the context of a typical office visit the work described is different enough that new clinical activity codes are recommended. For example, clinical activity, *education/instruction/counseling (to be used with E/M only)* is similar to CA035, *review home care instructions, coordinate visits/prescriptions*, however in the context of an office visit this is much more than a quick review of instructions and the higher-level visits often require extensive counselling on how to manage chronic conditions. To prevent inappropriate use of these clinical activities outside of this code family, the RUC requests that the descriptions specify that the clinical activities should only be used for Evaluation and Management (E/M) services. In five instances, the clinical activity described does not align with any current clinical activity code so the RUC requests that new clinical activity codes be assigned:

- CA047: Identify need for imaging, lab or other test result(s) and ensure information has been obtained - three days prior (to be used with E/M only)
- CA048: Identify need for imaging, lab or other test result(s) and ensure information has been obtained - day of (to be used with E/M only)
- CA049: Review and document history, systems and medications (to be used with E/M only)
- CA050: Education/instruction/counseling (to be used with E/M only)
- CA051: Coordinate home or outpatient care (to be used with E/M only)

Upon completion of the work component survey, respondents were provided with instructions on completing the direct practice expense component of the office visits survey. Survey respondents were told that direct practice expense includes time spent by the physician's/qualified healthcare professional's clinical staff providing clinical activities, disposable medical supplies used to perform the service, and medical equipment used to perform the service. Survey respondents were instructed that part two of the survey is intended to capture practice expense in the physician office. It was strongly recommended that physicians jointly complete the PE section of the survey with their clinical staff and practice manager. They were asked to provide the name and title for the clinical staff and/or practice manager with whom they completed the survey.

Survey respondents were given background information for each question included in the PE survey. For the clinical activities staff time question, they were informed that the question is intended to capture the clinical staff time provided by health care professionals who are paid by their practice and cannot bill separately, such as registered nurses (RNs), licensed practical nurses (LPNs), and certified medical assistants (MAs). They were instructed that it is important not to count the clinical staff time for any separately reported services performed on the same date or other dates (e.g., a procedure performed on the same date, or chronic care management services performed during the month), as well as to not include any time performing administrative work. Survey respondents were asked how much time in minutes the clinical staff in their office spend providing the following clinical activities. They were advised to base estimates for each clinical staff activity on a typical patient for each of the office visit CPT codes 99202-99205, 99211-99215 and 99417 and that clinical staff activities for an office visit may include the following:

- Identify need for imaging, lab or other test result(s) and ensure information has been obtained
- Greet patient, provide gowning, ensure appropriate medical records are available
- Obtain vital signs
- Prep and position patient
- Review and document history, systems, and medications
- Prepare room, equipment, supplies
- Assist physician during exam
- Education/instruction/counseling
- Coordinate home or outpatient care
- Clean room/equipment by clinical staff
- Conduct patient communications (i.e. calls, texts, emails, other electronic communication w/patient, pharmacy, etc.,)

Survey respondents were also given the opportunity to provide a short clinical description and the amount of time for any clinical activities not described in the survey within three calendar days prior to the office visit, on the calendar day of the office visit and within seven calendar days after the office visit.

Survey respondents were advised that they should not include staff time for any administrative activities, regardless of who performs the activities, 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 E/M services
- Conduct billing and collection activities

The office visit practice expense survey yielded the highest number of responses in the history of the RUC process, with over 700 completed survey responses at a minimum and for some codes over 1,100 survey responses. An expert panel consisting of RUC advisors from the surveying specialty societies met via multiple conference calls to review the survey data. The specialty societies used the median total time for each CPT code, summing each respondents' total time recommendation, including times written in for "other clinical activity." The median total time served as the starting point for developing the recommendation to the PE Subcommittee. The specialty societies used the survey data, PE standards and current time inputs as the guiding principles for the recommended times and they also considered inter-family relationships (new versus established) and intra-family relationships (within new, within established). The recommended clinical activity time included in the spreadsheet is

the survey times where those times do not exceed standard times or total current times. The RUC acknowledges that there is variation among specialties in how they perform evaluation and management services; specifically, who performs the associated tasks, and in what order, however, the RUC agreed with the specialty societies that the total times are very similar, if not identical across specialties. The PE Subcommittee confirmed that the median of total time from the survey includes time that the survey respondents wrote in for “other clinical activity.” The Subcommittee also confirmed that the recommendations for individual clinical activities are the survey times where those times do not exceed standard times or current times and that is the reason that the median of total time from the survey is not identical to the recommended total clinical staff time.

The PE Subcommittee engaged in extensive discussion about the clinical activity staff time and agreed with the specialty societies rationale for using the survey median of total time rather than the medians of individual tasks. The Subcommittee discussed clinical staff serving as scribe during the “assist physician” time and determined that was not typical. The specialty societies agreed to remove that language from the PE summary of recommendation. No reduction in clinical staff time was needed in the PE spreadsheet, as the scribe work was not part of the recommendation for assist physicians time. The Subcommittee discussed clinical activity CA037, *Conduct patient communications*, which range in time from 1 to 11 minutes. While the Subcommittee standard for this clinical activity is in increments of 3 minutes for each patient communication (i.e., phone call, email and/or text), the Subcommittee agreed that the range for this family of codes was appropriate. A reviewer questioned if CA037, *Conduct patient communications* is new and the specialty societies clarified that CA037 is not a new clinical activity. However, the time for this clinical activity is currently included in the service period and moving forward should be included as post-service clinical staff time as is recommended for this family of services.

The PE Subcommittee agreed with the specialty societies that 5 minutes to obtain vital signs is appropriate for each office visit code except for 99417 where the vital signs are taken in the base code (99205 and 99215) and CPT code 99211 where the RUC recommends 3 minutes to obtain vital signs rather than 5 because “the presenting problems are minimal.” The total time is 2 minutes less than current time for 99211 due to this reduction, however the physician work time remains the same.

The presenters responded to a question regarding the use of clinical activity, *identify need for imaging, lab or other test result(s) and ensure information has been obtained - three days prior (to be used with E/M only)* in the pre-service period and then repeating the same clinical activity, *identify need for imaging, lab or other test result(s) and ensure information has been obtained - day of (to be used with E/M only)* in the service period. This structure was approved by the Research Subcommittee and is repeated to capture the time that clinical staff spend performing this clinical activity regardless of whether they do it three days prior to the office visit or on the same day. For example, one clinical staff might spend 3 minutes preparing to see a patient on the day prior to a visit based on their own workflow pattern. Whereas, another clinical staff may perform all the pre-service work on the morning of the office visit. Therefore, both clinical staff would have responded differently on the survey for the times spent three days prior and on the date of service, but the total time would remain the same and is not duplicative. The specialty societies also explained that in many instances the clinical staff will identify the need for images and labs and find that the test is pending and will then need to go back on the day of the office visit to ensure that the information needed has been obtained. Survey respondents were instructed to include the time they would spend on the activity for a typical patient and were instructed that they should enter 0 if they do not perform any clinical activity in the three days prior to the office visit.

The office visit survey included practice expense questions about medical supplies and equipment. Respondents were asked to indicate whether they used the items included in SA047, *E/M Pack* and the survey results supported maintaining all current items in the pack. The survey also asked survey respondents to indicate whether they used an otoscope and whether an exam table or a power table was typical in their practice. The survey results indicated that equipment item, EQ189, *otoscope-ophthalmoscope (wall unit)* and equipment item, EF023, *table, exam* remain typical in the non-facility setting.

Survey respondents were also asked about additional medical supplies and equipment items used in their practices. The specialty societies looked not only at frequency of the suggested items, but how many different specialty societies submitted that item. For example, if an item is only utilized by a single specialty, and considered a specialty specific item, it would not be appropriate to include it in an office visit service provided by all specialties. The expert panel reviewed a list of potential medical supplies and equipment items that might be added to the office visit direct practice expense inputs and identified supply code SM022 *sanitizing cloth-wipe (surface, instruments, equipment)* as appropriate to add to the office visit codes. A *blood pressure cuff* was also considered; however, it is not a disposable supply and the purchase price is less than \$500 so it cannot be included as a supply or equipment item. The expert panel recommended and the RUC agreed that one new equipment item, a *scale*, as well as existing equipment input, ED021 *computer, desktop, w-monitor* should be added to the equipment direct practice expense inputs. The PE Subcommittee modified the equipment time for the new equipment item, *scale*. The specialty societies recommended using the total clinical staff time to obtain vital signs for the equipment time for the scale, however the RUC determined that the time should be 2 minutes for each code where the scale is included because the RUC generally allocates 1 minute for each vital sign and the scale includes a height gauge so it should be allocated 1 minute to measure weight and 1 minute to measure height. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

GLOBAL SURGICAL PERIOD

The RUC recommends that the full increase of work and physician time for office visits be incorporated into the surgical global periods for each CPT code with a global of 010-day, 090-day and MMM (maternity) codes. The RUC recommends that the practice expense inputs should be modified for the office visits within the global periods. The RUC agrees that office visits work is equivalent and a crosswalk of 100% of the office visit valuations should be bundled into the codes with global periods of 010-days, 090-days and MMM. A spreadsheet itemizing these changes is included in the attached supporting material.

NEW TECHNOLOGY

The RUC recommends that CPT codes 99202-99205, 99211-99215 and 99417 be placed on the new technology/new services list for re-examination after 3 years of data are available. In October 2024, the RUC will review the 2021-2023 Medicare claims data to determine if the codes should be re-examined.

| CPT Code | Tracking Number | CPT Descriptor | Global Period | Work RVU Recommendation |
|-------------------|-----------------|--|----------------|-------------------------|
| D99201 | - | <p>Office or other outpatient visit for the evaluation and management of a new patient, which requires 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.</p> <p><u>(99201 has been deleted. To report, use 99202)</u></p> | XXX | N/A |
| ▲99202 | F1 | <p>Office or other outpatient visit for the evaluation and management of a new patient, which requires <u>these 3 key components; a medically appropriate history and/or examination and straightforward medical decision making.</u></p> <ul style="list-style-type: none"> • An expanded problem focused history; • An expanded problem focused examination; • Straightforward medical decision making. <p>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.</p> <p>Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face to face with the patient and/or family.</p> <p><u>When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.</u></p> | XXX | 0.93 (No Change) |

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|---------|----|---|-----|------|
| ▲ 99203 | F2 | <p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: <u>a medically appropriate history and/or examination and low level of medical decision making.</u></p> <ul style="list-style-type: none"> •———— A detailed history; •———— A detailed examination; •———— Medical decision making of low complexity. <p>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.</p> <p>Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face to face with the patient and/or family.</p> <p><u>When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.</u></p> | XXX | 1.60 |
|---------|----|---|-----|------|

| | | | | |
|---------|----|--|-----|------|
| ▲ 99204 | F3 | <p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: <u>a medically appropriate history and/or examination and moderate level of medical decision making.</u></p> <ul style="list-style-type: none"> ▪ ———— A comprehensive history; ▪ ———— A comprehensive examination; ▪ ———— Medical decision making of moderate complexity. <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face to face with the patient and/or family.</p> <p><u>When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.</u></p> | XXX | 2.60 |
| ▲ 99205 | F4 | <p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: <u>a medically appropriate history and/or examination and high level of medical decision making.</u></p> <ul style="list-style-type: none"> ● ———— A comprehensive history; ● ———— A comprehensive examination; ● ———— Medical decision making of high complexity. <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face to face with the patient and/or family.</p> <p><u>When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.</u></p> <p><u>(For services 75 minutes or longer, see Prolonged Services 99417)</u></p> | XXX | 3.50 |

| | | | | |
|---------|----|---|-----|-------------------------|
| ▲ 99211 | F5 | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. | XXX | 0.18 (No Change) |
| ▲ 99212 | F6 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: <u>a medically appropriate history and/or examination and straightforward medical decision making.</u> <ul style="list-style-type: none"> ● 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. <u>When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.</u> | XXX | 0.70 |

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|---------|----|---|-----|------|
| ▲ 99213 | F7 | <p>Office or other outpatient visit for the evaluation and management of an established patient, which requires <u>at least 2 of these 3 key components: a medically appropriate history and/or examination and low level of medical decision making.</u></p> <ul style="list-style-type: none"> • ———— An expanded problem focused history; • ———— An expanded problem focused examination; • Medical decision making of low complexity. <p>Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face to face with the patient and/or family.</p> <p><u>When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.</u></p> | XXX | 1.30 |
| ▲ 99214 | F8 | <p>Office or other outpatient visit for the evaluation and management of an established patient, which requires <u>at least 2 of these 3 key components: a medically appropriate history and/or examination and moderate level of medical decision making.</u></p> <ul style="list-style-type: none"> • ———— A detailed history; • ———— A detailed examination; • ———— Medical decision making of moderate complexity. <p>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.</p> <p>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.</p> <p><u>When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.</u></p> | XXX | 1.92 |

| | | | | |
|---------|-----|---|-----|------|
| ▲ 99215 | F9 | <p>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 medically appropriate history and/or examination and high level of medical decision making.</p> <ul style="list-style-type: none"> ● A comprehensive history; ● A comprehensive examination; ● Medical decision making of high complexity. <p>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.</p> <p>Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face to face with the patient and/or family.</p> <p><u>When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.</u></p> <p><u>(For services 55 minutes or longer, see Prolonged Services 99417)</u></p> | XXX | 2.80 |
| ✚●99417 | F10 | <p>Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)</p> <p><u>(Use 99417 in conjunction with 99205, 99215)</u></p> <p><u>(Do not report 99417 in conjunction with 99354, 99355, 99358, 99359, 99415, 99416)</u></p> <p><u>(Do not report 99417 for any time unit less than 15 minutes)</u></p> | XXX | 0.61 |

Guidelines for Office or Other Outpatient E/M Services

Instructions for Selecting a Level of Office or Other Outpatient E/M Service

Select the appropriate level of E/M services based on the following:

1. The level of the medical decision making as defined for each service; **or**
2. The total time for E/M services performed on the date of the encounter.

History and/or Examination

Office or other outpatient services include a medically appropriate history and/or physical examination, when performed. The nature and extent of the history and/or physical examination is determined by the treating physician or other qualified health care professional reporting the service. The care team may collect information and the patient or caregiver may supply information directly (eg, by portal or questionnaire) that is reviewed by the reporting physician or other qualified health care professional. **The extent of history and physical examination is NO LONGER an element in selection of office or other outpatient services.**

Medical Decision Making

Medical decision making includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option. Medical decision making in the office and other outpatient services code set is defined by three elements:

- The number and complexity of problem(s) that are addressed during the encounter.
- The amount and/or complexity of data to be reviewed and analyzed. This data includes medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter. This includes information obtained from multiple sources or interprofessional communications that are not separately reported. It includes interpretation of tests that are not separately reported. Ordering a test is included in the category of test result(s) and the review of the test result is part of the encounter and not a subsequent encounter. Data is divided into three categories:
 - Tests, documents, orders, or independent historian(s). (Each unique test, order or document is counted to meet a threshold number)
 - Independent interpretation of tests.
 - Discussion of management or test interpretation with external physician or other qualified healthcare professional or appropriate source
- The risk of complications, morbidity, and/or mortality of patient management decisions made at the visit, associated with the patient's problem(s), the diagnostic procedure(s), treatment (s). This includes the possible management options selected and those considered, but not selected, after shared medical decision making with the patient and/or family. For example, a decision about hospitalization includes consideration of alternative levels of care. Examples may include a psychiatric patient with a sufficient degree of support in the outpatient setting or the decision to not hospitalize a patient with advanced dementia with an acute condition that would generally warrant inpatient care, but for whom the goal is palliative treatment.

Four types of medical decision making are recognized: straightforward, low, moderate, and high. The concept of the level of medical decision making does not apply to code 99211.

Shared medical decision making involves eliciting patient and/or family preferences, patient and/or family education, and explaining risks and benefits of management options.

Medical decision making may be impacted by role and management responsibility.

When the physician or other qualified health care professional is reporting a separate CPT code that includes interpretation and/or report, the interpretation and/or report should not be counted in the medical decision making when selecting a level of office or other outpatient service. When the physician or other qualified professional is reporting a separate service for discussion of management with a physician or other qualified health care professional, the discussion is not counted in the medical decision making when selecting a level of office or other outpatient service.

The Level of Medical Decision Making table (Table 2) is to be used as a guide to assist in selecting the level of medical decision making for reporting an office or other outpatient E/M service code. The table includes the four levels of medical decision making (ie, straightforward, low, moderate, high) and the three elements of medical decision making (ie, number and complexity of problems addressed, amount and/or complexity of data reviewed and analyzed, and risk of complications and/or morbidity or mortality of patient management). To qualify for a particular level of medical decision making, two of the three elements for that level of medical decision making must be met or exceeded.

Table 2: Level of Medical Decision Making (MDM)

| Code | Level of MDM (Based on 2 out of 3 Elements of MDM) | Elements of Medical Decision Making | | |
|----------------------------|---|--|---|---|
| | | Number and Complexity of Problems Addressed | Amount and/or Complexity of Data to be Reviewed and Analyzed * - Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below. | Risk of Complications and/or Morbidity or Mortality of Patient Management |
| NEW OR ESTABLISHED PATIENT | | | | |
| 99211 | N/A | N/A | N/A | N/A |
| 99202 99212 | Straightforward | Minimal <ul style="list-style-type: none">1 self-limited or minor problem | Minimal or none | Minimal risk of morbidity from additional diagnostic testing or treatment |
| 99203 99213 | Low | Low <ul style="list-style-type: none">2 or more self-limited or minor problems; or1 stable chronic illness; or1 acute, uncomplicated illness or injury | Limited (Must meet the requirements of at least 1 of the 2 categories: Category 1: Tests and documents <ul style="list-style-type: none">Any combination of 2 from the following:<ul style="list-style-type: none">Review of prior external note(s) from each unique source*;Review of the result(s) of each unique test*;Ordering of each unique test* Or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high) | Low risk of morbidity from additional diagnostic testing or treatment |

| | | | | |
|------------------------------|----------|---|---|--|
| 99204 99214 | Moderate | Moderate <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury | Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i> Category 1: Tests, documents, or independent historian(s) <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) <p style="text-align: center;">Or</p> Category 2: Independent interpretation of tests <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p style="text-align: center;">Or</p> Category 3: Discussion of management or test interpretation <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) | Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> <ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health |
|------------------------------|----------|---|---|--|

| | | | | |
|--------------------------------------|-------------|---|--|---|
| <p>99205 99215</p> | <p>High</p> | <p>High</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function | <p>Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i></p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) <p>Or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>Or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) | <p>High risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis |
|--------------------------------------|-------------|---|--|---|

Number and Complexity of Problems Addressed at the Encounter

One element in the level of code selection for an office or other outpatient service is the number and complexity of the problems that are addressed at an encounter. Multiple new or established conditions may be addressed at the same time and may affect medical decision making. Symptoms may cluster around a specific diagnosis and each symptom is not necessarily a unique condition. Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services *unless* they are addressed and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management. The final diagnosis for a condition does not in itself determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Multiple problems of a lower severity may, in the aggregate, create higher risk due to interaction.

Definitions for the elements of medical decision making for office or other outpatient services are (see Table 2 Levels of Medical Decision Making):

Problem: A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter.

Problem addressed: A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified health care professional reporting the service. This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice. Notation in the patient's medical record that another professional is managing the problem without additional assessment or care coordination documented does not qualify as being 'addressed' or managed by the physician or other qualified health care professional reporting the service. Referral without evaluation (by history, exam, or diagnostic study[ies]) or consideration of treatment does not qualify as being addressed or managed by the physician or other qualified health care professional reporting the service.

Minimal problem: A problem that may not require the presence of the physician or other qualified health care professional, but the service is provided under the physician's or other qualified health care professional's supervision (see 99211).

Self-limited or minor problem: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.

Stable, chronic illness: A problem with an expected duration of at least a year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (eg, uncontrolled diabetes and controlled diabetes are a single chronic condition). 'Stable' for the purposes of categorizing medical decision making is defined by the specific treatment goals for an individual patient. A patient that is not at their treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of morbidity **without** treatment is significant. Examples may include well-controlled hypertension, non-insulin dependent diabetes, cataract, or benign prostatic hyperplasia.

Acute, uncomplicated illness or injury: A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor, but is not resolving consistent with a definite and prescribed course is an acute uncomplicated illness. Examples may include cystitis, allergic rhinitis, or a simple sprain.

Chronic illness with exacerbation, progression or side effects of treatment: A chronic illness that is acutely worsening, poorly controlled or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects, but that does not require consideration of hospital level of care.

Undiagnosed new problem with uncertain prognosis: A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment. An example may be a lump in the breast.

Acute illness with systemic symptoms: An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms such as fever, body aches or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness or to prevent complications, see the definitions for ‘self-limited or minor’ or ‘acute, uncomplicated.’ Systemic symptoms may not be general, but may be single system. Examples may include pyelonephritis, pneumonitis, or colitis.

Acute, complicated injury: An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with risk of morbidity. An example may be a head injury with brief loss of consciousness.

Chronic illness with severe exacerbation, progression or side effects of treatment: The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital ~~inpatient~~ level of care.

Acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with systemic symptoms, or an acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment. Examples may include acute myocardial infarction, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, or an abrupt change in neurologic status.

Test: Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (eg, basic metabolic panel [80047]) is a single test. The differentiation between single or multiple unique tests is defined in accordance with the CPT code set.

External: External records, communications and/or test results are from an external physician, other qualified health care professional, facility or healthcare organization.

External physician or other qualified healthcare professional: An external physician or other qualified health care professional is an individual who is not in the same group practice or is a different specialty or subspecialty. It includes licensed professionals that are practicing independently. It may also be a facility or organizational provider such as a hospital, nursing facility, or home health care agency.

Independent historian(s): An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (eg, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met.

Independent Interpretation: The interpretation of a test for which there is a CPT code and an interpretation or report is customary. This does not apply when the physician or other qualified health care professional is reporting the service or has previously reported the service for the patient. A form of interpretation should be documented, but need not conform to the usual standards of a complete report for the test.

Appropriate source: For the purpose of the **Discussion of Management** data element, an appropriate source includes professionals who are not health care professionals, but may be involved in the management of the patient (eg, lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers.

Risk: The probability and/or consequences of an event. The assessment of the level of risk is affected by the nature of the event under consideration. For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk. Definitions of risk are based upon the usual behavior and thought processes of a physician or other qualified health care professional in the same specialty. Trained clinicians apply common language usage meanings to terms such as ‘high’, ‘medium’, ‘low’, or ‘minimal’ risk and do not require quantification for these definitions, (though quantification may be provided when evidence-based medicine has established probabilities). For the purposes of medical decision making, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes medical decision making related to the need to initiate or forego further testing, treatment and/or hospitalization.

Morbidity: A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment.

Social determinants of health: Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.

Drug therapy requiring intensive monitoring for toxicity: A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. The monitoring is done for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy. The monitoring should be that which is generally accepted practice for the agent, but may be patient specific in some cases. Intensive monitoring may be long-term or short term. Long-term intensive monitoring is not less than quarterly. The monitoring may be by a lab test, a physiologic test or imaging. Monitoring by history or examination does not qualify. The monitoring affects the level of medical decision making in an encounter in which it is considered in the management of the patient. Examples may include monitoring for a cytopenia in the use of an antineoplastic agent between dose cycles or the short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis. Examples of monitoring that does not qualify include monitoring glucose levels during insulin therapy as the primary reason is the therapeutic effect (even if hypoglycemia is a concern); or annual electrolytes and renal function for a patient on a diuretic as the frequency does not meet the threshold.

Time

The inclusion of time in the definitions of levels of E/M services has been implicit in prior editions of the CPT codebook. The inclusion of time as an explicit factor beginning in CPT 1992 is done to assist in selecting the most appropriate level of E/M services. Beginning with CPT 2021 and except for 99211, time alone may be used to select the appropriate code level for the office or other outpatient E/M services codes (ie, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215). Different categories of services use time differently. It is important to review the instructions for each category.

Time is **not** a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time. Therefore, it is often difficult to provide accurate estimates of the time spent face-to-face with the patient.

Time may be used to select a code level in office or other outpatient services whether or not counseling and/or coordination of care dominates the service. Time may only be used for selecting the level of the other E/M services when counseling and/or coordination of care dominates the service.

When time is used to select the appropriate level for E/M services codes, time is defined by the service descriptions. The E/M services for which these guidelines apply require a face-to-face encounter with the physician or other qualified health care professional. For office or other outpatient services, if the physician's or other qualified health care professional's time is spent in the supervision of clinical staff who perform the face-to-face services of the encounter, use 99211.

A shared or split visit is defined as a visit in which a physician and other qualified healthcare professional(s) jointly provide the face-to-face and non-face-to-face work related to the visit. When time is being used to select the appropriate level of a service for which time-based reporting of shared or split visits is allowed, the time personally spent by the physician and other qualified health care professional(s) assessing and managing the patient on the date of the encounter is summed to define total time. Only distinct time should be summed for shared or split visits (ie, when two or more individuals jointly meet with or discuss the patient, only the time of one individual should be counted).

When prolonged time occurs, the appropriate add-on code may be reported. The appropriate time should be documented in the medical record when it is used as the basis for code selection.

Total time on the date of the encounter (office or other outpatient services): For coding purposes, time for these services is the total time on the date of the encounter. It includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter (includes time in activities that require the physician or other qualified health care professional and does not include time in activities normally performed by clinical staff). Physician/other qualified health care professional time includes the following activities, when performed:

- preparing to see the patient (eg, review of tests)
- obtaining and/or reviewing separately obtained history
- performing a medically appropriate examination and/or evaluation

- counseling and educating the patient/family/caregiver
- ordering medications, tests, or procedures
- referring and communicating with other health care professionals (not separately reported)
- documenting clinical information in the electronic or other health record
- independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- care coordination (not separately reported)

Services Reported Separately

Any specifically identifiable procedure or service (ie, identified with a specific CPT code) performed on the date of E/M services may be reported separately.

The actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when reported separately. Physician performance of diagnostic tests/studies for which specific CPT codes are available may be reported separately, in addition to the appropriate E/M code. The physician's interpretation of the results of diagnostic tests/ studies (ie, professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately, using the appropriate CPT code and, if required, with modifier 26 appended. If a test/study is independently interpreted in order to manage the patient as part of the E/M service, but is not separately reported, it is part of medical decision making.

The physician or other qualified health care professional may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant separately identifiable E/M service. The E/M service may be caused or prompted by the symptoms or condition for which the procedure and/or service was provided. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. As such, different diagnoses are not required for reporting of the procedure and the E/M services on the same date.

Office or Other Outpatient Services

The following codes are used to report evaluation and management services provided in the office or in an outpatient or other ambulatory facility. A patient is considered an outpatient until inpatient admission to a health care facility occurs.

To report services provided to a patient who is admitted to a hospital or nursing facility in the course of an encounter in the office or other ambulatory facility, see the notes for initial hospital inpatient care or initial nursing facility care.

For services provided in the emergency department, see 99281-99285.

For observation care, see 99217-99226. For observation or inpatient care services (including admission and discharge services), see 99234-99236.

Determination of Patient Status as New or Established Patient Solely for the purposes of distinguishing between new and established patients, **professional services** are those face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services reported by a specific CPT code(s). A new patient is one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the **exact** same specialty and subspecialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

In the instance where a physician/qualified health care professional is on call for or covering for another physician/qualified health care professional, the patient's encounter will be classified as it would have been by the physician/qualified health care professional who is not available. When advanced practice nurses and physician assistants are working with physicians they are considered as working in the **exact** same specialty and exact same **subspecialties** as the physician.

New Patient

(99201 has been deleted. To report, use 99202)

- ★▲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.
- ★▲99203 **Office or other outpatient visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making.
When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.
- ★▲99204 **Office or other outpatient visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.
When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.
- ★▲99205 **Office or other outpatient visit** for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making.
When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.
(For services 75 minutes or longer, see Prolonged Services 99417)

Established Patient

- ▲99211 **Office or other outpatient visit** for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.
- ★▲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.
- ★▲99213 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.
When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.
- ★▲99214 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.
When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.
- ★▲99215 **Office or other outpatient visit** for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making.
When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.
(For services 55 minutes or longer, see Prolonged Services 99417)

Prolonged Service With or Without Direct Patient Contact on the Date of an Office or Other Outpatient Service

Code 99417 is used to report prolonged total time (ie, combined time with and without direct patient contact) provided by the physician or other qualified health care professional on the date of office or other outpatient services (ie, 99205, 99215). Code 99417 is only used when the office or other outpatient service has been selected using time alone as the basis and only after the total time of the highest-level service (ie, 99205 or 99215) has been exceeded. To report a unit of 99417, 15 minutes of additional time must have been attained. Do not report 99417 for any additional time increment of less than 15 minutes.

Time spent performing separately reported services other than the E/M service is not counted toward the time to report 99205, 99215 and prolonged services time.

For prolonged services on a date other than the date of a face-to-face encounter, including office or other outpatient services (99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215), see 99358, 99359. For E/M services that require prolonged clinical staff time and may include face-to-face services by the physician or other qualified health care professional, see 99415, 99416. Do not report 99417 in conjunction with 99354, 99355, 99358, 99359, 99415, 99416.

Prolonged services of less than 15 minutes total time on the date of the office or other outpatient service (ie, 99205, 99215) is not reported.

- +★99417 Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient **Evaluation and Management** services)

(Use 99417 in conjunction with 99205, 99215)

(Do not report 99417 in conjunction with 99354, 99355, 99358, 99359, 99415, 99416)

(Do not report 99417 for any time unit less than 15 minutes)

| <u>Total Duration of New Patient Office or Other Outpatient Services (use with 99205)</u> | <u>Code(s)</u> |
|--|--|
| <u>less than 75 minutes</u> | <u>Not reported separately</u> |
| <u>75-89 minutes</u> | <u>99205 X 1 and 99417 X 1</u> |
| <u>90-104 minutes</u> | <u>99205 X 1 and 99417 X 2</u> |
| <u>105 or more</u> | <u>99205 X 1 and 99417 X 3 or more for each additional 15 minutes.</u> |
| <u>Total Duration of Established Patient Office or Other Outpatient Services (use with 99215)</u> | <u>Code(s)</u> |
| <u>less than 55 minutes</u> | <u>Not reported separately</u> |
| <u>55-69 minutes</u> | <u>99215 X 1 and 99417 X 1</u> |
| <u>70-84 minutes</u> | <u>99215 X 1 and 99417 X 2</u> |
| <u>85 or more</u> | <u>99215 X 1 and 99417 X 3 or more for each additional 15 minutes.</u> |

Vignettes/Typical Patient

Typical Patient (99202)

Office visit for a new patient with a small subdermal mass that does not require treatment.

Typical Patient (99203)

Office visit for a new patient with a stable chronic illness or acute uncomplicated injury.

Typical Patient (99204)

Office visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Typical Patient (99205)

Office visit for a new patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute illness/injury that poses a threat to life or bodily function.

Typical Patient (99211)

Office visit for an established patient for a blood pressure check not requiring the presence of a physician

Typical Patient (99212)

Office visit for an established patient with a self-limited problem that is treated with an OTC medication.

Typical Patient (99213)

Office visit for an established patient with a stable chronic illness or acute uncomplicated injury.

Typical Patient (99214)

Office visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Typical Patient (99215)

Office visit for an established patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute illness/injury that poses a threat to life or bodily function.

Typical Patient (99417)

Office visit for a patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute illness/injury that poses a threat to life or bodily function.

AMA/SPECIALTY SOCIETY RVS UPDATE COMMITTEE
Research Subcommittee Conference Call Report

Monday, February 25th

Members Present: Margie Andreae, MD (Chair), Jimmy Clark, MD (Vice Chair), Allan Anderson, MD, Robert Dale Blasier, MD, Verdi DiSesa, MD, Peter Hollmann, MD, Katie Jordan, OTD, OTR/L, Alan Lazaroff, MD, M. Douglas Leahy, MD, Bradley Marple, MD, Daniel McQuillen, MD, John H. Proctor, MD, Timothy Tillo, DPM, Christopher Senkowski, MD, Stanley W. Stead, MD, MBA, Robert Zwolak, MD

I. Review of Proposed Reference Service List and Vignette

Auditory Evoked Potentials (92584, 92X51, 92X52, 92X53, 92X54)

American Academy of Audiology

American Academy of Neurology (92X54 only)

American Academy of Otolaryngology - Head and Neck Surgery

American Clinical Neurophysiology Society (92X54 only)

American Speech-Language-Hearing Association

The Research Subcommittee reviewed the vignette and approved as follows:

92584 Electrocochleography

Research-Approved Vignette: A 50-year-old female presents with a history of episodic vertigo, left fluctuating hearing loss, aural fullness, and tinnitus. She is referred for electrocochleography (EcochG) ~~to evaluate for Meniere's pathophysiology.~~

The Research Subcommittee reviewed the proposed physician work reference service lists (RSLs) for the Auditory Evoked Potentials survey codes. The Subcommittee questioned why CPT code 92558, which is not paid under Medicare is on the RSL. The specialty noted that this service was reviewed by the HCPAC in 2011 and is widely performed by audiologists for non-Medicare patients. They noted that there was no other code appropriate to fill in that RVU gap. The societies confirmed that all codes on the reference service list include the audiologist work in the work RVU, and not in the practice expense as it had before audiologists were allowed to bill Medicare independently. The Subcommittee recommended for the society to replace codes 92587 and 92588, as CMS did not accept the HCPAC recommendations for those and more codes were needed to fill in the work RVU gap between 0.75 and 1.08. The following codes were suggested for consideration: 92508 (wRVU= 0.33), 95930 (wRVU= 0.35), 93224 (wRVU= 0.52), 95800 (wRVU= 0.85) or several codes in the nerve conduction codes in the 95907-95913 range.

II. Request for Targeted Survey and Review of Proposed Reference Service List

Vestibular Evoked Myogenic Potential Testing (925X1, 925X2, 925X3)

American Academy of Audiology

American Academy of Neurology

American Academy of Otolaryngology - Head and Neck Surgery

American Speech-Language-Hearing Association

The Research Subcommittee reviewed the proposed physician work reference service lists (RSLs) for the Vestibular Evoked Myogenic Potential Testing survey codes. The Subcommittee noted that the only difference between this proposed list and the proposed list for the prior tab is that the list for the prior tab includes 92558 (work RVU= 0.17). The specialty societies noted they felt that code would not be a good fit for these survey codes as 92558 is a screening test and the survey codes are not. The Subcommittee

concurred with this explanation and noted that all other comments made for the Auditory Evoked Potentials reference service list also apply to this reference service list as well (*see above agenda item I*)

The specialty societies noted that these codes are anticipated to have low-volume as they describe testing for a very specific patient population presenting with impaired vestibular function. Additionally, these services are typically completed by audiologists who specialize in vestibular disorders. As such, AAA and ASHA requested a targeted survey of the American Balance Society (ABS). AAA and ASHA would conduct random samples of the subset of their respective memberships that indicate respondents experience with balance disorders and a sample of the ABS members that are eligible to bill Medicare. **The Research Subcommittee approved the survey sampling method as proposed.**

III. Office Visits Survey Data

(1) Determination of Survey Completeness

The Chair noted that as of January 2014, the RUC requires all survey fields to be completed for a response to be considered complete and included in the data. Since this survey is broken into two parts and part 1 represents all the questions that would be included in a normal RUC physician work and part 2 is a RUC direct practice expense survey, the Subcommittee considered if a survey respondent fully completes part one (through the valuation of physician work) but not part 2 (practice expense), whether that should be counted as a complete survey response for physician work. The Subcommittee urged specialty societies to do everything possible to achieve fully completed responses as the practice expense data is equally important.

The Research Subcommittee recommends that specialties be encouraged to ensure that the surveys are fully completed (Parts 1 and 2) as work and practice expense are both important. However, if a respondent only completes through the valuation of work, the specialty may count that response as complete for work and include in the work results data.

(2) Data Trimming

The Chair explained that the current RUC rules for data trimming state that systematic data trimming should not be incorporated into the data analysis. If societies trim data, they will need to disclose that information and provide a rationale. The RUC would review and approve the appropriateness of any specific data trimming on an individual code basis. **The Research Subcommittee recommends for the Office Visit survey to also adhere to the existing RUC policy, which states that no data are to be trimmed from the survey responses without RUC approval.**

The Subcommittee noted that respondents may be members of more than one specialty society and therefore may receive multiple survey links. The Subcommittee discussed how duplicate responses should be handled (ie, if the same physician completes the survey more than once). Specialty staff noted that it would be helpful to have a rule for how to systematically select which response is most appropriate. Instead of the initial proposal to retain the latest response, the Subcommittee agreed that it would be more appropriate to retain the first completed response provided by the survey respondent. **The Research Subcommittee recommends that when there are duplicate responses by the same physician, that the earliest response (first response) should be retained and the duplicate newer response should be discarded.**

The Subcommittee further clarified that if a respondent contacted staff to request a ‘re-do’ of a portion of a survey that was inadvertently submitted, this would not be considered a duplicate response but rather a corrected response.

(3) Summarized Data:

The Research Subcommittee noted that the RUC typically reviews data by specialty societies participating in surveys and overall aggregate in a summary spreadsheet.

The Research Subcommittee discussed if specialty societies should be required to report the office visit codes both in aggregate and split out by either specialty society *or* specialty. The Research Subcommittee agreed that, for transparency and to provide RUC reviewers with a sufficiently granular level of summary data, the data should both be presented in aggregate and split out by specialty. The Subcommittee noted that since some specialty societies have members from several different specialties, it would be more informative to have the data split out by specialty. Specialty designation is one of the questions included in the survey. The survey respondent will select their specialty from a list of over 60 Medicare designated specialty options. **The Research Subcommittee recommends that the RUC recommendation summary spreadsheet for each code include one spreadsheet tab displaying overall summary data and another spreadsheet tab itemizing the data by specialty.**

The Subcommittee considered whether the data should only be split out for specialties that exceeded a certain number of survey responses (eg, N=50). Several stakeholders expressed concern with having their responses only presented in aggregate. The Subcommittee agreed that it would be most appropriate to report each specialty separately, even if only a small number of respondents completed the survey for that specialty.

The Subcommittee also discussed how the survey time data should be summarized. The Subcommittee considered the minimum, 25th percentile, median, 75th percentile and maximum times to be reported for all 4 categories of physician time: 3 days prior; date of encounter; 7 days following; and total time. The Subcommittee noted that this would be additional summary data relative to what is required for the typical RUC survey, where intra-service time is the only data point that is split out to this level of detail. Also, summary data for the survey respondents' reported total time would be additional data specific to this survey. The Subcommittee noted that this level of detail would be important to have for the office visit codes to give a more complete picture of the survey responses. **The Research Subcommittee recommends for all four categories of physician time (3 days prior; date of encounter; 7 days following; and total time) to be reported as minimum, 25th percentile, median, 75th percentile and maximum.**

(4) Specialty Society Engagement/Survey Analyses

There are 52 specialty societies engaged in surveying the office visit codes. Each specialty is responsible for the integrity of their survey data. The RUC requires that each specialty society who indicated a level 1 interest to survey, complete an attestation form. A plan and timeframe has been submitted regarding the process of collecting all data and completing the overall analysis by all the specialty societies surveying these services (*Research call attachment 03B*). All specialty societies that complete the survey will share their data to be collated into one dataset for analysis.

The Research Subcommittee discussed if all participating societies should formally sign a form stating that they agree to the plan to ensure that all intend to share de-identified data with identified consultants, or if their participation in the process would sufficiently constitute implicit agreement. **The Research Subcommittee agreed that all level 1 societies should sign an agreement confirming their intent to share their de-identified data with the identified staff/consultant.**

(5) Differential Specialty Representation

At the January 2019 RUC meeting, the RUC decided not to require the weighting of survey data. However, it can be anticipated that there will be imbalances due to differential specialty representation in the sample, and uneven contributions to individual codes within and between the two Office Visit families.

The Subcommittee discussed whether the survey data should be weighted in any manner, such as in proportion to allowed Medicare or all payor charges by specialty or based on some other factor. The Subcommittee noted that if only Medicare allowed charges were used, those societies that perform a large majority of their work on non-Medicare patients would be underrepresented. If it were possible to use all payor data, that would be optimal. AMA RUC staff noted that there currently is not a good source of all payor data and the analysis of the survey data will be in approximately 3 weeks. AMA RUC staff also noted that the lead AMA economist recommended against weighting because it is not consistent with current RUC practice and it should only be employed if there is substantial distortion (i.e., specialties having a proportion of the survey respondents that varies substantially from their proportion of how often their specialty performs the service). Several Subcommittee members disagreed with preemptively deciding to weight the data. **The Research Subcommittee agreed that for the initial run of the summary data, the summary data should not be weighted. However, the Subcommittee agreed that the RUC could develop a weighting methodology if it is deemed that there is substantial distortion.**

(6) Special Data Requests

The Subcommittee discussed how custom data analyses either initiated by the multispecialty Advisory Committee or requested by a RUC reviewer should be handled. **The Research Subcommittee agrees that the Subcommittee must review any requests for specific data analyses that depart from the standard RUC process, regardless of what stakeholder proposes the alternative method.**

(7) Messages

Several of the surveying specialties have requested a standard follow up message that they can use to contact their survey respondents. **The Research Subcommittee approved the proposed email text without modification as follows:**

Respondents who began survey and did not complete:

Subject: Important Reminder. Please complete the Office Visit Survey

The *(insert specialty here)* appreciates your effort to complete the Office Visit Survey. This survey will help *(society/organization)*, in concert with the RUC, recommend accurate relative values for physician work and direct practice expense for these important codes 99202-99205, 99211-99215, 99417 to the Centers for Medicare and Medicaid Services. We cannot count your response until you complete the survey and it is so important for your voice to be heard!

[Continue the RUC Survey](#)

If you have difficulty accessing the survey or if you have any questions, please contact: *[Insert specialty staff contact email and/or phone number]*. **Thank you in advance for your time!**

Respondents who did not yet begin survey:

Subject: Important Reminder. Please complete the Office Visit Survey

As a valued member of the *[insert specialty society name]*, you have been selected to participate in an AMA/Specialty Society RVS Update Committee (RUC) survey for the office visit services (99202-99205, 99211-99215) and a new prolonged services code (99417). This survey will help our society, in concert with the RUC, recommend accurate relative values for physician work and direct practice expense for these important codes to the Centers for Medicare and Medicaid Services. We only have a few short weeks to compile this critical physician input. We urge you to complete the survey now.

[Take the RUC Survey](#)

If you have difficulty accessing the survey or if you have any questions, please contact: *[Insert specialty staff contact email and/or phone number]*. **Thank you in advance for your time!**

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

| | | |
|--------------------|-------------------------------|---|
| CPT Code: 99202 | Tracking Number F1 | Original Specialty Recommended RVU: 1.00 |
| | | Presented Recommended RVU: 0.93 |
| Global Period: XXX | Current Work RVU: 0.93 | RUC Recommended RVU: 0.93 |

CPT Descriptor: 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.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Office visit for a new patient with a small subdermal mass that does not require treatment.

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

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work:

Description of Intra-Service Work:

Within 3 Days Prior to Visit:

Review prior medical records and data. Incorporate pertinent information into the medical record. Communicate with other members of the health care team regarding the visit.

Day of Visit:

Patient is confirmed. Review the medical history forms completed by the patient. Review vital signs obtained by clinical staff. Obtain a medically appropriate history, including pertinent components of HPI, review of systems, social history, family history, and allergies, and reconcile the patient's medications. Perform a medically appropriate examination. Synthesize the relevant history and physical examination to formulate a differential diagnosis and treatment plan (requiring straightforward MDM). Discuss the treatment plan with the patient and family. Provide patient education and respond to questions from the patient and/or family. Document the encounter in the medical record. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.

Within 7 Days After Visit:

Answer follow up questions from the patient and/or family that may occur within seven days after the visit and respond to treatment failures.

Description of Post-Service Work:

SURVEY DATA

| | | | | | |
|---|--|--------------------------------------|----------------|-----------------------------|-------------------|
| RUC Meeting Date (mm/yyyy) | 04/2019 | | | | |
| Presenter(s): | Megan Adamson, MD, American Academy of Family Physicians (AAFP), Phillip Rogers, MD, American Academy of Hospice and Palliative Medicine (AAHPM), Marianna Spanaki, MD, PhD, American Academy of Neurology (AAN), Steve Krug, MD, American Academy of Pediatrics (AAP), Richard Wright, MD, American College of Cardiology (ACC), Bill Fox, MD, American College of Physicians (ACP), Audrey Chun, MD, American Geriatrics Society (AGS) | | | | |
| Specialty Society(ies): | AACE, AACU, AAD, AAFP, AAHPM, AAN, AANS/CNS, AAO, AAOHNS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACNS, ACOG, ACP, ACRh, ACS, AGA/ACG/ASGE, AGS, AMDA, ANA, AOA (Optometry), AOA (Osteopathic), APA (Psychiatry), APMA, ASAM, ASBMT, ASCO, ASCRS (Colon and Rectal), ASCRS (Cataract and Refractive), ASH, ASRS, ASSH, ATS, AUA, CHEST, ES, IDSA, NASS, RPA, SAGES, SCAL, SIR, STS, SVS | | | | |
| CPT Code: | 99202 | | | | |
| Sample Size: | 178360 | Resp N: | 1181 | Response: 0.6 % | |
| Description of Sample: | Each society selected a random sample, some choose to survey all their members, while other chose to survey a random pull between 1000 and 5000 from their US physician or QHP members. We have a separate spreadsheet with the total from each society available as a PDF. | | | | |
| | Low | 25th pctl | Median* | 75th pctl | High |
| Service Performance Rate | 0.00 | 1.00 | 10.00 | 44.00 | 3581.00 |
| Survey RVW: | 0.01 | 0.71 | 1.00 | 1.45 | 37.24 |
| Pre-Service Evaluation Time: | | | 0.00 | | |
| Pre-Service Positioning Time: | | | 0.00 | | |
| Pre-Service Scrub, Dress, Wait Time: | | | 0.00 | | |
| Intra-Service Time: | 1.00 | 15.00 | 22.00 | 32.00 | 130.00 |
| 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: | 99202 | 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: | | 22.00 | | |

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

XXX Global Code

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

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

Modifier -51 Exempt Status

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

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99231 | XXX | 0.76 | RUC Time |

CPT Descriptor Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

SECOND HIGHEST KEY REFERENCE SERVICE:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99487 | XXX | 1.00 | RUC Time |

CPT Descriptor 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.;

KEY MPC COMPARISON CODES:

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

| MPC CPT Code 1 | Global | Work RVU | Time Source | Most Recent Medicare Utilization |
|----------------|--------|----------|-------------|-------------------------------------|
| 95251 | XXX | 0.70 | RUC Time | 84,795 |

CPT Descriptor 1 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

MPC CPT Code 2GlobalWork RVUTime Source

Most Recent
Medicare Utilization

0.00

CPT Descriptor 2Other Reference CPT CodeGlobalWork RVUTime Source

0.00

CPT Descriptor

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

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

Number of respondents who choose Top Key Reference Code: 143 % of respondents: 12.1 %

Number of respondents who choose 2nd Key Reference Code: 102 % of respondents: 8.6 %

TIME ESTIMATES (Median)

| | CPT Code: <u>99202</u> | Top Key Reference CPT Code: <u>99231</u> | 2nd Key Reference CPT Code: <u>99487</u> |
|---|---------------------------|---|---|
| Median Pre-Service Time | 0.00 | 5.00 | 0.00 |
| Median Intra-Service Time | 22.00 | 10.00 | 26.00 |
| Median Immediate Post-service Time | 0.00 | 5.00 | 0.00 |
| Median Critical Care Time | 0.0 | 0.00 | 0.00 |
| Median Other Hospital Visit Time | 0.0 | 0.00 | 0.00 |
| Median Discharge Day Management Time | 0.0 | 0.00 | 0.00 |
| Median Office Visit Time | 0.0 | 0.00 | 0.00 |
| Prolonged Services Time | 0.0 | 0.00 | 0.00 |
| Median Subsequent Observation Care Time | 0.0 | 0.00 | 0.00 |
| Median Total Time | 22.00 | 20.00 | 26.00 |
| 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 | 3% | 15% | 59% | 20% | 1% |

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

25%

57%

18%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

27%

60%

13%

Physical effort required

18%

69%

13%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

29%

50%

20%

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More**

Overall intensity/complexity

6%

14%

54%

21%

6%

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

22%

58%

21%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

22%

53%

25%

Physical effort required

15%

58%

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

32%

41%

26%

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.

Compelling Evidence

The surveying societies convened an expert panel, (herein referred to as panel), to review the survey data and determine whether there is compelling evidence to justify an increase in work RVUs for the surveyed codes. The panel considered compelling evidence as a whole for all codes and then made work RVU recommendations on a code-by-code basis after reviewing the survey data. The panel determined that the following four compelling evidence standards were met:

- Evidence that incorrect assumptions were made in the previous valuation
 - Flawed mechanism or methodology used in previous valuations, for example, evidence that no pediatricians were consulted in assigning pediatric values or CMS/Other source codes
- Documentation in the peer-reviewed literature or other reliable data that:
 - Change in knowledge and technology
 - Patient population
- Evidence that technology has changed physician work

The basis for this determination is as follows:

Evidence that incorrect assumptions were made in the previous valuation of these services

During the 2005 five-year review the number of surveying specialties was very limited so many specialties that commonly perform office visits were not included. In fact, no surgical specialties participated in the survey, so their input was not included. Twenty surgical specialties participated in this survey and, as you can see by the summary data, the surgical specialty survey respondents report a higher median work RVU than primary care specialties.

Furthermore, the current work RVUs date to 2010 when CMS changed their values due to the deletion of the consult codes. CMS used a crosswalk/mathematical formula to derive these values and did not ask for the RUC to review the values. Importantly, even though the work RVUs were adjusted by CMS, the times were not adjusted.

Change in knowledge and technology

Electronic Health Records

According to NAMCS data, in 2015, 76% of all practices used electronic health records exclusively, 11% used them partially, and 12% used only paper records. In 2008 the corresponding numbers were 29%, 17%, and 53%. All remarkable differences demonstrating that the technology used to deliver office-based care has changed dramatically. This is confirmed by the CDC which estimates that use of an EHR increased from 35% in 2007 to 87% in 2015.¹ The EHR contains more data than paper records and all of it must be reviewed including for drug-drug and, with increasing use of homeopathic substances, drug substance interactions.

Explosion in the Number of Guidelines, Appropriate Use Criteria, and Requirements for Prior Authorization

In 2006, the National Guideline Clearinghouse, created by the U.S. Agency for Healthcare Research and Quality (AHRQ) listed on its website about two thousand guidelines.² In 2012, there were 7,508 clinical practice guidelines, and thousands are produced

¹ Other citations supporting the change in technology include:

<https://journals.stfm.org/familymedicine/2018/february/young-2017-0121/>

<https://ehrintelligence.com/news/physician-ehr-use-workload-trumping-face-time-with-patients>

² <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1468-0009.2007.00505.x>

Accessed January 10, 2019

annually.³ Under the law, physicians must consult and follow Medicare approved appropriate use criteria when they are considering ordering advanced imaging tests.

The number of Medicare Advantage and commercial payers who require prior authorization for many services is rapidly increasing and Medicare is in the process of publishing regulations which will allow a huge expansion of prior authorization by Medicare Advantage plans for Part B drugs which will affect all physicians and increase the post visit physician time significantly.

Explosion of Genomic Information and the Internet

The increasing availability of genomic information, including patient obtained genomic data which they bring to the office, increases the complexity of office visits. Therefore, a working understanding of the underlying concepts of genetic disease is increasingly necessary for today's practicing physician, and routine office practice requires integration of these fundamental concepts for use in accurate diagnosis and ensuring appropriate referrals for patients with genetic disease and their families. In addition, genomic information has become integral to the selection of treatment in a variety of disease conditions, adding a new dimension to disease management.⁴ Indeed, some patients anticipate an ongoing role for their primary care physician after receiving genetic test results.⁵ All of this expands the knowledge base required for each E/M service since this information must be integrated with the traditional cognitive base.

The expanded use of the internet and expanded resources that patient's access on the internet is completely new and it is typical that time must be spent discussing patient obtained information which increases the complexity of the office visit.

The Amount and Complexity of Data to be Reviewed is Increasing

There is more data to review at each visit. This includes data from lab tests, imaging, and EKGs. The number of lab tests performed has increased dramatically. For example, the NAMCS data shows that the number of glycohemoglobins obtained at one visit jumped from 3.5% to 7% between 2008 and 2015; comprehensive metabolic panels were obtained at 11% of visits in 2015 but were not ordered with sufficient frequency to make the list in 2008. The number of EKGs performed at a visit rose from 3% to 4% during that same period.

Change in the Patient Population

The number of diagnoses that appear on Medicare claims for office visits (based on the 5% file) has increased, dramatically from 2006 to 2016.

| CPT Code | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2016 vs. 2006 |
|----------|------|------|------|------|------|------|------|------|------|------|------|---------------|
| 99201 | 1.64 | 1.65 | 1.65 | 1.66 | 1.63 | 1.65 | 1.66 | 1.72 | 1.77 | 1.81 | 1.90 | 15% |
| 99202 | 1.88 | 1.91 | 1.93 | 1.95 | 1.91 | 1.93 | 1.97 | 2.02 | 2.08 | 2.12 | 2.27 | 21% |
| 99203 | 2.07 | 2.10 | 2.13 | 2.17 | 2.09 | 2.14 | 2.20 | 2.26 | 2.33 | 2.39 | 2.54 | 23% |
| 99204 | 2.44 | 2.49 | 2.55 | 2.58 | 2.41 | 2.48 | 2.56 | 2.65 | 2.74 | 2.83 | 3.02 | 24% |
| 99205 | 2.63 | 2.69 | 2.77 | 2.83 | 2.48 | 2.54 | 2.62 | 2.67 | 2.78 | 2.89 | 3.14 | 19% |
| 99211 | 1.59 | 1.60 | 1.63 | 1.67 | 1.69 | 1.72 | 1.73 | 1.74 | 1.78 | 1.80 | 1.86 | 17% |
| 99212 | 1.73 | 1.76 | 1.79 | 1.82 | 1.85 | 1.89 | 1.94 | 1.97 | 2.03 | 2.07 | 2.19 | 27% |
| 99213 | 2.09 | 2.13 | 2.17 | 2.21 | 2.26 | 2.30 | 2.38 | 2.42 | 2.49 | 2.56 | 2.73 | 31% |
| 99214 | 2.67 | 2.74 | 2.83 | 2.91 | 2.99 | 3.06 | 3.16 | 3.24 | 3.38 | 3.52 | 3.82 | 43% |
| 99215 | 2.84 | 2.91 | 3.00 | 3.10 | 3.16 | 3.19 | 3.29 | 3.37 | 3.53 | 3.70 | 4.11 | 44% |

The NAMCS survey data reveals, among other things, the following changes in the patient population seen during office visits:

In 2015, 31% of office visits were for patients over the age of 65, in 2008 that number was 27%.

In 2015 the primary reason for the visit included "medication" 3.6%, "counseling" 2.7%, Diabetes 1.3%, while in 2008 medication related visits accounted for only 2.2% of visits, counseling related visits comprised only 1.3% of visits, and diabetes related visits

³ <http://www.annfammed.org/content/12/3/202.full>

Accessed January 10, 2019

⁴ Aronson, Samuel J. and Heidi L. Rehm. "Building the foundation for genomics in precision medicine." *Nature*. 2015 October 15; 526(7573): 336-342.

⁵ Miller, Fiona A. et al. "The primary care physician role in cancer genetics: a qualitative study of patient experience." *Family Practice* 2010; 27:563-569.

didn't even make the list. This is a 50% increase in medication related visits, more than a doubling of counseling related visits and a huge increase in diabetes related visits.

The primary organ system diagnosis has also changed substantially. In 2008 the two organ system diagnosis was disorders of the respiratory system (10%), while in 2015 the top system was diseases of the musculoskeletal and connective tissue (11%). In addition, mental disorders were the primary diagnoses 4.2% of the time in 2008 but 6.0% of the time in 2015, a 50% increase.

Primary disease specific diagnoses have also changed: From 2008-15, arthropathy rose from 3% to 4.7% of visits (over a 50% increase); spine disorders rose from 2.5% to 3.8%; and acute respiratory illness fell from 3.1% to 2.5% (a 16% decrease). Furthermore, the existence of diabetes as a chronic condition during an office visit has increased from 15%, 21%, 19 % to 20%, 27%, and 24% in the age groups 45-64, 65-74, and 75 and over, respectively. This is all evidence of the increased number of patients seen with chronic conditions as opposed to acute conditions and this has dramatically changed how practice and care are delivered.

Evidence that technology has changed physician work

The use of EHR's has increased physician work by increasing the time physician spend documenting the medical record. In 2016, it was estimated that for every hour spent with patients, physicians spend 2 hours on EHR and desk work, according to an *Annals of Internal Medicine* study.⁶ In a New England Journal of Medicine article, based on observation, 49% of physicians' office hours were spent on EHR and desk work while 27% was spent directly with patients. When meeting with patients, physicians spent 37% of their time on EHR and desk work. After office hours, physicians worked a mean of 1.5 hours per day, with most of that time dedicated to EHR tasks.⁷

Code Level Recommendations

Overview

The surveying specialties convened a panel to review all the office visit codes and the new prolonged services code. The panel met by conference call on three occasions and reviewed the survey data. As a general matter, the panel noted that these codes can be billed based on time spent on the date of the visit or on medical decision-making and that history and physical is no longer required except that it is expected that an "appropriate" history and physical is performed during the visit. When codes are billed based on time there are specific time requirements (e.g., 45-59 minutes for 99204). Furthermore, the time used to report these codes is based entirely on the total time spent with the patient on the day of service (i.e., the sum of face-to-face and non-face-to-face time that day). However, importantly, the work value for the code is based on the entire time spent by the physician from three days before the visit to seven days after the visit. Each respondent reported three different times: the time spent for the three days before the date of the visit, the time spent on the date of the visit, and the time spent for the seven days after the visit. These three times were summed, and a total time determined for each respondent. The median total time was determined by taking the median of these summed times. It was not determined by taking the sum of the medians for pre date of service time, date of service time, and postdate of service time. This means that the median "total time" does NOT necessarily equal the sum of the median times for the pre-date/date of service/postdate or service median times. This needs to be kept in mind when reviewing the recommendations for each code which focus on the total times and, when appropriate, the date of service times. The panel determined that the most accurate time for evaluating the work was the total time not the time on the date of the visit. This is because the typical time spent by different specialties during those three time periods could vary significantly and that the total time was more accurate and would be more comparable across specialties. The panel also noted that because of this, the time spent on the date of service is different than the current intraservice times so that in evaluating the surveyed times, the most fitting comparison was to the total times of the current codes and the comparator codes.

With respect to the overall analysis, the panel was concerned that use of IWP/PUT as a metric to evaluate the survey results was inappropriate because of (1) the differences between E/M services and services with global periods of 10 and 90 days, (2) the short overall service times and, (3) the shift from the pre/intra/post service paradigm to pre-date/date of service/post-date of service times. The panel also considered whether WPUT was an appropriate metric to evaluate the survey results. After a discussion, the panel agreed that WPUT could be used to identify codes with a high RVU (e.g., a WPUT of 0.6 would be an outlier for E/M services) but not to determine whether an RVU for a code within the "typical" range of E/M WPUT was appropriate or not.

As a general matter, the panel noted that over 80% of the respondents agreed that the vignettes were typical for each code and there was no significant variation among primary care, surgical, or medical specialists. For example, the lowest percent finding a vignette typical was the grouping identified as "primary care" for 99214 where 74% of respondents thought the vignette was typical.

The panel also noted that there were well over 1000 respondents for each code and that primary care, surgery, and medicine were well represented for each survey. The panel also noted that all the surveys had bell shaped curves and that the 25th and 75th

⁶ <https://annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties?doi=10.7326%2fM16-0961>

⁷ <https://www.jwatch.org/fw111995/2016/09/06/half-physician-time-spent-ehrs-and-paperwork>

percentiles were appropriately spaced from the median. In addition, review of the complexity/intensity measures showed, for each code that the respondents thought the survey code was as or more complex than the key reference surveys and were consistent with the survey median RVU for all of the codes.

The panel also had an opportunity to validate the survey times for all codes. This is because a time-motion study of family physicians was published in February 2018.⁸ Family physicians were directly observed to determine the total time the physician spent, including time spent before seeing the patient, time spent with the patient, and time spent after the visit was over. The study included 982 visits in 10 clinics. The data showed that family physicians spent on average 35.8 minutes per patient total time. The panel was able to obtain Medicare utilization data for family practice for CPT codes 99201-99215. The panel multiplied that utilization by the survey median time for family physicians only for each code and summed those amounts across all codes. That number was divided by the total utilization to obtain a mean total time per the survey. This calculation yielded a mean time of 38.5 minutes. The panel believes that the variance of only 7% validates the survey times especially because family practice comprised approximately 50% of the respondents for all the surveys.

Most importantly the panel noted that respondents from every specialty that participated in the survey agreed that the current times and work RVUs for every code were too low. In fact, respondents from surgical specialties found the codes to be more undervalued than the primary care respondents.

Lastly, the panel notes the following with respect to E/M visits included in services with a global period: Historically, CMS has incorporated changes in the work RVUs to E/M services into services which have E/M visits included in the global period (e.g., 10 and 90 day surgical globals, obstetric care). This has happened three times, most recently in 2010. The panel is aware of this history and expect CMS will continue this practice with respect to changes in work RVUs, if any, that are recommended by the RUC.

CPT 99202

There were 1181 respondents, 80% of whom found the vignette to be typical. The median survey times and work RVUs were 2/15/3/22/1.0 as compared to the current 2/15/5/22/0.93. The key reference services were 99231, Subsequent hospital visit requiring low complexity decision making with times and work RVU of 5/10/5/20/0.76 and 99487, Complex chronic care management with times and work RVU of 0/26/0/1.00. The panel also reviewed other codes with similar times such as 95251, Ambulatory continuous glucose monitoring of interstitial tissue, minimum 72 hours, interpretation and report (2/15/3/20/0.7) and noted other these other codes had lower RVUs than the survey median. In addition, 99201 has been deleted and the panel agreed that some or all of those services would likely be reported with 99202 but that the utilization of 99201 was less than 10% the volume of 99202.

Considering all of this, and because 99202 is a new patient visit which is more intense than the low level subsequent hospital visit and the non-face-to-face chronic care management service, and because compelling evidence had been met which supported an increase in work in spite of no change in total time, the panel is recommending the survey median work RVU and time of 1.00 and 22 minutes for 99202.

Relativity Within the Office Visit Code Set

The panel reviewed the relativity of the median work RVUs of the survey codes within each family and between the two families and found them to place the codes in proper rank order. In fact, the median survey total times and work RVUs increases for each progressively more complex code in each family was remarkably concordant as was the difference in median total times and work RVUs between the comparable new and established patient codes (e.g., 99205 vs. 99215). The data is as follows:

The survey median total time for 99203 is 82% higher than the survey median total time for 99202 and the survey median work RVU for 99203 is 60% higher than that of 99202.

The survey median total time for 99204 is 50% higher than the survey median total time for 99203 and the survey median work RVU for 99204 is 62.5% higher than the survey median for 99203.

The survey median total time for 99205 is 42% higher than the survey median total time for 99204 and the survey median work RVU for 99205 is 35% higher than the survey median for 99204.

The survey median total time for 99213 is 67% higher than the survey median total time for 99212 and the survey median work RVU for 99213 is 73% higher than the survey median for 99212.

The survey median total time for 99214 is 63% higher than the survey median total time for 99213 and the survey median work RVU for 99214 is 54% higher than the survey median for 99213.

⁸ A Time-Motion Study of Primary Care Physicians' Work in the Electronic Health Record Era. R Young, et al. Family Medicine. Vol. 50. No. 2. February 2018: 91-99.

The survey median total time for 99215 is 43% higher than the survey median time for 99214 and the survey median work RVU for 99215 is 40% higher than the survey median for 99214.

The median survey total time for 99205 is 21% more than the median survey total time for 99215 and the survey median work RVU for 99205 is 25% higher than the survey median work RVU for 99215.

The survey median total time for 99204 is 22% higher than the survey median total time for 99214 and the survey median work RVU for 99204 is 30% higher than the survey median work RVU for 99214.

The survey median total time for 99203 is 33% higher than the survey median total time for 99213 and the survey median work RVU for 99203 is 23% higher than the survey median for 99213.

The survey median total time for 99202 is 22% higher than the survey median total time for 99212 and the survey median work RVU for 99202 is 33% higher than the survey median work RVU for 99212.

| Code | Median Survey Total Time (minutes) | Difference in Total Time (Percent) From Next Lower Code | Median Survey Work RVU | Difference in Median Work RVU (Percent) From Next Lower Code |
|-------|------------------------------------|---|------------------------|---|
| 99202 | 22 | | 1 | |
| 99203 | 40 | 18 (82) | 1.6 | 0.60 (60) |
| 99204 | 60 | 20 (50) | 2.6 | 1.00 (62.5) |
| 99205 | 85 | 25 (42) | 3.5 | 0.90 (35) |
| 99212 | 18 | | 0.75 | |
| 99213 | 30 | 12 (67) | 1.3 | 0.55 (73) |
| 99214 | 49 | 19 (63) | 2 | 0.70 (54) |
| 99215 | 70 | 21 (43) | 2.8 | 0.80 (40) |
| | | Difference in Total Time Percent) Between New and Established Visit Codes of Same Level | | Difference in Median Work RVU (Percent) Between New and Established Visit Codes of Same Level |
| 99202 | 22 | 4 (22) | 1 | 0.25 (33) |
| 99212 | 18 | | 0.75 | |
| 99203 | 40 | 10 (33) | 1.6 | 0.30 (23) |
| 99213 | 30 | | 1.3 | |
| 99204 | 60 | 11 (22) | 2.6 | 0.60 (30) |
| 99214 | 49 | | 2 | |
| 99205 | 85 | 15 (21) | 3.5 | 0.70 (25) |
| 99215 | 70 | | 2.8 | |

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. Code 99202 is not typically reported with another code on the same date of service (source: Medicare 5% file, 99202 billed alone 60% of time).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99202

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

Specialty Dermatology How often? Commonly

Specialty Podiatry How often? Commonly

Specialty NP/PA How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 8164680

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume * 3

| | | |
|-----------------------|-------------------|--------------------|
| Specialty Dermatology | Frequency 1975036 | Percentage 24.18 % |
|-----------------------|-------------------|--------------------|

| | | |
|--------------------|------------------|--------------------|
| Specialty Podiatry | Frequency 971597 | Percentage 11.90 % |
|--------------------|------------------|--------------------|

| | | |
|-----------------|-------------------|--------------------|
| Specialty NP/PA | Frequency 1525162 | Percentage 18.67 % |
|-----------------|-------------------|--------------------|

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,721,560 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume

| | | |
|-----------------------|------------------|--------------------|
| Specialty Dermatology | Frequency 658345 | Percentage 24.18 % |
|-----------------------|------------------|--------------------|

| | | |
|--------------------|------------------|--------------------|
| Specialty Podiatry | Frequency 323866 | Percentage 11.90 % |
|--------------------|------------------|--------------------|

| | | |
|-----------------|------------------|--------------------|
| Specialty NP/PA | Frequency 508387 | Percentage 18.67 % |
|-----------------|------------------|--------------------|

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

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 99202

If this code is a new/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: 99203 | Tracking Number F2 | Original Specialty Recommended RVU: 1.60 |
| | | Presented Recommended RVU: 1.60 |
| Global Period: XXX | Current Work RVU: 1.42 | RUC Recommended RVU: 1.60 |

CPT Descriptor: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making.
When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Office visit for a new patient with a stable chronic illness or acute uncomplicated injury.

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:

Description of Intra-Service Work:

Within 3 Days Prior to Visit:

Review prior medical records and data. Incorporate pertinent information into the medical record. Query the Prescription Monitoring Program (PMP), Health Information Exchange (HIE), and other registries, as required. Communicate with other members of the health care team regarding the visit.

Day of Visit:

Patient is confirmed. Review the medical history forms completed by the patient. Review vital signs obtained by clinical staff. Obtain a medically appropriate history, including pertinent components of HPI, review of systems, social history, family history, and allergies, and reconcile the patient's medications. Perform a medically appropriate examination. Synthesize the relevant history, physical examination, and data elements to formulate a differential diagnosis, diagnostic strategy and treatment plan (requiring low-complexity MDM). Discuss the treatment options with the patient and family, incorporating their values in the creation of the plan. Provide patient education and respond to questions from the patient and/or family. Electronically prescribe all chronic and new medications after verifying preferred pharmacy, making changes as needed based on payer formulary. Arrange for diagnostic testing and referral if necessary. Document the encounter in the medical record. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.

Within 7 Days After Visit:

Answer follow up questions from the patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur within seven days after the visit. Review and analyze interval testing results. Communicate results and plan modifications with the patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

| | | | | | |
|---|--|---|----------------|-----------------------------|-------------|
| RUC Meeting Date (mm/yyyy) | 04/2019 | | | | |
| Presenter(s): | Megan Adamson, MD, American Academy of Family Physicians (AAFP), Phillip Rogers, MD, American Academy of Hospice and Palliative Medicine (AAHPM), Marianna Spanaki, MD, PhD, American Academy of Neurology (AAN), Steve Krug, MD, American Academy of Pediatrics (AAP), Richard Wright, MD, American College of Cardiology (ACC), Bill Fox, MD, American College of Physicians (ACP), Audrey Chun, MD, American Geriatrics Society (AGS) | | | | |
| Specialty Society(ies): | AACE, AACU, AAD, AAFP, AAHPM, AAN, AANS/CNS, AAO, AAOHNS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACNS, ACOG, ACP, ACRh, ACS, AGA/ACG/ASGE, AGS, AMDA, ANA, AOA (Optometry), AOA (Osteopathic), APA (Psychiatry), APMA, ASAM, ASBMT, ASCO, ASCRS (Colon and Rectal), ASCRS (Cataract and Refractive), ASH, ASRS, ASSH, ATS, AUA, CHEST, ES, IDSA, NASS, RPA, SAGES, SCAL, SIR, STS, SVS | | | | |
| CPT Code: | 99203 | | | | |
| Sample Size: | 178360 | Resp N: | 1494 | Response: 0.8 % | |
| Description of Sample: | Each society selected a random sample, some choose to survey all their members, while other chose to survey a random pull between 1000 and 5000 from their US physician or QHP members. We have a separate spreadsheet with the total from each society available as a PDF. | | | | |
| | Low | 25th pctl | Median* | 75th pctl | High |
| Service Performance Rate | 0.00 | 10.00 | 50.00 | 200.00 | 20000.00 |
| Survey RVW: | 0.05 | 1.25 | 1.60 | 2.20 | 53.20 |
| Pre-Service Evaluation Time: | | | 0.00 | | |
| Pre-Service Positioning Time: | | | 0.00 | | |
| Pre-Service Scrub, Dress, Wait Time: | | | 0.00 | | |
| Intra-Service Time: | 2.00 | 30.00 | 40.00 | 53.00 | 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: | 99203 | Recommended Physician Work RVU: 1.60 | | |
| | | Specialty Recommended Pre-Service Time | Specialty Recommended Pre Time Package | Adjustments/Recommended Pre-Service Time |
| Pre-Service Evaluation Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Positioning Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Scrub, Dress, Wait Time: | | 0.00 | 0.00 | 0.00 |
| Intra-Service Time: | | 40.00 | | |

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

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:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99221 | XXX | 1.92 | RUC Time |

CPT Descriptor Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.

SECOND HIGHEST KEY REFERENCE SERVICE:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99232 | XXX | 1.39 | RUC Time |

CPT Descriptor Subsequent hospital 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 moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

KEY MPC COMPARISON CODES:

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

| MPC CPT Code 1 | Global | Work RVU | Time Source | Most Recent Medicare Utilization |
|----------------|--------|----------|-------------|-------------------------------------|
| 72158 | XXX | 2.29 | RUC Time | 255,396 |

CPT Descriptor 1 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar

| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Most Recent Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|---|
| 92004 | XXX | 1.82 | RUC Time | 2,278,700 |

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------------------|---------------|-----------------|--------------------|
| 99284 | XXX | 2.56 | RUC Time |

CPT Descriptor 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.

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: 175 % of respondents: 11.7 %

Number of respondents who choose 2nd Key Reference Code: 139 % of respondents: 9.3 %

TIME ESTIMATES (Median)

| | CPT Code: <u>99203</u> | Top Key Reference CPT Code: <u>99221</u> | 2nd Key Reference CPT Code: <u>99232</u> |
|---|-----------------------------------|---|---|
| Median Pre-Service Time | 0.00 | 10.00 | 10.00 |
| Median Intra-Service Time | 40.00 | 30.00 | 20.00 |
| Median Immediate Post-service Time | 0.00 | 10.00 | 10.00 |
| Median Critical Care Time | 0.0 | 0.00 | 0.00 |
| Median Other Hospital Visit Time | 0.0 | 0.00 | 0.00 |
| Median Discharge Day Management Time | 0.0 | 0.00 | 0.00 |
| Median Office Visit Time | 0.0 | 0.00 | 0.00 |
| Prolonged Services Time | 0.0 | 0.00 | 0.00 |
| Median Subsequent Observation Care Time | 0.0 | 0.00 | 0.00 |
| Median Total Time | 40.00 | 50.00 | 40.00 |
| Other time if appropriate | | | |

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

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

Top Key Reference Code**Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

| | | | | | |
|------------------------------|----|-----|-----|-----|----|
| Overall intensity/complexity | 0% | 14% | 66% | 18% | 1% |
|------------------------------|----|-----|-----|-----|----|

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The 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% | 72% | 15% |
|-----|-----|-----|

Technical Skill/Physical Effort**Less****Identical****More**

| | | | |
|--------------------------|-----|-----|-----|
| Technical skill required | 10% | 76% | 14% |
|--------------------------|-----|-----|-----|

| | | | |
|--------------------------|-----|-----|----|
| Physical effort required | 19% | 73% | 7% |
|--------------------------|-----|-----|----|

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

| | | |
|-----|-----|-----|
| 25% | 60% | 15% |
|-----|-----|-----|

2nd Key Reference Code**Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

| | | | | | |
|------------------------------|----|----|-----|-----|----|
| Overall intensity/complexity | 1% | 9% | 58% | 28% | 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

| | | |
|----|-----|-----|
| 6% | 67% | 27% |
|----|-----|-----|

Technical Skill/Physical Effort**Less****Identical****More**

| | | | |
|--------------------------|----|-----|-----|
| Technical skill required | 8% | 73% | 19% |
|--------------------------|----|-----|-----|

| | | | |
|--------------------------|-----|-----|-----|
| Physical effort required | 12% | 72% | 17% |
|--------------------------|-----|-----|-----|

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and

| | | |
|-----|-----|-----|
| 19% | 53% | 29% |
|-----|-----|-----|

- judgment of physician
- Estimated risk of malpractice suit with poor outcome

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an 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.

Compelling Evidence

The surveying societies convened an expert panel, (herein referred to as panel), to review the survey data and determine whether there is compelling evidence to justify an increase in work RVUs for the surveyed codes. The panel considered compelling evidence as a whole for all codes and then made work RVU recommendations on a code-by-code basis after reviewing the survey data. The panel determined that the following four compelling evidence standards were met:

- Evidence that incorrect assumptions were made in the previous valuation
 - Flawed mechanism or methodology used in previous valuations, for example, evidence that no pediatricians were consulted in assigning pediatric values or CMS/Other source codes
- Documentation in the peer-reviewed literature or other reliable data that:
 - Change in knowledge and technology
 - Patient population
- Evidence that technology has changed physician work

The basis for this determination is as follows:

Evidence that incorrect assumptions were made in the previous valuation of these services

During the 2005 five-year review the number of surveying specialties was very limited so many specialties that commonly perform office visits were not included. In fact, no surgical specialties participated in the survey, so their input was not included. Twenty surgical specialties participated in this survey and, as you can see by the summary data, the surgical specialty survey respondents report a higher median work RVU than primary care specialties.

Furthermore, the current work RVUs date to 2010 when CMS changed their values due to the deletion of the consult codes. CMS used a crosswalk/mathematical formula to derive these values and did not ask for the RUC to review the values. Importantly, even though the work RVUs were adjusted by CMS, the times were not adjusted.

Change in knowledge and technology

Electronic Health Records

According to NAMCS data, in 2015, 76% of all practices used electronic health records exclusively, 11% used them partially, and 12% used only paper records. In 2008 the corresponding numbers were 29%, 17%, and 53%. All remarkable differences demonstrating that the technology used to deliver office-based care has changed dramatically. This is confirmed by the CDC which estimates that use of an EHR increased from 35% in 2007 to 87% in 2015.¹ The EHR contains more data than paper records and all of it must be reviewed including for drug-drug and, with increasing use of homeopathic substances, drug substance interactions.

¹ Other citations supporting the change in technology include:

<https://journals.stfm.org/familymedicine/2018/february/young-2017-0121/>

<https://ehrintelligence.com/news/physician-ehr-use-workload-trumping-face-time-with-patients>

Explosion in the Number of Guidelines, Appropriate Use Criteria, and Requirements for Prior Authorization

In 2006, the National Guideline Clearinghouse, created by the U.S. Agency for Healthcare Research and Quality (AHRQ) listed on its website about two thousand guidelines.² In 2012, there were 7,508 clinical practice guidelines, and thousands are produced annually.³ Under the law, physicians must consult and follow Medicare approved appropriate use criteria when they are considering ordering advanced imaging tests.

The number of Medicare Advantage and commercial payers who require prior authorization for many services is rapidly increasing and Medicare is in the process of publishing regulations which will allow a huge expansion of prior authorization by Medicare Advantage plans for Part B drugs which will affect all physicians and increase the post visit physician time significantly.

Explosion of Genomic Information and the Internet

The increasing availability of genomic information, including patient obtained genomic data which they bring to the office, increases the complexity of office visits. Therefore, a working understanding of the underlying concepts of genetic disease is increasingly necessary for today's practicing physician, and routine office practice requires integration of these fundamental concepts for use in accurate diagnosis and ensuring appropriate referrals for patients with genetic disease and their families. In addition, genomic information has become integral to the selection of treatment in a variety of disease conditions, adding a new dimension to disease management.⁴ Indeed, some patients anticipate an ongoing role for their primary care physician after receiving genetic test results.⁵ All of this expands the knowledge base required for each E/M service since this information must be integrated with the traditional cognitive base.

The expanded use of the internet and expanded resources that patient's access on the internet is completely new and it is typical that time must be spent discussing patient obtained information which increases the complexity of the office visit.

The Amount and Complexity of Data to be Reviewed is Increasing

There is more data to review at each visit. This includes data from lab tests, imaging, and EKGs. The number of lab tests performed has increased dramatically. For example, the NAMCS data shows that the number of glycohemoglobins obtained at one visit jumped from 3.5% to 7% between 2008 and 2015; comprehensive metabolic panels were obtained at 11% of visits in 2015 but were not ordered with sufficient frequency to make the list in 2008. The number of EKGs performed at a visit rose from 3% to 4% during that same period.

Change in the Patient Population

The number of diagnoses that appear on Medicare claims for office visits (based on the 5% file) has increased, dramatically from 2006 to 2016.

| CPT Code | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2016 vs. 2006 |
|----------|------|------|------|------|------|------|------|------|------|------|------|---------------|
| 99201 | 1.64 | 1.65 | 1.65 | 1.66 | 1.63 | 1.65 | 1.66 | 1.72 | 1.77 | 1.81 | 1.90 | 15% |
| 99202 | 1.88 | 1.91 | 1.93 | 1.95 | 1.91 | 1.93 | 1.97 | 2.02 | 2.08 | 2.12 | 2.27 | 21% |
| 99203 | 2.07 | 2.10 | 2.13 | 2.17 | 2.09 | 2.14 | 2.20 | 2.26 | 2.33 | 2.39 | 2.54 | 23% |
| 99204 | 2.44 | 2.49 | 2.55 | 2.58 | 2.41 | 2.48 | 2.56 | 2.65 | 2.74 | 2.83 | 3.02 | 24% |
| 99205 | 2.63 | 2.69 | 2.77 | 2.83 | 2.48 | 2.54 | 2.62 | 2.67 | 2.78 | 2.89 | 3.14 | 19% |
| 99211 | 1.59 | 1.60 | 1.63 | 1.67 | 1.69 | 1.72 | 1.73 | 1.74 | 1.78 | 1.80 | 1.86 | 17% |
| 99212 | 1.73 | 1.76 | 1.79 | 1.82 | 1.85 | 1.89 | 1.94 | 1.97 | 2.03 | 2.07 | 2.19 | 27% |
| 99213 | 2.09 | 2.13 | 2.17 | 2.21 | 2.26 | 2.30 | 2.38 | 2.42 | 2.49 | 2.56 | 2.73 | 31% |
| 99214 | 2.67 | 2.74 | 2.83 | 2.91 | 2.99 | 3.06 | 3.16 | 3.24 | 3.38 | 3.52 | 3.82 | 43% |

² <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1468-0009.2007.00505.x>

Accessed January 10, 2019

³ <http://www.annfammed.org/content/12/3/202.full>

Accessed January 10, 2019

⁴ Aronson, Samuel J. and Heidi L. Rehm. "Building the foundation for genomics in precision medicine." *Nature*. 2015 October 15; 526(7573): 336–342.

⁵ Miller, Fiona A. et al. "The primary care physician role in cancer genetics: a qualitative study of patient experience." *Family Practice* 2010; 27:563–569.

| | | | | | | | | | | | | |
|-------|------|------|------|------|------|------|------|------|------|------|------|-----|
| 99215 | 2.84 | 2.91 | 3.00 | 3.10 | 3.16 | 3.19 | 3.29 | 3.37 | 3.53 | 3.70 | 4.11 | 44% |
|-------|------|------|------|------|------|------|------|------|------|------|------|-----|

The NAMCS survey data reveals, among other things, the following changes in the patient population seen during office visits:

In 2015, 31% of office visits were for patients over the age of 65, in 2008 that number was 27%.

In 2015 the primary reason for the visit included “medication” 3.6%, “counseling” 2.7%, Diabetes 1.3%, while in 2008 medication related visits accounted for only 2.2% of visits, counseling related visits comprised only 1.3% of visits, and diabetes related visits didn’t even make the list. This is a 50% increase in medication related visits, more than a doubling of counseling related visits and a huge increase in diabetes related visits.

The primary organ system diagnosis has also changed substantially. In 2008 the two organ system diagnosis was disorders of the respiratory system (10%), while in 2015 the top system was diseases of the musculoskeletal and connective tissue (11%). In addition, mental disorders were the primary diagnoses 4.2% of the time in 2008 but 6.0% of the time in 2015, a 50% increase.

Primary disease specific diagnoses have also changed: From 2008-15, arthropathy rose from 3% to 4.7% of visits (over a 50% increase); spine disorders rose from 2.5% to 3.8%; and acute respiratory illness fell from 3.1% to 2.5% (a 16% decrease). Furthermore, the existence of diabetes as a chronic condition during an office visit has increased from 15%, 21%, 19 % to 20%, 27%, and 24% in the age groups 45-64, 65-74, and 75 and over, respectively. This is all evidence of the increased number of patients seen with chronic conditions as opposed to acute conditions and this has dramatically changed how practice and care are delivered.

Evidence that technology has changed physician work

The use of EHR’s has increased physician work by increasing the time physician spend documenting the medical record. In 2016, it was estimated that for every hour spent with patients, physicians spend 2 hours on EHR and desk work, according to an *Annals of Internal Medicine* study.⁶ In a New England Journal of Medicine article, based on observation, 49% of physicians’ office hours were spent on EHR and desk work while 27% was spent directly with patients. When meeting with patients, physicians spent 37% of their time on EHR and desk work. After office hours, physicians worked a mean of 1.5 hours per day, with most of that time dedicated to EHR tasks.⁷

Code Level Recommendations

Overview

The surveying specialties convened a panel to review all the office visit codes and the new prolonged services code. The panel met by conference call on three occasions and reviewed the survey data. As a general matter, the panel noted that these codes can be billed based on time spent on the date of the visit or on medical decision-making and that history and physical is no longer required except that it is expected that an “appropriate” history and physical is performed during the visit. When codes are billed based on time there are specific time requirements (e.g., 45-59 minutes for 99204). Furthermore, the time used to report these codes is based entirely on the total time spent with the patient on the day of service (i.e., the sum of face-to-face and non-face-to-face time that day). However, importantly, the work value for the code is based on the entire time spent by the physician from three days before the visit to seven days after the visit. Each respondent reported three different times: the time spent for the three days before the date of the visit, the time spent on the date of the visit, and the time spent for the seven days after the visit. These three times were summed, and a total time determined for each respondent. The median total time was determined by taking the median of these summed times. It was not determined by taking the sum of the medians for pre date of service time, date of service time, and postdate of service time. This means that the median “total time” does NOT necessarily equal the sum of the median times for the pre-date/date of service/postdate or service median times. This needs to be kept in mind when reviewing the recommendations for each code which focus on the total times and, when appropriate, the date of service times. The panel determined that the most accurate time for evaluating the work was the total time not the time on the date of the visit. This is because the typical time spent by different specialties during those three time periods could vary significantly and that the total time was more accurate and would be more comparable across specialties. The panel also noted that because of this, the time spent on the date of service is different than the current intraservice times so that in evaluating the surveyed times, the most fitting comparison was to the total times of the current codes and the comparator codes.

With respect to the overall analysis, the panel was concerned that use of IWP/PUT as a metric to evaluate the survey results was inappropriate because of (1) the differences between E/M services and services with global periods of 10 and 90 days, (2) the short overall service times and, (3) the shift from the pre/intra/post service paradigm to pre-date/date of service/post-date of service times. The panel also considered whether W/PUT was an appropriate metric to evaluate the survey results. After a discussion, the panel

⁶ <https://annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties?doi=10.7326%2fM16-0961>

⁷ <https://www.jwatch.org/fw111995/2016/09/06/half-physician-time-spent-ehrs-and-paperwork>

agreed that WPUT could be used to identify codes with a high RVU (e.g., a WPUT of 0.6 would be an outlier for E/M services) but not to determine whether an RVU for a code within the “typical” range of E/M WPUT was appropriate or not.

As a general matter, the panel noted that over 80% of the respondents agreed that the vignettes were typical for each code and there was no significant variation among primary care, surgical, or medical specialists. For example, the lowest percent finding a vignette typical was the grouping identified as “primary care” for 99214 where 74% of respondents thought the vignette was typical.

The panel also noted that there were well over 1000 respondents for each code and that primary care, surgery, and medicine were well represented for each survey. The panel also noted that all the surveys had bell shaped curves and that the 25th and 75th percentiles were appropriately spaced from the median. In addition, review of the complexity/intensity measures showed, for each code that the respondents thought the survey code was as or more complex than the key reference surveys and were consistent with the survey median RVU for all of the codes.

The panel also had an opportunity to validate the survey times for all codes. This is because a time-motion study of family physicians was published in February 2018.⁸ Family physicians were directly observed to determine the total time the physician spent, including time spent before seeing the patient, time spent with the patient, and time spent after the visit was over. The study included 982 visits in 10 clinics. The data showed that family physicians spent on average 35.8 minutes per patient total time. The panel was able to obtain Medicare utilization data for family practice for CPT codes 99201-99215. The panel multiplied that utilization by the survey median time for family physicians only for each code and summed those amounts across all codes. That number was divided by the total utilization to obtain a mean total time per the survey. This calculation yielded a mean time of 38.5 minutes. The panel believes that the variance of only 7% validates the survey times especially because family practice comprised approximately 50% of the respondents for all the surveys.

Most importantly the panel noted that respondents from every specialty that participated in the survey agreed that the current times and work RVUs for every code were too low. In fact, respondents from surgical specialties found the codes to be more undervalued than the primary care respondents.

Lastly, the panel notes the following with respect to E/M visits included in services with a global period: Historically, CMS has incorporated changes in the work RVUs to E/M services into services which have E/M visits included in the global period (e.g., 10 and 90 day surgical globals, obstetric care). This has happened three times, most recently in 2010. The panel is aware of this history and expect CMS will continue this practice with respect to changes in work RVUs, if any, that are recommended by the RUC.

The following code level recommendations are being made by the panel:

CPT 99203

There were 1494 respondents, 87% of whom found the vignette to be typical. The survey median times and work RVU were 5/25/5/40/1.60 as compared to the current 4/20/5/29/1.42. The two key reference services were 99221, Initial hospital care with problems that are of low severity, with times and work RVU of 10/30/10/50/1.92 and 99232, Subsequent hospital care which is reported when patients are not responding to therapy or have developed a complication, with times and work RVU of 10/20/10/40/1.39. The panel also reviewed 72158, MRI spina canal and contents with and without contrast, lumbar, with times and work RVU of 5/25/5/25/2.29 and 92004, Ophthalmological services, comprehensive, new patient, with times and work RVU of 5/25/10/40/1.82 and 99284, Emergency department visit for patient with high severity problems requiring urgent evaluation with times and work RVU of 5/25/10/40/2.56. The panel also observed that the survey was robust, and the median time had great face validity, there was no significant variation among specialties, and was 38% higher than the current time. This alone supported the survey median work RVU which is only an increase of 13%. The median work RVU also placed 99203 in proper rank order to 99221 and 92004. The panel also noted that 99232 has the same total time but is reported for an established patient and 99203 is for a new patient. The panel is recommending the survey median work RVU of 1.60 and total time of 40 minutes

Relativity Within the Office Visit Code Set

The panel reviewed the relativity of the median work RVUs of the survey codes within each family and between the two families and found them to place the codes in proper rank order. In fact, the median survey total times and work RVUs increases for each progressively more complex code in each family was remarkably concordant as was the difference in median total times and work RVUs between the comparable new and established patient codes (e.g., 99205 vs. 99215). The data is as follows:

The survey median total time for 99203 is 82% higher than the survey median total time for 99202 and the survey median work RVU for 99203 is 60% higher than that of 99202.

⁸ A Time-Motion Study of Primary Care Physicians' Work in the Electronic Health Record Era. R Young, et al. Family Medicine. Vol. 50. No. 2. February 2018: 91-99.

The survey median total time for 99204 is 50% higher than the survey median total time for 99203 and the survey median work RVU for 99204 is 62.5% higher than the survey median for 99203.

The survey median total time for 99205 is 42% higher than the survey median total time for 99204 and the survey median work RVU for 99205 is 35% higher than the survey median for 99204.

The survey median total time for 99213 is 67% higher than the survey median total time for 99212 and the survey median work RVU for 99213 is 73% higher than the survey median for 99212.

The survey median total time for 99214 is 63% higher than the survey median total time for 99213 and the survey median work RVU for 99214 is 54% higher than the survey median for 99213.

The survey median total time for 99215 is 43% higher than the survey median time for 99214 and the survey median work RVU for 99215 is 40% higher than the survey median for 99214.

The median survey total time for 99205 is 21% more than the median survey total time for 99215 and the survey median work RVU for 99205 is 25% higher than the survey median work RVU for 99215.

The survey median total time for 99204 is 22% higher than the survey median total time for 99214 and the survey median work RVU for 99204 is 30% higher than the survey median work RVU for 99214.

The survey median total time for 99203 is 33% higher than the survey median total time for 99213 and the survey median work RVU for 99203 is 23% higher than the survey median for 99213.

The survey median total time for 99202 is 22% higher than the survey median total time for 99212 and the survey median work RVU for 99202 is 33% higher than the survey median work RVU for 99212.

| Code | Median Survey Total Time (minutes) | Difference in Total Time (Percent) From Next Lower Code | Median Survey Work RVU | Difference in Median Work RVU (Percent) From Next Lower Code |
|-------|------------------------------------|--|------------------------|---|
| 99202 | 22 | | 1 | |
| 99203 | 40 | 18 (82) | 1.6 | 0.60 (60) |
| 99204 | 60 | 20 (50) | 2.6 | 1.00 (62.5) |
| 99205 | 85 | 25 (42) | 3.5 | 0.90 (35) |
| 99212 | 18 | | 0.75 | |
| 99213 | 30 | 12 (67) | 1.3 | 0.55 (73) |
| 99214 | 49 | 19 (63) | 2 | 0.70 (54) |
| 99215 | 70 | 21 (43) | 2.8 | 0.80 (40) |
| | | Difference in Total Time (Percent) Between New and Established Visit Codes of Same Level | | Difference in Median Work RVU (Percent) Between New and Established Visit Codes of Same Level |
| 99202 | 22 | 4 (22) | 1 | 0.25 (33) |
| 99212 | 18 | | 0.75 | |
| 99203 | 40 | 10 (33) | 1.6 | 0.30 (23) |
| 99213 | 30 | | 1.3 | |
| 99204 | 60 | 11 (22) | 2.6 | 0.60 (30) |
| 99214 | 49 | | 2 | |
| 99205 | 85 | 15 (21) | 3.5 | 0.70 (25) |

99215

70

2.8

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. Code 99203 is not typically reported with another code on the same date of service (source: Medicare 5% file, 99203 billed alone 58% of time).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99203

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 Orthopedic Surgery How often? Commonly

Specialty Podiatry How often? Commonly

Specialty Otolaryngology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 33890883

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume * 3

Specialty Orthopedic Surgery Frequency 4615938 Percentage 13.61 %

Specialty Podiatry Frequency 3765277 Percentage 11.10 %

Specialty Otolaryngology Frequency 2850223 Percentage 8.40 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,296,961 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume

Specialty Orthopedic Surgery Frequency 1538646 Percentage 13.61 %

Specialty Podiatry Frequency 1255092 Percentage 11.10 %

Specialty Otolaryngology

Frequency 950074

Percentage 8.40 %

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

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Evaluation Management

BETOS Sub-classification:

Office visit

BETOS Sub-classification Level II:

New

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 99203

If this code is a new/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: 99204 | Tracking Number F3 | Original Specialty Recommended RVU: 2.60 |
| | | Presented Recommended RVU: 2.60 |
| Global Period: XXX | Current Work RVU: 2.43 | RUC Recommended RVU: 2.60 |

CPT Descriptor: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.
When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Office visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work:

Description of Intra-Service Work:

Within 3 Days Prior to Visit:

Review prior medical records and data. Incorporate pertinent information into the medical record. Query the Prescription Monitoring Program (PMP), Health Information Exchange (HIE), and other registries, as required. Communicate with other members of the health care team regarding the visit.

Day of Visit:

Patient is confirmed. Review the medical history forms completed by the patient. Review vital signs obtained by clinical staff. Obtain a medically appropriate history, including pertinent components of HPI, review of systems, social history, family history, and allergies, and reconcile the patient's medications. Perform a medically appropriate examination. Synthesize the relevant history, physical examination, and data elements to formulate one or more differential diagnoses, diagnostic strategies and treatment plans (requiring moderate-complexity MDM), consulting point of care resources as needed. Discuss the diagnoses, workup options, and treatment options (including the risks, complications and alternatives of medical and surgical treatments) with the patient and family, incorporating their values in the creation of the plan. Provide patient education and respond to questions from the patient and/or family. Electronically prescribe all chronic and new medications after verifying preferred pharmacy, making changes as needed based on payer formulary. Arrange diagnostic testing and referral if necessary. Document the encounter in the medical record, spending time to further refine the differential diagnosis, workup, or treatment plan as necessary. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Coordinate care by discussing the case with other physicians and members of the health care team and write letters of referral if necessary. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.

Within 7 Days After Visit:

Answer follow up questions from the patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur within seven days after the visit. Review and analyze interval testing results and refine the differential diagnosis, workup, and treatment plan based on these results. Order additional testing based on these

results. Communicate results and plan modifications with the patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

| | | | | | |
|---|--|--------------------------------------|----------------|-----------------------------|-------------------|
| RUC Meeting Date (mm/yyyy) | 04/2019 | | | | |
| Presenter(s): | Megan Adamson, MD, American Academy of Family Physicians (AAFP), Phillip Rogers, MD, American Academy of Hospice and Palliative Medicine (AAHPM), Marianna Spanaki, MD, PhD, American Academy of Neurology (AAN), Steve Krug, MD, American Academy of Pediatrics (AAP), Richard Wright, MD, American College of Cardiology (ACC), Bill Fox, MD, American College of Physicians (ACP), Audrey Chun, MD, American Geriatrics Society (AGS) | | | | |
| Specialty Society(ies): | AACE, AACU, AAD, AAFP, AAHPM, AAN, AANS/CNS, AAO, AAOHNS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACNS, ACOG, ACP, ACRh, ACS, AGA/ACG/ASGE, AGS, AMDA, ANA, AOA (Optometry), AOA (Osteopathic), APA (Psychiatry), APMA, ASAM, ASBMT, ASCO, ASCRS (Colon and Rectal), ASCRS (Cataract and Refractive), ASH, ASRS, ASSH, ATS, AUA, CHEST, ES, IDSA, NASS, RPA, SAGES, SCAL, SIR, STS, SVS | | | | |
| CPT Code: | 99204 | | | | |
| Sample Size: | 178360 | Resp N: | 1622 | Response: 0.9 % | |
| Description of Sample: | Each society selected a random sample, some choose to survey all their members, while other chose to survey a random pull between 1000 and 5000 from their US physician or QHP members. We have a separate spreadsheet with the total from each society available as a PDF. | | | | |
| | Low | 25th pctl | Median* | 75th pctl | High |
| Service Performance Rate | 0.00 | 12.00 | 50.00 | 200.00 | 3000.00 |
| Survey RVW: | 0.08 | 2.00 | 2.60 | 3.24 | 386.00 |
| Pre-Service Evaluation Time: | | | 0.00 | | |
| Pre-Service Positioning Time: | | | 0.00 | | |
| Pre-Service Scrub, Dress, Wait Time: | | | 0.00 | | |
| Intra-Service Time: | 3.00 | 45.00 | 60.00 | 80.00 | 1049.00 |
| 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: | 99204 | Recommended Physician Work RVU: 2.60 | | |
| | | Specialty Recommended Pre-Service Time | Specialty Recommended Pre Time Package | Adjustments/Recommended Pre-Service Time |
| Pre-Service Evaluation Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Positioning Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Scrub, Dress, Wait Time: | | 0.00 | 0.00 | 0.00 |
| Intra-Service Time: | | 60.00 | | |

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

XXX Global Code

| | Specialty Recommended Post-Service Time | Specialty Recommended Post Time Package | Adjustments/Recommended Post-Service Time |
|------------------------------|---|---|--|
| Immediate Post Service-Time: | 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:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99234 | XXX | 2.56 | RUC Time |

CPT Descriptor Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.

SECOND HIGHEST KEY REFERENCE SERVICE:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99219 | XXX | 2.60 | RUC Time |

CPT Descriptor Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

KEY MPC COMPARISON CODES:

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

| MPC CPT Code 1 | Global | Work RVU | Time Source | Most Recent Medicare Utilization |
|----------------|--------|----------|-------------|-------------------------------------|
|----------------|--------|----------|-------------|-------------------------------------|

99336 XXX 2.46 RUC Time CPT Code: 99204
1,438,435

CPT Descriptor 1 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.

| | | | | |
|-----------------------|---------------|-----------------|--------------------|---|
| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Most Recent Medicare Utilization</u> |
| 99349 | XXX | 2.33 | RUC Time | 1,134,545 |

CPT Descriptor 2 Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 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> |
| | | 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: 206 % of respondents: 12.7 %

Number of respondents who choose 2nd Key Reference Code: 192 % of respondents: 11.8 %

TIME ESTIMATES (Median)

| | CPT Code: <u>99204</u> | Top Key Reference CPT Code: <u>99234</u> | 2nd Key Reference CPT Code: <u>99219</u> |
|---|---------------------------|---|---|
| Median Pre-Service Time | 0.00 | 14.00 | 10.00 |
| Median Intra-Service Time | 60.00 | 40.00 | 40.00 |
| Median Immediate Post-service Time | 0.00 | 15.00 | 14.50 |
| Median Critical Care Time | 0.0 | 0.00 | 0.00 |
| Median Other Hospital Visit Time | 0.0 | 0.00 | 0.00 |
| Median Discharge Day Management Time | 0.0 | 0.00 | 0.00 |
| Median Office Visit Time | 0.0 | 0.00 | 0.00 |
| Prolonged Services Time | 0.0 | 0.00 | 0.00 |
| Median Subsequent Observation Care Time | 0.0 | 0.00 | 0.00 |
| Median Total Time | 60.00 | 69.00 | 64.50 |
| 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.

| <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% | 51% | 34% | 9% |

| <u>Mental Effort and Judgment</u> | <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 | 5% | 58% | 37% |

| <u>Technical Skill/Physical Effort</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| Technical skill required | 8% | 67% | 26% |
| Physical effort required | 15% | 61% | 25% |

| <u>Psychological Stress</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| <ul style="list-style-type: none"> The risk 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% | 50% | 41% |

| <u>2nd 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% | 56% | 32% | 6% |

| <u>Mental Effort and Judgment</u> | <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% | 72% | 24% |

| <u>Technical Skill/Physical Effort</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| Technical skill required | 6% | 77% | 17% |
| Physical effort required | 11% | 76% | 13% |

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

13%

53%

35%

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.

Compelling Evidence

The surveying societies convened an expert panel, (herein referred to as panel), to review the survey data and determine whether there is compelling evidence to justify an increase in work RVUs for the surveyed codes. The panel considered compelling evidence as a whole for all codes and then made work RVU recommendations on a code-by-code basis after reviewing the survey data. The panel determined that the following four compelling evidence standards were met:

- Evidence that incorrect assumptions were made in the previous valuation
 - Flawed mechanism or methodology used in previous valuations, for example, evidence that no pediatricians were consulted in assigning pediatric values or CMS/Other source codes
- Documentation in the peer-reviewed literature or other reliable data that:
 - Change in knowledge and technology
 - Patient population
- Evidence that technology has changed physician work

The basis for this determination is as follows:

Evidence that incorrect assumptions were made in the previous valuation of these services

During the 2005 five-year review the number of surveying specialties was very limited so many specialties that commonly perform office visits were not included. In fact, no surgical specialties participated in the survey, so their input was not included. Twenty surgical specialties participated in this survey and, as you can see by the summary data, the surgical specialty survey respondents report a higher median work RVU than primary care specialties.

Furthermore, the current work RVUs date to 2010 when CMS changed their values due to the deletion of the consult codes. CMS used a crosswalk/mathematical formula to derive these values and did not ask for the RUC to review the values. Importantly, even though the work RVUs were adjusted by CMS, the times were not adjusted.

Change in knowledge and technology**Electronic Health Records**

According to NAMCS data, in 2015, 76% of all practices used electronic health records exclusively, 11% used them partially, and 12% used only paper records. In 2008 the corresponding numbers were 29%, 17%, and 53%. All remarkable differences demonstrating that the technology used to deliver office-based care has changed dramatically. This is confirmed by the CDC which

estimates that use of an EHR increased from 35% in 2007 to 87% in 2015.¹ The EHR contains more data than paper records and all of it must be reviewed including for drug-drug and, with increasing use of homeopathic substances, drug substance interactions.

Explosion in the Number of Guidelines, Appropriate Use Criteria, and Requirements for Prior Authorization

In 2006, the National Guideline Clearinghouse, created by the U.S. Agency for Healthcare Research and Quality (AHRQ) listed on its website about two thousand guidelines.² In 2012, there were 7,508 clinical practice guidelines, and thousands are produced annually.³ Under the law, physicians must consult and follow Medicare approved appropriate use criteria when they are considering ordering advanced imaging tests.

The number of Medicare Advantage and commercial payers who require prior authorization for many services is rapidly increasing and Medicare is in the process of publishing regulations which will allow a huge expansion of prior authorization by Medicare Advantage plans for Part B drugs which will affect all physicians and increase the post visit physician time significantly.

Explosion of Genomic Information and the Internet

The increasing availability of genomic information, including patient obtained genomic data which they bring to the office, increases the complexity of office visits. Therefore, a working understanding of the underlying concepts of genetic disease is increasingly necessary for today's practicing physician, and routine office practice requires integration of these fundamental concepts for use in accurate diagnosis and ensuring appropriate referrals for patients with genetic disease and their families. In addition, genomic information has become integral to the selection of treatment in a variety of disease conditions, adding a new dimension to disease management.⁴ Indeed, some patients anticipate an ongoing role for their primary care physician after receiving genetic test results.⁵ All of this expands the knowledge base required for each E/M service since this information must be integrated with the traditional cognitive base.

The expanded use of the internet and expanded resources that patient's access on the internet is completely new and it is typical that time must be spent discussing patient obtained information which increases the complexity of the office visit.

The Amount and Complexity of Data to be Reviewed is Increasing

There is more data to review at each visit. This includes data from lab tests, imaging, and EKGs. The number of lab tests performed has increased dramatically. For example, the NAMCS data shows that the number of glycohemoglobins obtained at one visit jumped from 3.5% to 7% between 2008 and 2015; comprehensive metabolic panels were obtained at 11% of visits in 2015 but were not ordered with sufficient frequency to make the list in 2008. The number of EKGs performed at a visit rose from 3% to 4% during that same period.

Change in the Patient Population

The number of diagnoses that appear on Medicare claims for office visits (based on the 5% file) has increased, dramatically from 2006 to 2016.

| CPT Code | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2016 vs. 2006 |
|----------|------|------|------|------|------|------|------|------|------|------|------|---------------|
| 99201 | 1.64 | 1.65 | 1.65 | 1.66 | 1.63 | 1.65 | 1.66 | 1.72 | 1.77 | 1.81 | 1.90 | 15% |
| 99202 | 1.88 | 1.91 | 1.93 | 1.95 | 1.91 | 1.93 | 1.97 | 2.02 | 2.08 | 2.12 | 2.27 | 21% |
| 99203 | 2.07 | 2.10 | 2.13 | 2.17 | 2.09 | 2.14 | 2.20 | 2.26 | 2.33 | 2.39 | 2.54 | 23% |
| 99204 | 2.44 | 2.49 | 2.55 | 2.58 | 2.41 | 2.48 | 2.56 | 2.65 | 2.74 | 2.83 | 3.02 | 24% |
| 99205 | 2.63 | 2.69 | 2.77 | 2.83 | 2.48 | 2.54 | 2.62 | 2.67 | 2.78 | 2.89 | 3.14 | 19% |

¹ Other citations supporting the change in technology include:

<https://journals.stfm.org/familymedicine/2018/february/young-2017-0121/>

<https://ehrintelligence.com/news/physician-ehr-use-workload-trumping-face-time-with-patients>

² <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1468-0009.2007.00505.x>

Accessed January 10, 2019

³ <http://www.annfammed.org/content/12/3/202.full>

Accessed January 10, 2019

⁴ Aronson, Samuel J. and Heidi L. Rehm. "Building the foundation for genomics in precision medicine." *Nature*. 2015 October 15; 526(7573): 336–342.

⁵ Miller, Fiona A. et al. "The primary care physician role in cancer genetics: a qualitative study of patient experience." *Family Practice* 2010; 27:563–569.

| | | | | | | | | | | | | |
|-------|------|------|------|------|------|------|------|------|------|------|------|-----|
| 99211 | 1.59 | 1.60 | 1.63 | 1.67 | 1.69 | 1.72 | 1.73 | 1.74 | 1.78 | 1.80 | 1.86 | 17% |
| 99212 | 1.73 | 1.76 | 1.79 | 1.82 | 1.85 | 1.89 | 1.94 | 1.97 | 2.03 | 2.07 | 2.19 | 27% |
| 99213 | 2.09 | 2.13 | 2.17 | 2.21 | 2.26 | 2.30 | 2.38 | 2.42 | 2.49 | 2.56 | 2.73 | 31% |
| 99214 | 2.67 | 2.74 | 2.83 | 2.91 | 2.99 | 3.06 | 3.16 | 3.24 | 3.38 | 3.52 | 3.82 | 43% |
| 99215 | 2.84 | 2.91 | 3.00 | 3.10 | 3.16 | 3.19 | 3.29 | 3.37 | 3.53 | 3.70 | 4.11 | 44% |

The NAMCS survey data reveals, among other things, the following changes in the patient population seen during office visits:

In 2015, 31% of office visits were for patients over the age of 65, in 2008 that number was 27%.

In 2015 the primary reason for the visit included “medication” 3.6%, “counseling” 2.7%, Diabetes 1.3%, while in 2008 medication related visits accounted for only 2.2% of visits, counseling related visits comprised only 1.3% of visits, and diabetes related visits didn’t even make the list. This is a 50% increase in medication related visits, more than a doubling of counseling related visits and a huge increase in diabetes related visits.

The primary organ system diagnosis has also changed substantially. In 2008 the two organ system diagnosis was disorders of the respiratory system (10%), while in 2015 the top system was diseases of the musculoskeletal and connective tissue (11%). In addition, mental disorders were the primary diagnoses 4.2% of the time in 2008 but 6.0% of the time in 2015, a 50% increase.

Primary disease specific diagnoses have also changed: From 2008-15, arthropathy rose from 3% to 4.7% of visits (over a 50% increase); spine disorders rose from 2.5% to 3.8%; and acute respiratory illness fell from 3.1% to 2.5% (a 16% decrease). Furthermore, the existence of diabetes as a chronic condition during an office visit has increased from 15%, 21%, 19 % to 20%, 27%, and 24% in the age groups 45-64, 65-74, and 75 and over, respectively. This is all evidence of the increased number of patients seen with chronic conditions as opposed to acute conditions and this has dramatically changed how practice and care are delivered.

Evidence that technology has changed physician work

The use of EHR’s has increased physician work by increasing the time physician spend documenting the medical record. In 2016, it was estimated that for every hour spent with patients, physicians spend 2 hours on EHR and desk work, according to an *Annals of Internal Medicine* study.⁶ In a New England Journal of Medicine article, based on observation, 49% of physicians' office hours were spent on EHR and desk work while 27% was spent directly with patients. When meeting with patients, physicians spent 37% of their time on EHR and desk work. After office hours, physicians worked a mean of 1.5 hours per day, with most of that time dedicated to EHR tasks.⁷

Code Level Recommendations

Overview

The surveying specialties convened a panel to review all the office visit codes and the new prolonged services code. The panel met by conference call on three occasions and reviewed the survey data. As a general matter, the panel noted that these codes can be billed based on time spent on the date of the visit or on medical decision-making and that history and physical is no longer required except that it is expected that an “appropriate” history and physical is performed during the visit. When codes are billed based on time there are specific time requirements (e.g., 45-59 minutes for 99204). Furthermore, the time used to report these codes is based entirely on the total time spent with the patient on the day of service (i.e., the sum of face-to-face and non-face-to-face time that day). However, importantly, the work value for the code is based on the entire time spent by the physician from three days before the visit to seven days after the visit. Each respondent reported three different times: the time spent for the three days before the date of the visit, the time spent on the date of the visit, and the time spent for the seven days after the visit. These three times were summed, and a total time determined for each respondent. The median total time was determined by taking the median of these summed times. It was not determined by taking the sum of the medians for pre date of service time, date of service time, and postdate of service time. This means that the median “total time” does NOT necessarily equal the sum of the median times for the pre-date/date of service/postdate or service median times. This needs to be kept in mind when reviewing the recommendations for each code which focus on the total times and, when appropriate, the date of service times. The panel determined that the most accurate time for evaluating the work was the total time not the time on the date of the visit. This is because the typical time spent by different specialties during those three time periods could vary significantly and that the total time was more accurate and would be more comparable across specialties. The panel also noted that because of this, the time spent on the date of service is different than the current intraservice times so that in evaluating the surveyed times, the most fitting comparison was to the total times of the current codes and the comparator codes.

⁶ <https://annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties?doi=10.7326%2fM16-0961>

⁷ <https://www.jwatch.org/fw111995/2016/09/06/half-physician-time-spent-ehrs-and-paperwork>

With respect to the overall analysis, the panel was concerned that use of IWPUP as a metric to evaluate the survey results was inappropriate because of (1) the differences between E/M services and services with global periods of 10 and 90 days, (2) the short overall service times and, (3) the shift from the pre/intra/post service paradigm to pre-date/date of service/post-date of service times. The panel also considered whether WPUT was an appropriate metric to evaluate the survey results. After a discussion, the panel agreed that WPUT could be used to identify codes with a high RVU (e.g., a WPUT of 0.6 would be an outlier for E/M services) but not to determine whether an RVU for a code within the “typical” range of E/M WPUT was appropriate or not.

As a general matter, the panel noted that over 80% of the respondents agreed that the vignettes were typical for each code and there was no significant variation among primary care, surgical, or medical specialists. For example, the lowest percent finding a vignette typical was the grouping identified as “primary care” for 99214 where 74% of respondents thought the vignette was typical.

The panel also noted that there were well over 1000 respondents for each code and that primary care, surgery, and medicine were well represented for each survey. The panel also noted that all the surveys had bell shaped curves and that the 25th and 75th percentiles were appropriately spaced from the median. In addition, review of the complexity/intensity measures showed, for each code that the respondents thought the survey code was as or more complex than the key reference surveys and were consistent with the survey median RVU for all of the codes.

The panel also had an opportunity to validate the survey times for all codes. This is because a time-motion study of family physicians was published in February 2018.⁸ Family physicians were directly observed to determine the total time the physician spent, including time spent before seeing the patient, time spent with the patient, and time spent after the visit was over. The study included 982 visits in 10 clinics. The data showed that family physicians spent on average 35.8 minutes per patient total time. The panel was able to obtain Medicare utilization data for family practice for CPT codes 99201-99215. The panel multiplied that utilization by the survey median time for family physicians only for each code and summed those amounts across all codes. That number was divided by the total utilization to obtain a mean total time per the survey. This calculation yielded a mean time of 38.5 minutes. The panel believes that the variance of only 7% validates the survey times especially because family practice comprised approximately 50% of the respondents for all the surveys.

Most importantly the panel noted that respondents from every specialty that participated in the survey agreed that the current times and work RVUs for every code were too low. In fact, respondents from surgical specialties found the codes to be more undervalued than the primary care respondents.

Lastly, the panel notes the following with respect to E/M visits included in services with a global period: Historically, CMS has incorporated changes in the work RVUs to E/M services into services which have E/M visits included in the global period (e.g., 10 and 90 day surgical globals, obstetric care). This has happened three times, most recently in 2010. The panel is aware of this history and expect CMS will continue this practice with respect to changes in work RVUs, if any, that are recommended by the RUC.

The following code level recommendations are being made by the panel:

CPT 99204

There were 1622 respondents of whom 86% found the vignette to be typical. The survey median times and work RVU were 10/40/10/60/2.60 as compared to the current 5/30/10/45/2.43. The key reference services were 99234, Observation/inpatient care, including admission/discharge, requiring medical decision making of straightforward or low level complexity, with times and work RVU of 14/40/15/69/2.56, and 99219, Initial observation care for patients with problems of moderate severity, with times and work RVU of 10/40/14.5/64.5/2.60. The panel noted that the survey total time of 60 minutes is a 33% increase over the current time while the median work RVU is only 7% higher than the current value. The panel noted that the median times and work RVU placed 99204 in the correct rank order with 99234 because while 99234 has more time, the complexity of medical decision making is lower; the same is true for 99219 which has an RVU identical to the survey median and practically identical total time. The panel also reviewed 99336, Domiciliary or rest home visit, established patient, with problems of moderate to high severity that has times and work RVU of 10/40/15/65/2.46, and 99349, Home visit, established patient, problems of moderate to high severity, with times and work RVU of 10/40/15/65/2.33. The panel notes that 99204 is a new patient which increases the intensity as compared to an established patient and determined that survey median times and work RVUs for 99204 place it in the proper rank order to those codes. Therefore, the expert panel recommends the survey median work RVU of 2.6 and the survey median total time of 60 minutes.

Relativity Within the Office Visit Code Set

The panel reviewed the relativity of the median work RVUs of the survey codes within each family and between the two families and found them to place the codes in proper rank order. In fact, the median survey total times and work RVUs increases for each

⁸ A Time-Motion Study of Primary Care Physicians' Work in the Electronic Health Record Era. R Young, et al. Family Medicine. Vol. 50. No. 2. February 2018: 91-99.

progressively more complex code in each family was remarkably concordant as was the difference in median total times and work RVUs between the comparable new and established patient codes (e.g., 99205 vs. 99215). The data is as follows:

The survey median total time for 99203 is 82% higher than the survey median total time for 99202 and the survey median work RVU for 99203 is 60% higher than that of 99202.

The survey median total time for 99204 is 50% higher than the survey median total time for 99203 and the survey median work RVU for 99204 is 62.5% higher than the survey median for 99203.

The survey median total time for 99205 is 42% higher than the survey median total time for 99204 and the survey median work RVU for 99205 is 35% higher than the survey median for 99204.

The survey median total time for 99213 is 67% higher than the survey median total time for 99212 and the survey median work RVU for 99213 is 73% higher than the survey median for 99212.

The survey median total time for 99214 is 63% higher than the survey median total time for 99213 and the survey median work RVU for 99214 is 54% higher than the survey median for 99213.

The survey median total time for 99215 is 43% higher than the survey median time for 99214 and the survey median work RVU for 99215 is 40% higher than the survey median for 99214.

The median survey total time for 99205 is 21% more than the median survey total time for 99215 and the survey median work RVU for 99205 is 25% higher than the survey median work RVU for 99215.

The survey median total time for 99204 is 22% higher than the survey median total time for 99214 and the survey median work RVU for 99204 is 30% higher than the survey median work RVU for 99214.

The survey median total time for 99203 is 33% higher than the survey median total time for 99213 and the survey median work RVU for 99203 is 23% higher than the survey median for 99213.

The survey median total time for 99202 is 22% higher than the survey median total time for 99212 and the survey median work RVU for 99202 is 33% higher than the survey median work RVU for 99212.

| Code | Median Survey Total Time (minutes) | Difference in Total Time (Percent) From Next Lower Code | Median Survey Work RVU | Difference in Median Work RVU (Percent) From Next Lower Code |
|-------|------------------------------------|--|------------------------|---|
| 99202 | 22 | | 1 | |
| 99203 | 40 | 18 (82) | 1.6 | 0.60 (60) |
| 99204 | 60 | 20 (50) | 2.6 | 1.00 (62.5) |
| 99205 | 85 | 25 (42) | 3.5 | 0.90 (35) |
| 99212 | 18 | | 0.75 | |
| 99213 | 30 | 12 (67) | 1.3 | 0.55 (73) |
| 99214 | 49 | 19 (63) | 2 | 0.70 (54) |
| 99215 | 70 | 21 (43) | 2.8 | 0.80 (40) |
| | | Difference in Total Time (Percent) Between New and Established Visit Codes of Same Level | | Difference in Median Work RVU (Percent) Between New and Established Visit Codes of Same Level |
| 99202 | 22 | 4 (22) | 1 | 0.25 (33) |
| 99212 | 18 | | 0.75 | |
| 99203 | 40 | 10 (33) | 1.6 | 0.30 (23) |

| | | | | |
|-------|----|---------|-----|-----------|
| 99213 | 30 | | 1.3 | |
| 99204 | 60 | 11 (22) | 2.6 | 0.60 (30) |
| 99214 | 49 | | 2 | |
| 99205 | 85 | 15 (21) | 3.5 | 0.70 (25) |
| 99215 | 70 | | 2.8 | |

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. Code 99204 is not typically reported with another code on the same date of service (source: Medicare 5% file, 99204 billed alone 66% of time).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99204

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiology How often? Commonly

Specialty Ophthalmology How often? Commonly

Specialty Internal Medicine How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 30521628

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume * 3

| | | |
|-----------------------------|-------------------|-------------------|
| Specialty Cardiology | Frequency 2420365 | Percentage 7.92 % |
| Specialty Ophthalmology | Frequency 2237235 | Percentage 7.32 % |
| Specialty Internal Medicine | Frequency 2218922 | Percentage 7.26 % |

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,173,876 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume

| | | |
|-----------------------------|------------------|-------------------|
| Specialty Cardiology | Frequency 806788 | Percentage 7.92 % |
| Specialty Ophthalmology | Frequency 745745 | Percentage 7.32 % |
| Specialty Internal Medicine | Frequency 739641 | Percentage 7.27 % |

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

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 99204

If this code is a new/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: 99205 | Tracking Number F4 | Original Specialty Recommended RVU: 3.50 |
| | | Presented Recommended RVU: 3.50 |
| Global Period: XXX | Current Work RVU: 3.17 | RUC Recommended RVU: 3.50 |

CPT Descriptor: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making.

When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.

(For services 75 minutes or longer, see Prolonged Services 99417)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Office visit for a new patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute illness/injury that poses a threat to life or bodily function.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work:

Description of Intra-Service Work:

Within 3 Days Prior to Visit:

Review prior medical records and data. Incorporate pertinent information into the medical record. Query the Prescription Monitoring Program (PMP), Health Information Exchange (HIE), and other registries, as required. Communicate with other members of the health care team regarding the visit.

Day of Visit:

Patient is confirmed. Review the medical history forms completed by the patient. Review vital signs obtained by the clinical staff. Obtain a medically appropriate history, including pertinent components of HPI, review of systems, social history, family history, and allergies, and reconcile the patient's medications. Perform a medically appropriate examination. Synthesize the relevant history, physical examination, and data elements to formulate one or more differential diagnoses, diagnostic strategies and treatment plans (requiring high-complexity MDM), consulting point of care resources as needed. Discuss the diagnoses, workup options, and treatment options (including the risks, complications and alternatives of medical and surgical treatments) with the patient and family incorporating their values in the creation of the plan. Provide patient education and respond to questions from the patient and/or family. Electronically prescribe all chronic and new medications after verifying preferred pharmacy, making changes as needed based on payer formulary. Arrange diagnostic testing and referral as necessary. Document the encounter in the medical record, spending time to further refine the differential diagnosis, workup, or treatment plan. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Coordinate care by discussing the case with other physicians and members of the health care team and write letters of referral if necessary. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.

Within 7 Days After Visit:

Answer follow up questions from the patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur within seven days after the visit. Review and analyze interval testing results and refine the differential diagnosis, workup, and treatment plan based on these results. Order additional testing based on these

results. Communicate results and plan modifications with the patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

| | | | | | |
|---|--|--------------------------------------|----------------|-----------------------------|-------------------|
| RUC Meeting Date (mm/yyyy) | 04/2019 | | | | |
| Presenter(s): | Megan Adamson, MD, American Academy of Family Physicians (AAFP), Phillip Rogers, MD, American Academy of Hospice and Palliative Medicine (AAHPM), Marianna Spanaki, MD, PhD, American Academy of Neurology (AAN), Steve Krug, MD, American Academy of Pediatrics (AAP), Richard Wright, MD, American College of Cardiology (ACC), Bill Fox, MD, American College of Physicians (ACP), Audrey Chun, MD, American Geriatrics Society (AGS) | | | | |
| Specialty Society(ies): | AACE, AACU, AAD, AAFP, AAHPM, AAN, AANS/CNS, AAO, AAOHNS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACNS, ACOG, ACP, ACRh, ACS, AGA/ACG/ASGE, AGS, AMDA, ANA, AOA (Optometry), AOA (Osteopathic), APA (Psychiatry), APMA, ASAM, ASBMT, ASCO, ASCRS (Colon and Rectal), ASCRS (Cataract and Refractive), ASH, ASRS, ASSH, ATS, AUA, CHEST, ES, IDSA, NASS, RPA, SAGES, SCAL, SIR, STS, SVS | | | | |
| CPT Code: | 99205 | | | | |
| Sample Size: | 178360 | Resp N: | 1472 | Response: 0.8 % | |
| Description of Sample: | Each society selected a random sample, some choose to survey all their members, while other chose to survey a random pull between 1000 and 5000 from their US physician or QHP members. We have a separate spreadsheet with the total from each society available as a PDF. | | | | |
| | Low | 25th pctl | Median* | 75th pctl | High |
| Service Performance Rate | 0.00 | 2.00 | 15.00 | 62.00 | 1512.00 |
| Survey RVW: | 0.15 | 2.80 | 3.50 | 4.00 | 99.99 |
| Pre-Service Evaluation Time: | | | 0.00 | | |
| Pre-Service Positioning Time: | | | 0.00 | | |
| Pre-Service Scrub, Dress, Wait Time: | | | 0.00 | | |
| Intra-Service Time: | 5.00 | 65.00 | 85.00 | 110.00 | 540.00 |
| 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: | 99205 | Recommended Physician Work RVU: 3.50 | | |
| | | Specialty Recommended Pre-Service Time | Specialty Recommended Pre Time Package | Adjustments/Recommended Pre-Service Time |
| Pre-Service Evaluation Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Positioning Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Scrub, Dress, Wait Time: | | 0.00 | 0.00 | 0.00 |
| Intra-Service Time: | | 85.00 | | |

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

XXX Global Code

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

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

Modifier -51 Exempt Status

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

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99223 | XXX | 3.86 | RUC Time |

CPT Descriptor Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of 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 problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.

SECOND HIGHEST KEY REFERENCE SERVICE:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99220 | XXX | 3.56 | RUC Time |

CPT Descriptor Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of 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 problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.

KEY MPC COMPARISON CODES:

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

| MPC CPT Code 1 | Global | Work RVU | Time Source | Most Recent Medicare Utilization |
|----------------|--------|----------|-------------|-------------------------------------|
| 99327 | XXX | 3.46 | RUC Time | 63,009 |

CPT Descriptor 1 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.

| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Most Recent Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|---|
| 99223 | XXX | 3.86 | RUC Time | 10,711,040 |

CPT Descriptor 2 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of 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 problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.

| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------------------|---------------|-----------------|--------------------|
| 90792 | XXX | 3.25 | RUC Time |

CPT Descriptor Psychiatric diagnostic evaluation with medical services

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: 280 % of respondents: 19.0 %

Number of respondents who choose 2nd Key Reference Code: 213 % of respondents: 14.4 %

TIME ESTIMATES (Median)

| | CPT Code: <u>99205</u> | Top Key Reference CPT Code: <u>99223</u> | 2nd Key Reference CPT Code: <u>99220</u> |
|---|-----------------------------------|---|---|
| Median Pre-Service Time | 0.00 | 15.00 | 15.00 |
| Median Intra-Service Time | 85.00 | 55.00 | 45.00 |
| Median Immediate Post-service Time | 0.00 | 20.00 | 15.00 |
| Median Critical Care Time | 0.0 | 0.00 | 0.00 |
| Median Other Hospital Visit Time | 0.0 | 0.00 | 0.00 |
| Median Discharge Day Management Time | 0.0 | 0.00 | 0.00 |
| Median Office Visit Time | 0.0 | 0.00 | 0.00 |
| Prolonged Services Time | 0.0 | 0.00 | 0.00 |
| Median Subsequent Observation Care Time | 0.0 | 0.00 | 0.00 |
| Median Total Time | 85.00 | 90.00 | 75.00 |
| 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% | 45% | 30% | 20% |

| <u>Mental Effort and Judgment</u> | <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% | 56% | 40% |

| <u>Technical Skill/Physical Effort</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| Technical skill required | 5% | 69% | 27% |
| Physical effort required | 11% | 66% | 23% |

| <u>Psychological Stress</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| <ul style="list-style-type: none"> The risk 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% |

| <u>2nd 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% | 47% | 35% | 12% |

| <u>Mental Effort and Judgment</u> | <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 | 5% | 58% | 37% |

| <u>Technical Skill/Physical Effort</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| Technical skill required | 6% | 71% | 23% |
| Physical effort required | 10% | 67% | 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

9%

46%

45%

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.

Compelling Evidence

The surveying societies convened an expert panel, (herein referred to as panel), to review the survey data and determine whether there is compelling evidence to justify an increase in work RVUs for the surveyed codes. The panel considered compelling evidence as a whole for all codes and then made work RVU recommendations on a code-by-code basis after reviewing the survey data. The panel determined that the following four compelling evidence standards were met:

- Evidence that incorrect assumptions were made in the previous valuation
 - Flawed mechanism or methodology used in previous valuations, for example, evidence that no pediatricians were consulted in assigning pediatric values or CMS/Other source codes
- Documentation in the peer-reviewed literature or other reliable data that:
 - Change in knowledge and technology
 - Patient population
- Evidence that technology has changed physician work

The basis for this determination is as follows:

Evidence that incorrect assumptions were made in the previous valuation of these services

During the 2005 five-year review the number of surveying specialties was very limited so many specialties that commonly perform office visits were not included. In fact, no surgical specialties participated in the survey, so their input was not included. Twenty surgical specialties participated in this survey and, as you can see by the summary data, the surgical specialty survey respondents report a higher median work RVU than primary care specialties.

Furthermore, the current work RVUs date to 2010 when CMS changed their values due to the deletion of the consult codes. CMS used a crosswalk/mathematical formula to derive these values and did not ask for the RUC to review the values. Importantly, even though the work RVUs were adjusted by CMS, the times were not adjusted.

Change in knowledge and technology**Electronic Health Records**

According to NAMCS data, in 2015, 76% of all practices used electronic health records exclusively, 11% used them partially, and 12% used only paper records. In 2008 the corresponding numbers were 29%, 17%, and 53%. All remarkable differences demonstrating that the technology used to deliver office-based care has changed dramatically. This is confirmed by the CDC which

estimates that use of an EHR increased from 35% in 2007 to 87% in 2015.¹ The EHR contains more data than paper records and all of it must be reviewed including for drug-drug and, with increasing use of homeopathic substances, drug substance interactions.

Explosion in the Number of Guidelines, Appropriate Use Criteria, and Requirements for Prior Authorization

In 2006, the National Guideline Clearinghouse, created by the U.S. Agency for Healthcare Research and Quality (AHRQ) listed on its website about two thousand guidelines.² In 2012, there were 7,508 clinical practice guidelines, and thousands are produced annually.³ Under the law, physicians must consult and follow Medicare approved appropriate use criteria when they are considering ordering advanced imaging tests.

The number of Medicare Advantage and commercial payers who require prior authorization for many services is rapidly increasing and Medicare is in the process of publishing regulations which will allow a huge expansion of prior authorization by Medicare Advantage plans for Part B drugs which will affect all physicians and increase the post visit physician time significantly.

Explosion of Genomic Information and the Internet

The increasing availability of genomic information, including patient obtained genomic data which they bring to the office, increases the complexity of office visits. Therefore, a working understanding of the underlying concepts of genetic disease is increasingly necessary for today's practicing physician, and routine office practice requires integration of these fundamental concepts for use in accurate diagnosis and ensuring appropriate referrals for patients with genetic disease and their families. In addition, genomic information has become integral to the selection of treatment in a variety of disease conditions, adding a new dimension to disease management.⁴ Indeed, some patients anticipate an ongoing role for their primary care physician after receiving genetic test results.⁵ All of this expands the knowledge base required for each E/M service since this information must be integrated with the traditional cognitive base.

The expanded use of the internet and expanded resources that patient's access on the internet is completely new and it is typical that time must be spent discussing patient obtained information which increases the complexity of the office visit.

The Amount and Complexity of Data to be Reviewed is Increasing

There is more data to review at each visit. This includes data from lab tests, imaging, and EKGs. The number of lab tests performed has increased dramatically. For example, the NAMCS data shows that the number of glycohemoglobins obtained at one visit jumped from 3.5% to 7% between 2008 and 2015; comprehensive metabolic panels were obtained at 11% of visits in 2015 but were not ordered with sufficient frequency to make the list in 2008. The number of EKGs performed at a visit rose from 3% to 4% during that same period.

Change in the Patient Population

The number of diagnoses that appear on Medicare claims for office visits (based on the 5% file) has increased, dramatically from 2006 to 2016.

| CPT Code | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2016 vs. 2006 |
|----------|------|------|------|------|------|------|------|------|------|------|------|---------------|
| 99201 | 1.64 | 1.65 | 1.65 | 1.66 | 1.63 | 1.65 | 1.66 | 1.72 | 1.77 | 1.81 | 1.90 | 15% |
| 99202 | 1.88 | 1.91 | 1.93 | 1.95 | 1.91 | 1.93 | 1.97 | 2.02 | 2.08 | 2.12 | 2.27 | 21% |
| 99203 | 2.07 | 2.10 | 2.13 | 2.17 | 2.09 | 2.14 | 2.20 | 2.26 | 2.33 | 2.39 | 2.54 | 23% |
| 99204 | 2.44 | 2.49 | 2.55 | 2.58 | 2.41 | 2.48 | 2.56 | 2.65 | 2.74 | 2.83 | 3.02 | 24% |
| 99205 | 2.63 | 2.69 | 2.77 | 2.83 | 2.48 | 2.54 | 2.62 | 2.67 | 2.78 | 2.89 | 3.14 | 19% |

¹ Other citations supporting the change in technology include:

<https://journals.stfm.org/familymedicine/2018/february/young-2017-0121/>

<https://ehrintelligence.com/news/physician-ehr-use-workload-trumping-face-time-with-patients>

² <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1468-0009.2007.00505.x>

Accessed January 10, 2019

³ <http://www.annfammed.org/content/12/3/202.full>

Accessed January 10, 2019

⁴ Aronson, Samuel J. and Heidi L. Rehm. "Building the foundation for genomics in precision medicine." *Nature*. 2015 October 15; 526(7573): 336–342.

⁵ Miller, Fiona A. et al. "The primary care physician role in cancer genetics: a qualitative study of patient experience." *Family Practice* 2010; 27:563–569.

| CPT Code: 99205 | | | | | | | | | | | | |
|-----------------|------|------|------|------|------|------|------|------|------|------|------|-----|
| 99211 | 1.59 | 1.60 | 1.63 | 1.67 | 1.69 | 1.72 | 1.73 | 1.74 | 1.78 | 1.80 | 1.86 | 17% |
| 99212 | 1.73 | 1.76 | 1.79 | 1.82 | 1.85 | 1.89 | 1.94 | 1.97 | 2.03 | 2.07 | 2.19 | 27% |
| 99213 | 2.09 | 2.13 | 2.17 | 2.21 | 2.26 | 2.30 | 2.38 | 2.42 | 2.49 | 2.56 | 2.73 | 31% |
| 99214 | 2.67 | 2.74 | 2.83 | 2.91 | 2.99 | 3.06 | 3.16 | 3.24 | 3.38 | 3.52 | 3.82 | 43% |
| 99215 | 2.84 | 2.91 | 3.00 | 3.10 | 3.16 | 3.19 | 3.29 | 3.37 | 3.53 | 3.70 | 4.11 | 44% |

The NAMCS survey data reveals, among other things, the following changes in the patient population seen during office visits:

In 2015, 31% of office visits were for patients over the age of 65, in 2008 that number was 27%.

In 2015 the primary reason for the visit included “medication” 3.6%, “counseling” 2.7%, Diabetes 1.3%, while in 2008 medication related visits accounted for only 2.2% of visits, counseling related visits comprised only 1.3% of visits, and diabetes related visits didn’t even make the list. This is a 50% increase in medication related visits, more than a doubling of counseling related visits and a huge increase in diabetes related visits.

The primary organ system diagnosis has also changed substantially. In 2008 the two organ system diagnosis was disorders of the respiratory system (10%), while in 2015 the top system was diseases of the musculoskeletal and connective tissue (11%). In addition, mental disorders were the primary diagnoses 4.2% of the time in 2008 but 6.0% of the time in 2015, a 50% increase.

Primary disease specific diagnoses have also changed: From 2008-15, arthropathy rose from 3% to 4.7% of visits (over a 50% increase); spine disorders rose from 2.5% to 3.8%; and acute respiratory illness fell from 3.1% to 2.5% (a 16% decrease). Furthermore, the existence of diabetes as a chronic condition during an office visit has increased from 15%, 21%, 19 % to 20%, 27%, and 24% in the age groups 45-64, 65-74, and 75 and over, respectively. This is all evidence of the increased number of patients seen with chronic conditions as opposed to acute conditions and this has dramatically changed how practice and care are delivered.

Evidence that technology has changed physician work

The use of EHR’s has increased physician work by increasing the time physician spend documenting the medical record. In 2016, it was estimated that for every hour spent with patients, physicians spend 2 hours on EHR and desk work, according to an *Annals of Internal Medicine* study.⁶ In a New England Journal of Medicine article, based on observation, 49% of physicians' office hours were spent on EHR and desk work while 27% was spent directly with patients. When meeting with patients, physicians spent 37% of their time on EHR and desk work. After office hours, physicians worked a mean of 1.5 hours per day, with most of that time dedicated to EHR tasks.⁷

Code Level Recommendations

Overview

The surveying specialties convened a panel to review all the office visit codes and the new prolonged services code. The panel met by conference call on three occasions and reviewed the survey data. As a general matter, the panel noted that these codes can be billed based on time spent on the date of the visit or on medical decision-making and that history and physical is no longer required except that it is expected that an “appropriate” history and physical is performed during the visit. When codes are billed based on time there are specific time requirements (e.g., 45-59 minutes for 99204). Furthermore, the time used to report these codes is based entirely on the total time spent with the patient on the day of service (i.e., the sum of face-to-face and non-face-to-face time that day). However, importantly, the work value for the code is based on the entire time spent by the physician from three days before the visit to seven days after the visit. Each respondent reported three different times: the time spent for the three days before the date of the visit, the time spent on the date of the visit, and the time spent for the seven days after the visit. These three times were summed, and a total time determined for each respondent. The median total time was determined by taking the median of these summed times. It was not determined by taking the sum of the medians for pre date of service time, date of service time, and postdate of service time. This means that the median “total time” does NOT necessarily equal the sum of the median times for the pre-date/date of service/postdate or service median times. This needs to be kept in mind when reviewing the recommendations for each code which focus on the total times and, when appropriate, the date of service times. The panel determined that the most accurate time for evaluating the work was the total time not the time on the date of the visit. This is because the typical time spent by different specialties during those three time periods could vary significantly and that the total time was more accurate and would be more comparable across specialties. The panel also noted that because of this, the time spent on the date of service is different than the current intraservice times so that in evaluating the surveyed times, the most fitting comparison was to the total times of the current codes and the comparator codes.

⁶ <https://annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties?doi=10.7326%2fM16-0961>

⁷ <https://www.jwatch.org/fw111995/2016/09/06/half-physician-time-spent-ehrs-and-paperwork>

With respect to the overall analysis, the panel was concerned that use of IWPOT as a metric to evaluate the survey results was inappropriate because of (1) the differences between E/M services and services with global periods of 10 and 90 days, (2) the short overall service times and, (3) the shift from the pre/intra/post service paradigm to pre-date/date of service/post-date of service times. The panel also considered whether WPUT was an appropriate metric to evaluate the survey results. After a discussion, the panel agreed that WPUT could be used to identify codes with a high RVU (e.g., a WPUT of 0.6 would be an outlier for E/M services) but not to determine whether an RVU for a code within the “typical” range of E/M WPUT was appropriate or not.

As a general matter, the panel noted that over 80% of the respondents agreed that the vignettes were typical for each code and there was no significant variation among primary care, surgical, or medical specialists. For example, the lowest percent finding a vignette typical was the grouping identified as “primary care” for 99214 where 74% of respondents thought the vignette was typical.

The panel also noted that there were well over 1000 respondents for each code and that primary care, surgery, and medicine were well represented for each survey. The panel also noted that all the surveys had bell shaped curves and that the 25th and 75th percentiles were appropriately spaced from the median. In addition, review of the complexity/intensity measures showed, for each code that the respondents thought the survey code was as or more complex than the key reference surveys and were consistent with the survey median RVU for all of the codes.

The panel also had an opportunity to validate the survey times for all codes. This is because a time-motion study of family physicians was published in February 2018.⁸ Family physicians were directly observed to determine the total time the physician spent, including time spent before seeing the patient, time spent with the patient, and time spent after the visit was over. The study included 982 visits in 10 clinics. The data showed that family physicians spent on average 35.8 minutes per patient total time. The panel was able to obtain Medicare utilization data for family practice for CPT codes 99201-99215. The panel multiplied that utilization by the survey median time for family physicians only for each code and summed those amounts across all codes. That number was divided by the total utilization to obtain a mean total time per the survey. This calculation yielded a mean time of 38.5 minutes. The panel believes that the variance of only 7% validates the survey times especially because family practice comprised approximately 50% of the respondents for all the surveys.

Most importantly the panel noted that respondents from every specialty that participated in the survey agreed that the current times and work RVUs for every code were too low. In fact, respondents from surgical specialties found the codes to be more undervalued than the primary care respondents.

Lastly, the panel notes the following with respect to E/M visits included in services with a global period: Historically, CMS has incorporated changes in the work RVUs to E/M services into services which have E/M visits included in the global period (e.g., 10 and 90 day surgical globals, obstetric care). This has happened three times, most recently in 2010. The panel is aware of this history and expect CMS will continue this practice with respect to changes in work RVUs, if any, that are recommended by the RUC.

The following code level recommendations are being made by the panel:

CPT 99205

There were 1472 respondents, 84% of whom found the vignette to be typical. The survey median times and work RVU were 14/59/15/85/3.5 as compared to the current times and RVU of 7/45/15/67/3.17. The panel noted that the median survey total time of 85 minutes is 27% higher than the current value and the median work RVU of 3.5 is only 10% higher than the current value. The key reference services were 99223, Initial hospital care for patient with problems of high severity, with times and work RVU of 15/55/20/90/3.86, and 99220, Initial observation care for patients with problems of high severity with times and work RVU of 15/45/15/75/3.56. The panel determined that the survey median total time and work RVU place 99205 in proper rank order with both key reference services. While all three services require high complexity medical decision making, 99223 and 99220 are reported for patients in a hospital or observation setting so the RVUs should be higher. However, the RVU of 99205 should be close to that of 99220 because it is 10 minutes longer. 99223 is only 5 minutes longer than 99205 but the intensity is higher which supports its higher RVU. The panel also reviewed 90792, Psychiatric diagnostic evaluation with medical services that has times and work RVU of 10/60/20/90/3.25. The median survey times and RVU place 99205 in proper rank order to 90792 which has slightly longer time but is less intense. Therefore, the panel recommends the survey median RVU of 3.5 and the survey median time of 85 minutes for 99205.

Relativity Within the Office Visit Code Set

The panel reviewed the relativity of the median work RVUs of the survey codes within each family and between the two families and found them to place the codes in proper rank order. In fact, the median survey total times and work RVUs increases for each

⁸ A Time-Motion Study of Primary Care Physicians' Work in the Electronic Health Record Era. R Young, et al. Family Medicine. Vol. 50. No. 2. February 2018: 91-99.

progressively more complex code in each family was remarkably concordant as was the difference in median total times and work RVUs between the comparable new and established patient codes (e.g., 99205 vs. 99215). The data is as follows:

The survey median total time for 99203 is 82% higher than the survey median total time for 99202 and the survey median work RVU for 99203 is 60% higher than that of 99202.

The survey median total time for 99204 is 50% higher than the survey median total time for 99203 and the survey median work RVU for 99204 is 62.5% higher than the survey median for 99203.

The survey median total time for 99205 is 42% higher than the survey median total time for 99204 and the survey median work RVU for 99205 is 35% higher than the survey median for 99204.

The survey median total time for 99213 is 67% higher than the survey median total time for 99212 and the survey median work RVU for 99213 is 73% higher than the survey median for 99212.

The survey median total time for 99214 is 63% higher than the survey median total time for 99213 and the survey median work RVU for 99214 is 54% higher than the survey median for 99213.

The survey median total time for 99215 is 43% higher than the survey median time for 99214 and the survey median work RVU for 99215 is 40% higher than the survey median for 99214.

The median survey total time for 99205 is 21% more than the median survey total time for 99215 and the survey median work RVU for 99205 is 25% higher than the survey median work RVU for 99215.

The survey median total time for 99204 is 22% higher than the survey median total time for 99214 and the survey median work RVU for 99204 is 30% higher than the survey median work RVU for 99214.

The survey median total time for 99203 is 33% higher than the survey median total time for 99213 and the survey median work RVU for 99203 is 23% higher than the survey median for 99213.

The survey median total time for 99202 is 22% higher than the survey median total time for 99212 and the survey median work RVU for 99202 is 33% higher than the survey median work RVU for 99212.

| Code | Median Survey Total Time (minutes) | Difference in Total Time (Percent) From Next Lower Code | Median Survey Work RVU | Difference in Median Work RVU (Percent) From Next Lower Code |
|-------|------------------------------------|--|------------------------|---|
| 99202 | 22 | | 1 | |
| 99203 | 40 | 18 (82) | 1.6 | 0.60 (60) |
| 99204 | 60 | 20 (50) | 2.6 | 1.00 (62.5) |
| 99205 | 85 | 25 (42) | 3.5 | 0.90 (35) |
| 99212 | 18 | | 0.75 | |
| 99213 | 30 | 12 (67) | 1.3 | 0.55 (73) |
| 99214 | 49 | 19 (63) | 2 | 0.70 (54) |
| 99215 | 70 | 21 (43) | 2.8 | 0.80 (40) |
| | | Difference in Total Time (Percent) Between New and Established Visit Codes of Same Level | | Difference in Median Work RVU (Percent) Between New and Established Visit Codes of Same Level |
| 99202 | 22 | 4 (22) | 1 | 0.25 (33) |
| 99212 | 18 | | 0.75 | |
| 99203 | 40 | 10 (33) | 1.6 | 0.30 (23) |

| | | | | |
|-------|----|---------|-----|-----------|
| 99213 | 30 | | 1.3 | |
| 99204 | 60 | 11 (22) | 2.6 | 0.60 (30) |
| 99214 | 49 | | 2 | |
| 99205 | 85 | 15 (21) | 3.5 | 0.70 (25) |
| 99215 | 70 | | 2.8 | |

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. Code 99205 is not typically reported with another code on the same date of service (source: Medicare 5% file, 99205 billed alone 75% of time).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99205

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Heme/Onc How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 8582001

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume * 3

Specialty Neurology Frequency 1159428 Percentage 13.50 %

Specialty Cardiology Frequency 761223 Percentage 8.86 %

Specialty Heme/Onc Frequency 735477 Percentage 8.56 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,860,667 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume

| | | |
|----------------------|------------------|--------------------|
| Specialty Neurology | Frequency 386476 | Percentage 13.50 % |
| Specialty Cardiology | Frequency 253741 | Percentage 8.86 % |
| Specialty Heme/Onc | Frequency 245159 | Percentage 8.56 % |

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

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
New

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 99205

If this code is a new/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: 99211 | Tracking Number F5 | Original Specialty Recommended RVU: 0.18 |
| | | Presented Recommended RVU: 0.18 |
| Global Period: XXX | Current Work RVU: 0.18 | RUC Recommended RVU: 0.18 |

CPT Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Office visit for an established patient for a blood pressure check not requiring the presence of a physician.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work:

Description of Intra-Service Work:

Within 3 Days Prior to Visit:

Communicate with clinical staff regarding the purpose and goals of the visit.

Day of Visit:

Patient is confirmed. Provide supervision and guidance to the clinical staff as necessary. Review any data of concern and answer any questions that may arise. Review documentation of clinical staff. Provide care coordination as necessary.

Within 7 Days After Visit:

Revise treatment plan(s) and communicate with patient as necessary.

Description of Post-Service Work:

SURVEY DATA

| | | | | | |
|---|--|---|----------------|-----------------------------|-------------|
| RUC Meeting Date (mm/yyyy) | 04/2019 | | | | |
| Presenter(s): | Megan Adamson, MD, American Academy of Family Physicians (AAFP), Phillip Rogers, MD, American Academy of Hospice and Palliative Medicine (AAHPM), Marianna Spanaki, MD, PhD, American Academy of Neurology (AAN), Steve Krug, MD, American Academy of Pediatrics (AAP), Richard Wright, MD, American College of Cardiology (ACC), Bill Fox, MD, American College of Physicians (ACP), Audrey Chun, MD, American Geriatrics Society (AGS) | | | | |
| Specialty Society(ies): | AACE, AACU, AAD, AAFP, AAHPM, AAN, AANS/CNS, AAO, AAOHNS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACNS, ACOG, ACP, ACRh, ACS, AGA/ACG/ASGE, AGS, AMDA, ANA, AOA (Optometry), AOA (Osteopathic), APA (Psychiatry), APMA, ASAM, ASBMT, ASCO, ASCRS (Colon and Rectal), ASCRS (Cataract and Refractive), ASH, ASRS, ASSH, ATS, AUA, CHEST, ES, IDSA, NASS, RPA, SAGES, SCAL, SIR, STS, SVS | | | | |
| CPT Code: | 99211 | | | | |
| Sample Size: | 178360 | Resp N: | 1103 | Response: 0.6 % | |
| Description of Sample: | Each society selected a random sample, some choose to survey all their members, while other chose to survey a random pull between 1000 and 5000 from their US physician or QHP members. We have a separate spreadsheet with the total from each society available as a PDF. | | | | |
| | Low | 25th pctl | Median* | 75th pctl | High |
| Service Performance Rate | 0.00 | 0.00 | 5.00 | 35.00 | 3183.00 |
| Survey RVW: | 0.01 | 0.20 | 0.28 | 0.55 | 25.00 |
| Pre-Service Evaluation Time: | | | 0.00 | | |
| Pre-Service Positioning Time: | | | 0.00 | | |
| Pre-Service Scrub, Dress, Wait Time: | | | 0.00 | | |
| Intra-Service Time: | 1.00 | 3.00 | 7.00 | 15.00 | 235.00 |
| 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: | 99211 | Recommended Physician Work RVU: 0.18 | | |
| | | Specialty Recommended Pre-Service Time | Specialty Recommended Pre Time Package | Adjustments/Recommended Pre-Service Time |
| Pre-Service Evaluation Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Positioning Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Scrub, Dress, Wait Time: | | 0.00 | 0.00 | 0.00 |
| Intra-Service Time: | | 7.00 | | |

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

XXX Global Code

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

| Post-Operative Visits | Total Min** | CPT Code and Number of Visits | | | |
|-------------------------------|-------------|-------------------------------|-------------|-------------|-------------------|
| Critical Care time/visit(s): | <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> |
| 99406 | XXX | 0.24 | RUC Time |

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

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 | 373,771 |

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> |
| 96401 | XXX | 0.21 | RUC Time | 730,325 |

CPT Descriptor 2 Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic

| | | | |
|---------------------------------|---------------|-----------------|--------------------|
| <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: 179 **% of respondents:** 16.2 %

Number of respondents who choose 2nd Key Reference Code: 82 **% of respondents:** 7.4 %

TIME ESTIMATES (Median)

| | CPT Code: <u>99211</u> | Top Key Reference CPT Code: <u>99406</u> | 2nd Key Reference CPT Code: <u>93010</u> |
|---|---|---|---|
| Median Pre-Service Time | 0.00 | 0.00 | 0.00 |
| Median Intra-Service Time | 7.00 | 7.00 | 5.00 |
| Median Immediate Post-service Time | 0.00 | 0.00 | 1.00 |
| Median Critical Care Time | 0.0 | 0.00 | 0.00 |
| Median Other Hospital Visit Time | 0.0 | 0.00 | 0.00 |
| Median Discharge Day Management Time | 0.0 | 0.00 | 0.00 |
| Median Office Visit Time | 0.0 | 0.00 | 0.00 |
| Prolonged Services Time | 0.0 | 0.00 | 0.00 |
| Median Subsequent Observation Care Time | 0.0 | 0.00 | 0.00 |
| Median Total Time | 7.00 | 7.00 | 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 | 5% | 17% | 60% | 16% | 1% |

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> |
|--------------------|-------------------------|--------------------|
| 23% | 61% | 16% |

| <u>Technical Skill/Physical Effort</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| Technical skill required | 21% | 65% | 14% |
| Physical effort required | 16% | 69% | 15% |

| <u>Psychological Stress</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| <ul style="list-style-type: none"> The risk of significant complications, morbidity and/or mortality Outcome depends on the skill and judgment of physician Estimated risk of malpractice suit with poor outcome | 16% | 66% | 17% |

| <u>2nd 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 | 4% | 20% | 59% | 17% | 1% |

| <u>Mental Effort and Judgment</u> | <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 | 32% | 52% | 16% |

| <u>Technical Skill/Physical Effort</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| Technical skill required | 44% | 45% | 11% |
| Physical effort required | 18% | 73% | 9% |

| <u>Psychological Stress</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| <ul style="list-style-type: none"> The risk of significant complications, morbidity and/or mortality Outcome depends on the skill and judgment of physician Estimated risk of malpractice suit with poor outcome | 22% | 60% | 18% |

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.

Compelling Evidence

The surveying societies convened an expert panel, (herein referred to as panel), to review the survey data and determine whether there is compelling evidence to justify an increase in work RVUs for the surveyed codes. The panel considered compelling evidence as a whole for all codes and then made work RVU recommendations on a code-by-code basis after reviewing the survey data. The panel determined that the following four compelling evidence standards were met:

- Evidence that incorrect assumptions were made in the previous valuation
 - Flawed mechanism or methodology used in previous valuations, for example, evidence that no pediatricians were consulted in assigning pediatric values or CMS/Other source codes
- Documentation in the peer-reviewed literature or other reliable data that:
 - Change in knowledge and technology
 - Patient population
- Evidence that technology has changed physician work

The basis for this determination is as follows:

Evidence that incorrect assumptions were made in the previous valuation of these services

During the 2005 five-year review the number of surveying specialties was very limited so many specialties that commonly perform office visits were not included. In fact, no surgical specialties participated in the survey, so their input was not included. Twenty surgical specialties participated in this survey and, as you can see by the summary data, the surgical specialty survey respondents report a higher median work RVU than primary care specialties.

Furthermore, the current work RVUs date to 2010 when CMS changed their values due to the deletion of the consult codes. CMS used a crosswalk/mathematical formula to derive these values and did not ask for the RUC to review the values. Importantly, even though the work RVUs were adjusted by CMS, the times were not adjusted.

Change in knowledge and technology**Electronic Health Records**

According to NAMCS data, in 2015, 76% of all practices used electronic health records exclusively, 11% used them partially, and 12% used only paper records. In 2008 the corresponding numbers were 29%, 17%, and 53%. All remarkable differences demonstrating that the technology used to deliver office-based care has changed dramatically. This is confirmed by the CDC which estimates that use of an EHR increased from 35% in 2007 to 87% in 2015.¹ The EHR contains more data than paper records and all of it must be reviewed including for drug-drug and, with increasing use of homeopathic substances, drug substance interactions.

Explosion in the Number of Guidelines, Appropriate Use Criteria, and Requirements for Prior Authorization

In 2006, the National Guideline Clearinghouse, created by the U.S. Agency for Healthcare Research and Quality (AHRQ) listed on its website about two thousand guidelines.² In 2012, there were 7,508 clinical practice guidelines, and thousands are produced annually.³ Under the law, physicians must consult and follow Medicare approved appropriate use criteria when they are considering ordering advanced imaging tests.

The number of Medicare Advantage and commercial payers who require prior authorization for many services is rapidly increasing and Medicare is in the process of publishing regulations which will allow a huge expansion of prior authorization by Medicare Advantage plans for Part B drugs which will affect all physicians and increase the post visit physician time significantly.

Explosion of Genomic Information and the Internet

¹ Other citations supporting the change in technology include:

<https://journals.stfm.org/familymedicine/2018/february/young-2017-0121/>

<https://ehrintelligence.com/news/physician-ehr-use-workload-trumping-face-time-with-patients>

² <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1468-0009.2007.00505.x>

Accessed January 10, 2019

³ <http://www.annfamned.org/content/12/3/202.full>

Accessed January 10, 2019

The increasing availability of genomic information, including patient obtained genomic data which they bring to the office, increases the complexity of office visits. Therefore, a working understanding of the underlying concepts of genetic disease is increasingly necessary for today's practicing physician, and routine office practice requires integration of these fundamental concepts for use in accurate diagnosis and ensuring appropriate referrals for patients with genetic disease and their families. In addition, genomic information has become integral to the selection of treatment in a variety of disease conditions, adding a new dimension to disease management.⁴ Indeed, some patients anticipate an ongoing role for their primary care physician after receiving genetic test results.⁵ All of this expands the knowledge base required for each E/M service since this information must be integrated with the traditional cognitive base.

The expanded use of the internet and expanded resources that patient's access on the internet is completely new and it is typical that time must be spent discussing patient obtained information which increases the complexity of the office visit.

The Amount and Complexity of Data to be Reviewed is Increasing

There is more data to review at each visit. This includes data from lab tests, imaging, and EKGs. The number of lab tests performed has increased dramatically. For example, the NAMCS data shows that the number of glycohemoglobins obtained at one visit jumped from 3.5% to 7% between 2008 and 2015; comprehensive metabolic panels were obtained at 11% of visits in 2015 but were not ordered with sufficient frequency to make the list in 2008. The number of EKGs performed at a visit rose from 3% to 4% during that same period.

Change in the Patient Population

The number of diagnoses that appear on Medicare claims for office visits (based on the 5% file) has increased, dramatically from 2006 to 2016.

| CPT Code | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2016 vs. 2006 |
|----------|------|------|------|------|------|------|------|------|------|------|------|---------------|
| 99201 | 1.64 | 1.65 | 1.65 | 1.66 | 1.63 | 1.65 | 1.66 | 1.72 | 1.77 | 1.81 | 1.90 | 15% |
| 99202 | 1.88 | 1.91 | 1.93 | 1.95 | 1.91 | 1.93 | 1.97 | 2.02 | 2.08 | 2.12 | 2.27 | 21% |
| 99203 | 2.07 | 2.10 | 2.13 | 2.17 | 2.09 | 2.14 | 2.20 | 2.26 | 2.33 | 2.39 | 2.54 | 23% |
| 99204 | 2.44 | 2.49 | 2.55 | 2.58 | 2.41 | 2.48 | 2.56 | 2.65 | 2.74 | 2.83 | 3.02 | 24% |
| 99205 | 2.63 | 2.69 | 2.77 | 2.83 | 2.48 | 2.54 | 2.62 | 2.67 | 2.78 | 2.89 | 3.14 | 19% |
| 99211 | 1.59 | 1.60 | 1.63 | 1.67 | 1.69 | 1.72 | 1.73 | 1.74 | 1.78 | 1.80 | 1.86 | 17% |
| 99212 | 1.73 | 1.76 | 1.79 | 1.82 | 1.85 | 1.89 | 1.94 | 1.97 | 2.03 | 2.07 | 2.19 | 27% |
| 99213 | 2.09 | 2.13 | 2.17 | 2.21 | 2.26 | 2.30 | 2.38 | 2.42 | 2.49 | 2.56 | 2.73 | 31% |
| 99214 | 2.67 | 2.74 | 2.83 | 2.91 | 2.99 | 3.06 | 3.16 | 3.24 | 3.38 | 3.52 | 3.82 | 43% |
| 99215 | 2.84 | 2.91 | 3.00 | 3.10 | 3.16 | 3.19 | 3.29 | 3.37 | 3.53 | 3.70 | 4.11 | 44% |

The NAMCS survey data reveals, among other things, the following changes in the patient population seen during office visits:

In 2015, 31% of office visits were for patients over the age of 65, in 2008 that number was 27%.

In 2015 the primary reason for the visit included "medication" 3.6%, "counseling" 2.7%, Diabetes 1.3%, while in 2008 medication related visits accounted for only 2.2% of visits, counseling related visits comprised only 1.3% of visits, and diabetes related visits didn't even make the list. This is a 50% increase in medication related visits, more than a doubling of counseling related visits and a huge increase in diabetes related visits.

The primary organ system diagnosis has also changed substantially. In 2008 the two organ system diagnosis was disorders of the respiratory system (10%), while in 2015 the top system was diseases of the musculoskeletal and connective tissue (11%). In addition, mental disorders were the primary diagnoses 4.2% of the time in 2008 but 6.0% of the time in 2015, a 50% increase.

Primary disease specific diagnoses have also changed: From 2008-15, arthropathy rose from 3% to 4.7% of visits (over a 50% increase); spine disorders rose from 2.5% to 3.8%; and acute respiratory illness fell from 3.1% to 2.5% (a 16% decrease). Furthermore, the existence of diabetes as a chronic condition during an office visit has increased from 15%, 21%, 19 % to 20%,

⁴ Aronson, Samuel J. and Heidi L. Rehm. "Building the foundation for genomics in precision medicine." *Nature*. 2015 October 15; 526(7573): 336-342.

⁵ Miller, Fiona A. et al. "The primary care physician role in cancer genetics: a qualitative study of patient experience." *Family Practice* 2010; 27:563-569.

27%, and 24% in the age groups 45-64, 65-74, and 75 and over, respectively. This is all evidence of the increased number of patients seen with chronic conditions as opposed to acute conditions and this has dramatically changed how practice and care are delivered.

Evidence that technology has changed physician work

The use of EHR's has increased physician work by increasing the time physician spend documenting the medical record. In 2016, it was estimated that for every hour spent with patients, physicians spend 2 hours on EHR and desk work, according to an *Annals of Internal Medicine* study.⁶ In a New England Journal of Medicine article, based on observation, 49% of physicians' office hours were spent on EHR and desk work while 27% was spent directly with patients. When meeting with patients, physicians spent 37% of their time on EHR and desk work. After office hours, physicians worked a mean of 1.5 hours per day, with most of that time dedicated to EHR tasks.⁷

Code Level Recommendations

Overview

The surveying specialties convened a panel to review all the office visit codes and the new prolonged services code. The panel met by conference call on three occasions and reviewed the survey data. As a general matter, the panel noted that these codes can be billed based on time spent on the date of the visit or on medical decision-making and that history and physical is no longer required except that it is expected that an "appropriate" history and physical is performed during the visit. When codes are billed based on time there are specific time requirements (e.g., 45-59 minutes for 99204). Furthermore, the time used to report these codes is based entirely on the total time spent with the patient on the day of service (i.e., the sum of face-to-face and non-face-to-face time that day). However, importantly, the work value for the code is based on the entire time spent by the physician from three days before the visit to seven days after the visit. Each respondent reported three different times: the time spent for the three days before the date of the visit, the time spent on the date of the visit, and the time spent for the seven days after the visit. These three times were summed, and a total time determined for each respondent. The median total time was determined by taking the median of these summed times. It was not determined by taking the sum of the medians for pre date of service time, date of service time, and postdate of service time. This means that the median "total time" does NOT necessarily equal the sum of the median times for the pre-date/date of service/postdate or service median times. This needs to be kept in mind when reviewing the recommendations for each code which focus on the total times and, when appropriate, the date of service times. The panel determined that the most accurate time for evaluating the work was the total time not the time on the date of the visit. This is because the typical time spent by different specialties during those three time periods could vary significantly and that the total time was more accurate and would be more comparable across specialties. The panel also noted that because of this, the time spent on the date of service is different than the current intraservice times so that in evaluating the surveyed times, the most fitting comparison was to the total times of the current codes and the comparator codes.

With respect to the overall analysis, the panel was concerned that use of IWPUP as a metric to evaluate the survey results was inappropriate because of (1) the differences between E/M services and services with global periods of 10 and 90 days, (2) the short overall service times and, (3) the shift from the pre/intra/post service paradigm to pre-date/date of service/post-date of service times. The panel also considered whether WPUT was an appropriate metric to evaluate the survey results. After a discussion, the panel agreed that WPUT could be used to identify codes with a high RVU (e.g., a WPUT of 0.6 would be an outlier for E/M services) but not to determine whether an RVU for a code within the "typical" range of E/M WPUT was appropriate or not.

As a general matter, the panel noted that over 80% of the respondents agreed that the vignettes were typical for each code and there was no significant variation among primary care, surgical, or medical specialists. For example, the lowest percent finding a vignette typical was the grouping identified as "primary care" for 99214 where 74% of respondents thought the vignette was typical.

The panel also noted that there were well over 1000 respondents for each code and that primary care, surgery, and medicine were well represented for each survey. The panel also noted that all the surveys had bell shaped curves and that the 25th and 75th percentiles were appropriately spaced from the median. In addition, review of the complexity/intensity measures showed, for each code that the respondents thought the survey code was as or more complex than the key reference surveys and were consistent with the survey median RVU for all of the codes.

The panel also had an opportunity to validate the survey times for all codes. This is because a time-motion study of family physicians was published in February 2018.⁸ Family physicians were directly observed to determine the total time the physician spent, including time spent before seeing the patient, time spent with the patient, and time spent after the visit was over. The study included 982 visits in 10 clinics. The data showed that family physicians spent on average 35.8 minutes per patient total time. The

⁶ <https://annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties?doi=10.7326%2fM16-0961>

⁷ <https://www.jwatch.org/fw111995/2016/09/06/half-physician-time-spent-chrs-and-paperwork>

Accessed January 10, 2019

⁸ A Time-Motion Study of Primary Care Physicians' Work in the Electronic Health Record Era. R Young, et al. Family Medicine. Vol. 50. No. 2. February 2018: 91-99.

panel was able to obtain Medicare utilization data for family practice for CPT codes 99201-99215. The panel multiplied that utilization by the survey median time for family physicians only for each code and summed those amounts across all codes. That number was divided by the total utilization to obtain a mean total time per the survey. This calculation yielded a mean time of 38.5 minutes. The panel believes that the variance of only 7% validates the survey times especially because family practice comprised approximately 50% of the respondents for all the surveys.

Most importantly the panel noted that respondents from every specialty that participated in the survey agreed that the current times and work RVUs for every code were too low. In fact, respondents from surgical specialties found the codes to be more undervalued than the primary care respondents.

Lastly, the panel notes the following with respect to E/M visits included in services with a global period: Historically, CMS has incorporated changes in the work RVUs to E/M services into services which have E/M visits included in the global period (e.g., 10 and 90 day surgical globals, obstetric care). This has happened three times, most recently in 2010. The panel is aware of this history and expect CMS will continue this practice with respect to changes in work RVUs, if any, that are recommended by the RUC.

The following code level recommendations are being made by the panel:

CPT 99211

There were 1103 respondents, 89% of whom found the vignette to be typical. The median survey times were 1/5/1/7 as compared to existing times of 0/5/2/7. However, the median survey RVUs was 0.28 as compared to the current RVU of 0.18 and the survey 25th percentile work RVU was 0.20. The key reference services were 99406, Smoking and tobacco use cessation with times of 0/7/0/7 and a work RVU of 0.24, and 93010, EKG, with times of 0/5/1/6 and a work RVU of 0.17. The panel considered that this is a service typically performed by clinical staff under physician supervision and therefore, even though compelling evidence was met, the survey results did not justify an increase in work because the total time did not change. Therefore, the panel recommends that the current work RVU of 0.18 be maintained and that the total time of 7 minutes be maintained.

Relativity Within the Office Visit Code Set

The panel reviewed the relativity of the median work RVUs of the survey codes within each family and between the two families and found them to place the codes in proper rank order. In fact, the median survey total times and work RVUs increases for each progressively more complex code in each family was remarkably concordant as was the difference in median total times and work RVUs between the comparable new and established patient codes (e.g., 99205 vs. 99215). The data is as follows:

The survey median total time for 99203 is 82% higher than the survey median total time for 99202 and the survey median work RVU for 99203 is 60% higher than that of 99202.

The survey median total time for 99204 is 50% higher than the survey median total time for 99203 and the survey median work RVU for 99204 is 62.5% higher than the survey median for 99203.

The survey median total time for 99205 is 42% higher than the survey median total time for 99204 and the survey median work RVU for 99205 is 35% higher than the survey median for 99204.

The survey median total time for 99213 is 67% higher than the survey median total time for 99212 and the survey median work RVU for 99213 is 73% higher than the survey median for 99212.

The survey median total time for 99214 is 63% higher than the survey median total time for 99213 and the survey median work RVU for 99214 is 54% higher than the survey median for 99213.

The survey median total time for 99215 is 43% higher than the survey median time for 99214 and the survey median work RVU for 99215 is 40% higher than the survey median for 99214.

The median survey total time for 99205 is 21% more than the median survey total time for 99215 and the survey median work RVU for 99205 is 25% higher than the survey median work RVU for 99215.

The survey median total time for 99204 is 22% higher than the survey median total time for 99214 and the survey median work RVU for 99204 is 30% higher than the survey median work RVU for 99214.

The survey median total time for 99203 is 33% higher than the survey median total time for 99213 and the survey median work RVU for 99203 is 23% higher than the survey median for 99213.

The survey median total time for 99202 is 22% higher than the survey median total time for 99212 and the survey median work RVU for 99202 is 33% higher than the survey median work RVU for 99212.

| Code | Median Survey Total Time (minutes) | Difference in Total Time (Percent) From Next Lower Code | Median Survey Work RVU | Difference in Median Work RVU (Percent) From Next Lower Code |
|-------|--|---|------------------------------|--|
| 99202 | 22 | | 1 | |
| 99203 | 40 | 18 (82) | 1.6 | 0.60 (60) |
| 99204 | 60 | 20 (50) | 2.6 | 1.00 (62.5) |
| 99205 | 85 | 25 (42) | 3.5 | 0.90 (35) |
| 99212 | 18 | | 0.75 | |
| 99213 | 30 | 12 (67) | 1.3 | 0.55 (73) |
| 99214 | 49 | 19 (63) | 2 | 0.70 (54) |
| 99215 | 70 | 21 (43) | 2.8 | 0.80 (40) |
| | | Difference in Total Time Percent) Between New and Established Visit Codes of Same Level | | Difference in Median Work RVU (Percent) Between New and Established Visit Codes of Same Level |
| 99202 | 22 | 4 (22) | 1 | 0.25 (33) |
| 99212 | 18 | | 0.75 | |
| 99203 | 40 | 10 (33) | 1.6 | 0.30 (23) |
| 99213 | 30 | | 1.3 | |
| 99204 | 60 | 11 (22) | 2.6 | 0.60 (30) |
| 99214 | 49 | | 2 | |
| 99205 | 85 | 15 (21) | 3.5 | 0.70 (25) |
| 99215 | 70 | | 2.8 | |

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. Code 99211 is not typically reported with another code on the same date of service (source: Medicare 5% file, 99211 billed alone 90% of time).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99211

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

Specialty Internal Medicine How often? Commonly

Specialty Family Practice How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 11546421

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume * 3

Specialty Internal Medicine Frequency 2757285 Percentage 23.87 %

Specialty Family Practice Frequency 2288501 Percentage 19.82 %

Specialty Cardiology Frequency 2151098 Percentage 18.62 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,848,807 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume

Specialty Internal Medicine Frequency 919095 Percentage 23.87 %

Specialty Family Practice Frequency 762834 Percentage 19.82 %

Specialty Cardiology Frequency 717033 Percentage 18.63 %

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

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Evaluation Management

BETOS Sub-classification:

Office visit

BETOS Sub-classification Level II:

Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 99211

If this code is a new/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: 99212 | Tracking Number F6 | Original Specialty Recommended RVU: 0.75 |
| | | Presented Recommended RVU: 0.70 |
| Global Period: XXX | Current Work RVU: 0.48 | RUC Recommended RVU: 0.70 |

CPT Descriptor: 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.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Office visit for an established patient with a self-limited problem that is treated with an OTC medication.

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:

Description of Intra-Service Work:

Within 3 Days Prior to Visit:

If necessary, review interval correspondence, referral notes, and medical records generated since the last visit. Communicate with other members of the health care team regarding the visit.

Day of Visit:

Patient is confirmed. Review the medical history form completed by the patient as well as the prior clinical note. Review vital signs obtained by clinical staff. Obtain a medically appropriate history. Update pertinent components of HPI, review of systems, social history, family history, and allergies, and reconcile the patient's medications. Perform a medically appropriate examination. Synthesize the relevant history and physical examination to formulate a differential diagnosis and treatment plan (requiring straightforward MDM). Discuss the treatment plan with the patient and family. Provide patient education and respond to questions from the patient and/or family. Document the encounter in the medical record. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.

Within 7 Days After Visit:

Answer follow up questions from the patient and/or family that may occur within seven days after the visit and respond to treatment failures.

Description of Post-Service Work:

SURVEY DATA

| | | | | | |
|---|--|--|----------------|-----------------------------|-------------|
| RUC Meeting Date (mm/yyyy) | 04/2019 | | | | |
| Presenter(s): | Megan Adamson, MD, American Academy of Family Physicians (AAFP), Phillip Rogers, MD, American Academy of Hospice and Palliative Medicine (AAHPM), Marianna Spanaki, MD, PhD, American Academy of Neurology (AAN), Steve Krug, MD, American Academy of Pediatrics (AAP), Richard Wright, MD, American College of Cardiology (ACC), Bill Fox, MD, American College of Physicians (ACP), Audrey Chun, MD, American Geriatrics Society (AGS) | | | | |
| Specialty Society(ies): | AACE, AACU, AAD, AAFP, AAHPM, AAN, AANS/CNS, AAO, AAOHNS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACNS, ACOG, ACP, ACRh, ACS, AGA/ACG/ASGE, AGS, AMDA, ANA, AOA (Optometry), AOA (Osteopathic), APA (Psychiatry), APMA, ASAM, ASBMT, ASCO, ASCRS (Colon and Rectal), ASCRS (Cataract and Refractive), ASH, ASRS, ASSH, ATS, AUA, CHEST, ES, IDSA, NASS, RPA, SAGES, SCAL, SIR, STS, SVS | | | | |
| CPT Code: | 99212 | | | | |
| Sample Size: | 178360 | Resp N: | 1353 | Response: 0.7 % | |
| Description of Sample: | Each society selected a random sample, some choose to survey all their members, while other chose to survey a random pull between 1000 and 5000 from their US physician or QHP members. We have a separate spreadsheet with the total from each society available as a PDF. | | | | |
| | Low | 25th pctl | Median* | 75th pctl | High |
| Service Performance Rate | 0.00 | 10.00 | 36.00 | 137.00 | 5150.00 |
| Survey RVW: | 0.01 | 0.50 | 0.75 | 1.00 | 37.00 |
| Pre-Service Evaluation Time: | | | 0.00 | | |
| Pre-Service Positioning Time: | | | 0.00 | | |
| Pre-Service Scrub, Dress, Wait Time: | | | 0.00 | | |
| Intra-Service Time: | 1.00 | 12.00 | 18.00 | 26.00 | 320.00 |
| 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: | 99212 | Recommended Physician Work RVU: 0.70 | | |
| | | Specialty Recommended Pre-Service Time | Specialty Recommended Pre Time Package | Adjustments/Recommended Pre-Service Time |
| Pre-Service Evaluation Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Positioning Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Scrub, Dress, Wait Time: | | 0.00 | 0.00 | 0.00 |
| Intra-Service Time: | | 18.00 | | |

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

XXX Global Code

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

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

Modifier -51 Exempt Status

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

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99231 | XXX | 0.76 | RUC Time |

CPT Descriptor Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

SECOND HIGHEST KEY REFERENCE SERVICE:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99490 | XXX | 0.61 | RUC Time |

CPT Descriptor Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

KEY MPC COMPARISON CODES:

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

| MPC CPT Code 1 | Global | Work RVU | Time Source | Most Recent Medicare Utilization |
|----------------|--------|----------|-------------|-------------------------------------|
| 76536 | XXX | 0.56 | RUC Time | 868,983 |

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Most Recent Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|---|
| 99282 | XXX | 0.88 | RUC Time | 379,540 |

CPT Descriptor 2 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------------------|---------------|-----------------|--------------------|
| 93923 | XXX | 0.45 | RUC Time |

CPT Descriptor Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

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

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by 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: 239 % of respondents: 17.6 %

Number of respondents who choose 2nd Key Reference Code: 141 % of respondents: 10.4 %

TIME ESTIMATES (Median)

| | <u>CPT Code:</u> <u>99212</u> | <u>Top Key Reference CPT Code:</u> <u>99231</u> | <u>2nd Key Reference CPT Code:</u> <u>99490</u> |
|---|----------------------------------|--|--|
| Median Pre-Service Time | 0.00 | 5.00 | 0.00 |
| Median Intra-Service Time | 18.00 | 10.00 | 15.00 |
| Median Immediate Post-service Time | 0.00 | 5.00 | 0.00 |
| Median Critical Care Time | 0.0 | 0.00 | 0.00 |
| Median Other Hospital Visit Time | 0.0 | 0.00 | 0.00 |
| Median Discharge Day Management Time | 0.0 | 0.00 | 0.00 |
| Median Office Visit Time | 0.0 | 0.00 | 0.00 |
| Prolonged Services Time | 0.0 | 0.00 | 0.00 |
| Median Subsequent Observation Care Time | 0.0 | 0.00 | 0.00 |
| Median Total Time | 18.00 | 20.00 | 15.00 |
| Other time if appropriate | | | |

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

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

| <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 | 2% | 21% | 63% | 12% | 2% |

| <u>Mental Effort and Judgment</u> | <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 | 24% | 64% | 12% |

| <u>Technical Skill/Physical Effort</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| Technical skill required | 19% | 71% | 10% |
| Physical effort required | 25% | 68% | 7% |

| <u>Psychological Stress</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| <ul style="list-style-type: none"> The risk of significant complications, morbidity and/or mortality Outcome depends on the skill and judgment of physician Estimated risk of malpractice suit with poor outcome | 24% | 60% | 16% |

| <u>2nd 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 | 1% | 20% | 58% | 20% | 1% |

| <u>Mental Effort and Judgment</u> | <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 | 27% | 56% | 17% |

| <u>Technical Skill/Physical Effort</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| Technical skill required | 13% | 68% | 18% |
| Physical effort required | 17% | 63% | 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

23%

57%

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.

Compelling Evidence

The surveying societies convened an expert panel, (herein referred to as panel), to review the survey data and determine whether there is compelling evidence to justify an increase in work RVUs for the surveyed codes. The panel considered compelling evidence as a whole for all codes and then made work RVU recommendations on a code-by-code basis after reviewing the survey data. The panel determined that the following four compelling evidence standards were met:

- Evidence that incorrect assumptions were made in the previous valuation
 - Flawed mechanism or methodology used in previous valuations, for example, evidence that no pediatricians were consulted in assigning pediatric values or CMS/Other source codes
- Documentation in the peer-reviewed literature or other reliable data that:
 - Change in knowledge and technology
 - Patient population
- Evidence that technology has changed physician work

The basis for this determination is as follows:

Evidence that incorrect assumptions were made in the previous valuation of these services

During the 2005 five-year review the number of surveying specialties was very limited so many specialties that commonly perform office visits were not included. In fact, no surgical specialties participated in the survey, so their input was not included. Twenty surgical specialties participated in this survey and, as you can see by the summary data, the surgical specialty survey respondents report a higher median work RVU than primary care specialties.

Furthermore, the current work RVUs date to 2010 when CMS changed their values due to the deletion of the consult codes. CMS used a crosswalk/mathematical formula to derive these values and did not ask for the RUC to review the values. Importantly, even though the work RVUs were adjusted by CMS, the times were not adjusted.

Change in knowledge and technology**Electronic Health Records**

According to NAMCS data, in 2015, 76% of all practices used electronic health records exclusively, 11% used them partially, and 12% used only paper records. In 2008 the corresponding numbers were 29%, 17%, and 53%. All remarkable differences demonstrating that the technology used to deliver office-based care has changed dramatically. This is confirmed by the CDC which

estimates that use of an EHR increased from 35% in 2007 to 87% in 2015.¹ The EHR contains more data than paper records and all of it must be reviewed including for drug-drug and, with increasing use of homeopathic substances, drug substance interactions.

Explosion in the Number of Guidelines, Appropriate Use Criteria, and Requirements for Prior Authorization

In 2006, the National Guideline Clearinghouse, created by the U.S. Agency for Healthcare Research and Quality (AHRQ) listed on its website about two thousand guidelines.² In 2012, there were 7,508 clinical practice guidelines, and thousands are produced annually.³ Under the law, physicians must consult and follow Medicare approved appropriate use criteria when they are considering ordering advanced imaging tests.

The number of Medicare Advantage and commercial payers who require prior authorization for many services is rapidly increasing and Medicare is in the process of publishing regulations which will allow a huge expansion of prior authorization by Medicare Advantage plans for Part B drugs which will affect all physicians and increase the post visit physician time significantly.

Explosion of Genomic Information and the Internet

The increasing availability of genomic information, including patient obtained genomic data which they bring to the office, increases the complexity of office visits. Therefore, a working understanding of the underlying concepts of genetic disease is increasingly necessary for today's practicing physician, and routine office practice requires integration of these fundamental concepts for use in accurate diagnosis and ensuring appropriate referrals for patients with genetic disease and their families. In addition, genomic information has become integral to the selection of treatment in a variety of disease conditions, adding a new dimension to disease management.⁴ Indeed, some patients anticipate an ongoing role for their primary care physician after receiving genetic test results.⁵ All of this expands the knowledge base required for each E/M service since this information must be integrated with the traditional cognitive base.

The expanded use of the internet and expanded resources that patient's access on the internet is completely new and it is typical that time must be spent discussing patient obtained information which increases the complexity of the office visit.

The Amount and Complexity of Data to be Reviewed is Increasing

There is more data to review at each visit. This includes data from lab tests, imaging, and EKGs. The number of lab tests performed has increased dramatically. For example, the NAMCS data shows that the number of glycohemoglobins obtained at one visit jumped from 3.5% to 7% between 2008 and 2015; comprehensive metabolic panels were obtained at 11% of visits in 2015 but were not ordered with sufficient frequency to make the list in 2008. The number of EKGs performed at a visit rose from 3% to 4% during that same period.

Change in the Patient Population

The number of diagnoses that appear on Medicare claims for office visits (based on the 5% file) has increased, dramatically from 2006 to 2016.

| CPT Code | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2016 vs. 2006 |
|----------|------|------|------|------|------|------|------|------|------|------|------|---------------|
| 99201 | 1.64 | 1.65 | 1.65 | 1.66 | 1.63 | 1.65 | 1.66 | 1.72 | 1.77 | 1.81 | 1.90 | 15% |
| 99202 | 1.88 | 1.91 | 1.93 | 1.95 | 1.91 | 1.93 | 1.97 | 2.02 | 2.08 | 2.12 | 2.27 | 21% |
| 99203 | 2.07 | 2.10 | 2.13 | 2.17 | 2.09 | 2.14 | 2.20 | 2.26 | 2.33 | 2.39 | 2.54 | 23% |
| 99204 | 2.44 | 2.49 | 2.55 | 2.58 | 2.41 | 2.48 | 2.56 | 2.65 | 2.74 | 2.83 | 3.02 | 24% |
| 99205 | 2.63 | 2.69 | 2.77 | 2.83 | 2.48 | 2.54 | 2.62 | 2.67 | 2.78 | 2.89 | 3.14 | 19% |

¹ Other citations supporting the change in technology include:

<https://journals.stfm.org/familymedicine/2018/february/young-2017-0121/>

<https://ehrintelligence.com/news/physician-ehr-use-workload-trumping-face-time-with-patients>

² <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1468-0009.2007.00505.x>

Accessed January 10, 2019

³ <http://www.annfammed.org/content/12/3/202.full>

Accessed January 10, 2019

⁴ Aronson, Samuel J. and Heidi L. Rehm. "Building the foundation for genomics in precision medicine." *Nature*. 2015 October 15; 526(7573): 336–342.

⁵ Miller, Fiona A. et al. "The primary care physician role in cancer genetics: a qualitative study of patient experience." *Family Practice* 2010; 27:563–569.

| CPT Code: 99212 | | | | | | | | | | | | |
|-----------------|------|------|------|------|------|------|------|------|------|------|------|-----|
| 99211 | 1.59 | 1.60 | 1.63 | 1.67 | 1.69 | 1.72 | 1.73 | 1.74 | 1.78 | 1.80 | 1.86 | 17% |
| 99212 | 1.73 | 1.76 | 1.79 | 1.82 | 1.85 | 1.89 | 1.94 | 1.97 | 2.03 | 2.07 | 2.19 | 27% |
| 99213 | 2.09 | 2.13 | 2.17 | 2.21 | 2.26 | 2.30 | 2.38 | 2.42 | 2.49 | 2.56 | 2.73 | 31% |
| 99214 | 2.67 | 2.74 | 2.83 | 2.91 | 2.99 | 3.06 | 3.16 | 3.24 | 3.38 | 3.52 | 3.82 | 43% |
| 99215 | 2.84 | 2.91 | 3.00 | 3.10 | 3.16 | 3.19 | 3.29 | 3.37 | 3.53 | 3.70 | 4.11 | 44% |

The NAMCS survey data reveals, among other things, the following changes in the patient population seen during office visits:

In 2015, 31% of office visits were for patients over the age of 65, in 2008 that number was 27%.

In 2015 the primary reason for the visit included “medication” 3.6%, “counseling” 2.7%, Diabetes 1.3%, while in 2008 medication related visits accounted for only 2.2% of visits, counseling related visits comprised only 1.3% of visits, and diabetes related visits didn’t even make the list. This is a 50% increase in medication related visits, more than a doubling of counseling related visits and a huge increase in diabetes related visits.

The primary organ system diagnosis has also changed substantially. In 2008 the two organ system diagnosis was disorders of the respiratory system (10%), while in 2015 the top system was diseases of the musculoskeletal and connective tissue (11%). In addition, mental disorders were the primary diagnoses 4.2% of the time in 2008 but 6.0% of the time in 2015, a 50% increase.

Primary disease specific diagnoses have also changed: From 2008-15, arthropathy rose from 3% to 4.7% of visits (over a 50% increase); spine disorders rose from 2.5% to 3.8%; and acute respiratory illness fell from 3.1% to 2.5% (a 16% decrease). Furthermore, the existence of diabetes as a chronic condition during an office visit has increased from 15%, 21%, 19 % to 20%, 27%, and 24% in the age groups 45-64, 65-74, and 75 and over, respectively. This is all evidence of the increased number of patients seen with chronic conditions as opposed to acute conditions and this has dramatically changed how practice and care are delivered.

Evidence that technology has changed physician work

The use of EHR’s has increased physician work by increasing the time physician spend documenting the medical record. In 2016, it was estimated that for every hour spent with patients, physicians spend 2 hours on EHR and desk work, according to an *Annals of Internal Medicine* study.⁶ In a New England Journal of Medicine article, based on observation, 49% of physicians' office hours were spent on EHR and desk work while 27% was spent directly with patients. When meeting with patients, physicians spent 37% of their time on EHR and desk work. After office hours, physicians worked a mean of 1.5 hours per day, with most of that time dedicated to EHR tasks.⁷

Code Level Recommendations

Overview

The surveying specialties convened a panel to review all the office visit codes and the new prolonged services code. The panel met by conference call on three occasions and reviewed the survey data. As a general matter, the panel noted that these codes can be billed based on time spent on the date of the visit or on medical decision-making and that history and physical is no longer required except that it is expected that an “appropriate” history and physical is performed during the visit. When codes are billed based on time there are specific time requirements (e.g., 45-59 minutes for 99204). Furthermore, the time used to report these codes is based entirely on the total time spent with the patient on the day of service (i.e., the sum of face-to-face and non-face-to-face time that day). However, importantly, the work value for the code is based on the entire time spent by the physician from three days before the visit to seven days after the visit. Each respondent reported three different times: the time spent for the three days before the date of the visit, the time spent on the date of the visit, and the time spent for the seven days after the visit. These three times were summed, and a total time determined for each respondent. The median total time was determined by taking the median of these summed times. It was not determined by taking the sum of the medians for pre date of service time, date of service time, and postdate of service time. This means that the median “total time” does NOT necessarily equal the sum of the median times for the pre-date/date of service/postdate or service median times. This needs to be kept in mind when reviewing the recommendations for each code which focus on the total times and, when appropriate, the date of service times. The panel determined that the most accurate time for evaluating the work was the total time not the time on the date of the visit. This is because the typical time spent by different specialties during those three time periods could vary significantly and that the total time was more accurate and would be more comparable across specialties. The panel also noted that because of this, the time spent on the date of service is different than the current intraservice times so that in evaluating the surveyed times, the most fitting comparison was to the total times of the current codes and the comparator codes.

⁶ <https://annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties?doi=10.7326%2fM16-0961>

⁷ <https://www.jwatch.org/fw111995/2016/09/06/half-physician-time-spent-ehrs-and-paperwork>

With respect to the overall analysis, the panel was concerned that use of IWPOT as a metric to evaluate the survey results was inappropriate because of (1) the differences between E/M services and services with global periods of 10 and 90 days, (2) the short overall service times and, (3) the shift from the pre/intra/post service paradigm to pre-date/date of service/post-date of service times. The panel also considered whether WPUT was an appropriate metric to evaluate the survey results. After a discussion, the panel agreed that WPUT could be used to identify codes with a high RVU (e.g., a WPUT of 0.6 would be an outlier for E/M services) but not to determine whether an RVU for a code within the “typical” range of E/M WPUT was appropriate or not.

As a general matter, the panel noted that over 80% of the respondents agreed that the vignettes were typical for each code and there was no significant variation among primary care, surgical, or medical specialists. For example, the lowest percent finding a vignette typical was the grouping identified as “primary care” for 99214 where 74% of respondents thought the vignette was typical.

The panel also noted that there were well over 1000 respondents for each code and that primary care, surgery, and medicine were well represented for each survey. The panel also noted that all the surveys had bell shaped curves and that the 25th and 75th percentiles were appropriately spaced from the median. In addition, review of the complexity/intensity measures showed, for each code that the respondents thought the survey code was as or more complex than the key reference surveys and were consistent with the survey median RVU for all of the codes.

The panel also had an opportunity to validate the survey times for all codes. This is because a time-motion study of family physicians was published in February 2018.⁸ Family physicians were directly observed to determine the total time the physician spent, including time spent before seeing the patient, time spent with the patient, and time spent after the visit was over. The study included 982 visits in 10 clinics. The data showed that family physicians spent on average 35.8 minutes per patient total time. The panel was able to obtain Medicare utilization data for family practice for CPT codes 99201-99215. The panel multiplied that utilization by the survey median time for family physicians only for each code and summed those amounts across all codes. That number was divided by the total utilization to obtain a mean total time per the survey. This calculation yielded a mean time of 38.5 minutes. The panel believes that the variance of only 7% validates the survey times especially because family practice comprised approximately 50% of the respondents for all the surveys.

Most importantly the panel noted that respondents from every specialty that participated in the survey agreed that the current times and work RVUs for every code were too low. In fact, respondents from surgical specialties found the codes to be more undervalued than the primary care respondents.

Lastly, the panel notes the following with respect to E/M visits included in services with a global period: Historically, CMS has incorporated changes in the work RVUs to E/M services into services which have E/M visits included in the global period (e.g., 10 and 90 day surgical globals, obstetric care). This has happened three times, most recently in 2010. The panel is aware of this history and expect CMS will continue this practice with respect to changes in work RVUs, if any, that are recommended by the RUC.

The following code level recommendations are being made by the panel:

CPT 99212

There were 1353 respondents, 85% of whom found the vignette to be typical. The median survey times were 2/11/3/18 as compared to existing times of 2/10/4/16. The median survey work RVU was 0.75, the 25th percentile was 0.50, and the current value is 0.48. The panel compared the survey data to the two key reference services, 99231, Subsequent hospital care requiring straightforward or low level medical decision making, with times of 5/10/5/20 and a work RVU of 0.76, and 99490, Chronic Care Management with times of 0/15/0/15 and a work RVU of 0.61. The panel also reviewed three MPC codes, 76536, Ultrasound, soft tissues of the neck with times and work RVU of 4/10/4/18/ 0.56, 93923, Complete bilateral non-invasive physiologic studies of the upper and lower extremity arteries, 3 or more levels, with times and work RVU of 3/10/3/16/0.45, and 99282, Emergency department visit requiring low to moderate complexity medical decision making with times and work RVU of 3/10/5/18/0.88. The panel recommends the median work RVU of 0.75 and a total time of 18 minutes. 99490 is for established patients only and does not require face to face interaction. Therefore, an RVU between 99231 and 99490 is appropriate. An RVU of 0.75 is less than the RVU of 99231 (0.76) and is appropriate. Furthermore, the median places 99212 in proper rank order with 76536, 93923, and 99282, the first two are lower intensity codes without a face to face component and 99282 is a more intense service but requires low to moderate level decision making and has an RVU of 0.88 with an identical time of 18 minutes.

Relativity Within the Office Visit Code Set

The panel reviewed the relativity of the median work RVUs of the survey codes within each family and between the two families and found them to place the codes in proper rank order. In fact, the median survey total times and work RVUs increases for each progressively more complex code in each family was remarkably concordant as was the difference in median total times and work RVUs between the comparable new and established patient codes (e.g., 99205 vs. 99215). The data is as follows:

⁸ A Time-Motion Study of Primary Care Physicians' Work in the Electronic Health Record Era. R Young, et al. Family Medicine. Vol. 50. No. 2. February 2018: 91-99.

The survey median total time for 99203 is 82% higher than the survey median total time for 99202 and the survey median work RVU for 99203 is 60% higher than that of 99202.

The survey median total time for 99204 is 50% higher than the survey median total time for 99203 and the survey median work RVU for 99204 is 62.5% higher than the survey median for 99203.

The survey median total time for 99205 is 42% higher than the survey median total time for 99204 and the survey median work RVU for 99205 is 35% higher than the survey median for 99204.

The survey median total time for 99213 is 67% higher than the survey median total time for 99212 and the survey median work RVU for 99213 is 73% higher than the survey median for 99212.

The survey median total time for 99214 is 63% higher than the survey median total time for 99213 and the survey median work RVU for 99214 is 54% higher than the survey median for 99213.

The survey median total time for 99215 is 43% higher than the survey median time for 99214 and the survey median work RVU for 99215 is 40% higher than the survey median for 99214.

The median survey total time for 99205 is 21% more than the median survey total time for 99215 and the survey median work RVU for 99205 is 25% higher than the survey median work RVU for 99215.

The survey median total time for 99204 is 22% higher than the survey median total time for 99214 and the survey median work RVU for 99204 is 30% higher than the survey median work RVU for 99214.

The survey median total time for 99203 is 33% higher than the survey median total time for 99213 and the survey median work RVU for 99203 is 23% higher than the survey median for 99213.

The survey median total time for 99202 is 22% higher than the survey median total time for 99212 and the survey median work RVU for 99202 is 33% higher than the survey median work RVU for 99212.

| Code | Median Survey Total Time (minutes) | Difference in Total Time (Percent) From Next Lower Code | Median Survey Work RVU | Difference in Median Work RVU (Percent) From Next Lower Code |
|-------|------------------------------------|---|------------------------|---|
| 99202 | 22 | | 1 | |
| 99203 | 40 | 18 (82) | 1.6 | 0.60 (60) |
| 99204 | 60 | 20 (50) | 2.6 | 1.00 (62.5) |
| 99205 | 85 | 25 (42) | 3.5 | 0.90 (35) |
| 99212 | 18 | | 0.75 | |
| 99213 | 30 | 12 (67) | 1.3 | 0.55 (73) |
| 99214 | 49 | 19 (63) | 2 | 0.70 (54) |
| 99215 | 70 | 21 (43) | 2.8 | 0.80 (40) |
| | | Difference in Total Time Percent) Between New and Established Visit Codes of Same Level | | Difference in Median Work RVU (Percent) Between New and Established Visit Codes of Same Level |
| 99202 | 22 | 4 (22) | 1 | 0.25 (33) |
| 99212 | 18 | | 0.75 | |
| 99203 | 40 | 10 (33) | 1.6 | 0.30 (23) |
| 99213 | 30 | | 1.3 | |
| 99204 | 60 | 11 (22) | 2.6 | 0.60 (30) |

| | | | | |
|-------|----|---------|-----|-----------|
| 99214 | 49 | | 2 | |
| 99205 | 85 | 15 (21) | 3.5 | 0.70 (25) |
| 99215 | 70 | | 2.8 | |

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. Code 99212 is not typically reported with another code on the same date of service (source: Medicare 5% file, 99212 billed alone 67% of time).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99212

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

Specialty Podiatry How often? Commonly

Specialty Dermatology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 38233737

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume * 3

Specialty Podiatry Frequency 5517128 Percentage 14.42 %

Specialty Dermatology Frequency 5184495 Percentage 13.56 %

Specialty Orthopedic Surgery Frequency 2879000 Percentage 7.52 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 12,744,579 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume

| | | |
|------------------------------|-------------------|--------------------|
| Specialty Podiatry | Frequency 1839043 | Percentage 14.43 % |
| Specialty Dermatology | Frequency 1728165 | Percentage 13.56 % |
| Specialty Orthopedic Surgery | Frequency 959667 | Percentage 7.53 % |

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

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Evaluation Management

BETOS Sub-classification:

Office visit

BETOS Sub-classification Level II:

Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 99212

If this code is a new/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: 99213 | Tracking Number F7 | Original Specialty Recommended RVU: 1.30 |
| | | Presented Recommended RVU: 1.30 |
| Global Period: XXX | Current Work RVU: 0.97 | RUC Recommended RVU: 1.30 |

CPT Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.
When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Office visit for an established patient with a stable chronic illness or acute uncomplicated injury.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work:

Description of Intra-Service Work:

Within 3 Days Prior to Visit:

Review interval correspondence, referral notes, medical records, and diagnostic data generated since the last visit. Query the Prescription Monitoring Program (PMP), Health Information Exchange (HIE), and other registries, as required. Communicate with other members of the health care team regarding the visit.

Day of Visit:

Patient is confirmed. Review the medical history form completed by the patient as well as the prior clinical note. Review vital signs obtained by clinical staff. Obtain a medically appropriate history, including the response to any treatment initiated or continued at the last visit. Update pertinent components of the social history, family history, review of systems, and allergies that have changed since the last visit. Reconcile the medication list. Perform a medically appropriate examination. Synthesize the relevant history, physical examination, and data elements to update differential diagnosis, diagnostic strategy, and treatment plan (requiring low-complexity MDM). Discuss the treatment options with the patient and family, incorporating their values in creation of the plan. Provide patient education and respond to questions from the patient and/or family. Electronically prescribe medications, making changes as needed based on payer formulary. Arrange diagnostic testing and referral if necessary. Document the encounter in the medical record. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.

Within 7 Days After Visit:

Answer follow up questions from the patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur within seven days after the visit. Review and analyze interval testing results. Communicate results and plan modifications with the patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

| | | | | | |
|---|--|---|----------------|-----------------------------|-------------|
| RUC Meeting Date (mm/yyyy) | 04/2019 | | | | |
| Presenter(s): | Megan Adamson, MD, American Academy of Family Physicians (AAFP), Phillip Rogers, MD, American Academy of Hospice and Palliative Medicine (AAHPM), Marianna Spanaki, MD, PhD, American Academy of Neurology (AAN), Steve Krug, MD, American Academy of Pediatrics (AAP), Richard Wright, MD, American College of Cardiology (ACC), Bill Fox, MD, American College of Physicians (ACP), Audrey Chun, MD, American Geriatrics Society (AGS) | | | | |
| Specialty Society(ies): | AACE, AACU, AAD, AAFP, AAHPM, AAN, AANS/CNS, AAO, AAOHNS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACNS, ACOG, ACP, ACRh, ACS, AGA/ACG/ASGE, AGS, AMDA, ANA, AOA (Optometry), AOA (Osteopathic), APA (Psychiatry), APMA, ASAM, ASBMT, ASCO, ASCRS (Colon and Rectal), ASCRS (Cataract and Refractive), ASH, ASRS, ASSH, ATS, AUA, CHEST, ES, IDSA, NASS, RPA, SAGES, SCAI, SIR, STS, SVS | | | | |
| CPT Code: | 99213 | | | | |
| Sample Size: | 178360 | Resp N: | 1650 | Response: 0.9 % | |
| Description of Sample: | Each society selected a random sample, some choose to survey all their members, while other chose to survey a random pull between 1000 and 5000 from their US physician or QHP members. We have a separate spreadsheet with the total from each society available as a PDF. | | | | |
| | Low | 25th pctl | Median* | 75th pctl | High |
| Service Performance Rate | 0.00 | 100.00 | 344.00 | 985.00 | 20000.00 |
| Survey RVW: | 0.01 | 1.00 | 1.30 | 1.75 | 175.00 |
| Pre-Service Evaluation Time: | | | 0.00 | | |
| Pre-Service Positioning Time: | | | 0.00 | | |
| Pre-Service Scrub, Dress, Wait Time: | | | 0.00 | | |
| Intra-Service Time: | 1.00 | 22.00 | 30.00 | 43.00 | 410.00 |
| 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: | 99213 | Recommended Physician Work RVU: 1.30 | | |
| | | Specialty Recommended Pre-Service Time | Specialty Recommended Pre Time Package | Adjustments/Recommended Pre-Service Time |
| Pre-Service Evaluation Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Positioning Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Scrub, Dress, Wait Time: | | 0.00 | 0.00 | 0.00 |
| Intra-Service Time: | | 30.00 | | |

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

XXX Global Code

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

| Post-Operative Visits | Total Min** | CPT Code and Number of Visits | | | |
|-------------------------------|-------------|-------------------------------|-------------|-------------|-------------------|
| Critical Care time/visit(s): | <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:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99232 | XXX | 1.39 | RUC Time |

CPT Descriptor Subsequent hospital 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 moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

SECOND HIGHEST KEY REFERENCE SERVICE:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99487 | XXX | 1.00 | RUC Time |

CPT Descriptor 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.;

KEY MPC COMPARISON CODES:

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

| MPC CPT Code 1 | Global | Work RVU | Time Source | Most Recent Medicare Utilization |
|----------------|--------|----------|-------------|-------------------------------------|
| 73721 | XXX | 1.35 | RUC Time | 661,647 |

CPT Code: 99213

CPT Descriptor 1 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material

MPC CPT Code 2

78072

Global

XXX

Work RVU

1.60

Time Source

RUC Time

Most Recent

Medicare Utilization

8,461

CPT Descriptor 2 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization

Other Reference CPT Code

99381

Global

XXX

Work RVU

1.50

Time Source

RUC Time

CPT Descriptor Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)

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: 285 % of respondents: 17.2 %

Number of respondents who choose 2nd Key Reference Code: 213 % of respondents: 12.9 %**TIME ESTIMATES (Median)**

| | CPT Code: <u>99213</u> | Top Key Reference CPT Code: <u>99232</u> | 2nd Key Reference CPT Code: <u>99487</u> |
|---|---------------------------|---|---|
| Median Pre-Service Time | 0.00 | 10.00 | 0.00 |
| Median Intra-Service Time | 30.00 | 20.00 | 26.00 |
| Median Immediate Post-service Time | 0.00 | 10.00 | 0.00 |
| Median Critical Care Time | 0.0 | 0.00 | 0.00 |
| Median Other Hospital Visit Time | 0.0 | 0.00 | 0.00 |
| Median Discharge Day Management Time | 0.0 | 0.00 | 0.00 |
| Median Office Visit Time | 0.0 | 0.00 | 0.00 |
| Prolonged Services Time | 0.0 | 0.00 | 0.00 |
| Median Subsequent Observation Care Time | 0.0 | 0.00 | 0.00 |
| Median Total Time | 30.00 | 40.00 | 26.00 |
| Other time if appropriate | | | |

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

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

Top Key Reference Code**Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

| | | | | | |
|-------------------------------------|----|-----|-----|-----|----|
| Overall intensity/complexity | 0% | 14% | 62% | 19% | 5% |
|-------------------------------------|----|-----|-----|-----|----|

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

13%

66%

21%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

8%

76%

16%

Physical effort required

13%

73%

14%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

18%

59%

22%

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

9%

58%

29%

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

19%

58%

23%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

12%

64%

24%

Physical effort required

12%

65%

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%

56%

28%

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.

Compelling Evidence

The surveying societies convened an expert panel, (herein referred to as panel), to review the survey data and determine whether there is compelling evidence to justify an increase in work RVUs for the surveyed codes. The panel considered compelling evidence as a whole for all codes and then made work RVU recommendations on a code-by-code basis after reviewing the survey data. The panel determined that the following four compelling evidence standards were met:

- Evidence that incorrect assumptions were made in the previous valuation
 - Flawed mechanism or methodology used in previous valuations, for example, evidence that no pediatricians were consulted in assigning pediatric values or CMS/Other source codes
- Documentation in the peer-reviewed literature or other reliable data that:
 - Change in knowledge and technology
 - Patient population
- Evidence that technology has changed physician work

The basis for this determination is as follows:

Evidence that incorrect assumptions were made in the previous valuation of these services

During the 2005 five-year review the number of surveying specialties was very limited so many specialties that commonly perform office visits were not included. In fact, no surgical specialties participated in the survey, so their input was not included. Twenty surgical specialties participated in this survey and, as you can see by the summary data, the surgical specialty survey respondents report a higher median work RVU than primary care specialties.

Furthermore, the current work RVUs date to 2010 when CMS changed their values due to the deletion of the consult codes. CMS used a crosswalk/mathematical formula to derive these values and did not ask for the RUC to review the values. Importantly, even though the work RVUs were adjusted by CMS, the times were not adjusted.

Change in knowledge and technology

Electronic Health Records

According to NAMCS data, in 2015, 76% of all practices used electronic health records exclusively, 11% used them partially, and 12% used only paper records. In 2008 the corresponding numbers were 29%, 17%, and 53%. All remarkable differences demonstrating that the technology used to deliver office-based care has changed dramatically. This is confirmed by the CDC which estimates that use of an EHR increased from 35% in 2007 to 87% in 2015.¹ The EHR contains more data than paper records and all of it must be reviewed including for drug-drug and, with increasing use of homeopathic substances, drug substance interactions.

Explosion in the Number of Guidelines, Appropriate Use Criteria, and Requirements for Prior Authorization

¹ Other citations supporting the change in technology include:

<https://journals.stfm.org/familymedicine/2018/february/young-2017-0121/>

<https://ehrintelligence.com/news/physician-ehr-use-workload-trumping-face-time-with-patients>

In 2006, the National Guideline Clearinghouse, created by the U.S. Agency for Healthcare Research and Quality (AHRQ) listed on its website about two thousand guidelines.² In 2012, there were 7,508 clinical practice guidelines, and thousands are produced annually.³ Under the law, physicians must consult and follow Medicare approved appropriate use criteria when they are considering ordering advanced imaging tests.

The number of Medicare Advantage and commercial payers who require prior authorization for many services is rapidly increasing and Medicare is in the process of publishing regulations which will allow a huge expansion of prior authorization by Medicare Advantage plans for Part B drugs which will affect all physicians and increase the post visit physician time significantly.

Explosion of Genomic Information and the Internet

The increasing availability of genomic information, including patient obtained genomic data which they bring to the office, increases the complexity of office visits. Therefore, a working understanding of the underlying concepts of genetic disease is increasingly necessary for today's practicing physician, and routine office practice requires integration of these fundamental concepts for use in accurate diagnosis and ensuring appropriate referrals for patients with genetic disease and their families. In addition, genomic information has become integral to the selection of treatment in a variety of disease conditions, adding a new dimension to disease management.⁴ Indeed, some patients anticipate an ongoing role for their primary care physician after receiving genetic test results.⁵ All of this expands the knowledge base required for each E/M service since this information must be integrated with the traditional cognitive base.

The expanded use of the internet and expanded resources that patient's access on the internet is completely new and it is typical that time must be spent discussing patient obtained information which increases the complexity of the office visit.

The Amount and Complexity of Data to be Reviewed is Increasing

There is more data to review at each visit. This includes data from lab tests, imaging, and EKGs. The number of lab tests performed has increased dramatically. For example, the NAMCS data shows that the number of glycohemoglobins obtained at one visit jumped from 3.5% to 7% between 2008 and 2015; comprehensive metabolic panels were obtained at 11% of visits in 2015 but were not ordered with sufficient frequency to make the list in 2008. The number of EKGs performed at a visit rose from 3% to 4% during that same period.

Change in the Patient Population

The number of diagnoses that appear on Medicare claims for office visits (based on the 5% file) has increased, dramatically from 2006 to 2016.

| CPT Code | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2016 vs. 2006 |
|----------|------|------|------|------|------|------|------|------|------|------|------|---------------|
| 99201 | 1.64 | 1.65 | 1.65 | 1.66 | 1.63 | 1.65 | 1.66 | 1.72 | 1.77 | 1.81 | 1.90 | 15% |
| 99202 | 1.88 | 1.91 | 1.93 | 1.95 | 1.91 | 1.93 | 1.97 | 2.02 | 2.08 | 2.12 | 2.27 | 21% |
| 99203 | 2.07 | 2.10 | 2.13 | 2.17 | 2.09 | 2.14 | 2.20 | 2.26 | 2.33 | 2.39 | 2.54 | 23% |
| 99204 | 2.44 | 2.49 | 2.55 | 2.58 | 2.41 | 2.48 | 2.56 | 2.65 | 2.74 | 2.83 | 3.02 | 24% |
| 99205 | 2.63 | 2.69 | 2.77 | 2.83 | 2.48 | 2.54 | 2.62 | 2.67 | 2.78 | 2.89 | 3.14 | 19% |
| 99211 | 1.59 | 1.60 | 1.63 | 1.67 | 1.69 | 1.72 | 1.73 | 1.74 | 1.78 | 1.80 | 1.86 | 17% |
| 99212 | 1.73 | 1.76 | 1.79 | 1.82 | 1.85 | 1.89 | 1.94 | 1.97 | 2.03 | 2.07 | 2.19 | 27% |
| 99213 | 2.09 | 2.13 | 2.17 | 2.21 | 2.26 | 2.30 | 2.38 | 2.42 | 2.49 | 2.56 | 2.73 | 31% |
| 99214 | 2.67 | 2.74 | 2.83 | 2.91 | 2.99 | 3.06 | 3.16 | 3.24 | 3.38 | 3.52 | 3.82 | 43% |
| 99215 | 2.84 | 2.91 | 3.00 | 3.10 | 3.16 | 3.19 | 3.29 | 3.37 | 3.53 | 3.70 | 4.11 | 44% |

The NAMCS survey data reveals, among other things, the following changes in the patient population seen during office visits:

² <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1468-0009.2007.00505.x>

Accessed January 10, 2019

³ <http://www.annfammed.org/content/12/3/202.full>

Accessed January 10, 2019

⁴ Aronson, Samuel J. and Heidi L. Rehm. "Building the foundation for genomics in precision medicine." *Nature*. 2015 October 15; 526(7573): 336–342.

⁵ Miller, Fiona A. et al. "The primary care physician role in cancer genetics: a qualitative study of patient experience." *Family Practice* 2010; 27:563–569.

In 2015, 31% of office visits were for patients over the age of 65, in 2008 that number was 27%.

In 2015 the primary reason for the visit included “medication” 3.6%, “counseling” 2.7%, Diabetes 1.3%, while in 2008 medication related visits accounted for only 2.2% of visits, counseling related visits comprised only 1.3% of visits, and diabetes related visits didn’t even make the list. This is a 50% increase in medication related visits, more than a doubling of counseling related visits and a huge increase in diabetes related visits.

The primary organ system diagnosis has also changed substantially. In 2008 the two organ system diagnosis was disorders of the respiratory system (10%), while in 2015 the top system was diseases of the musculoskeletal and connective tissue (11%). In addition, mental disorders were the primary diagnoses 4.2% of the time in 2008 but 6.0% of the time in 2015, a 50% increase.

Primary disease specific diagnoses have also changed: From 2008-15, arthropathy rose from 3% to 4.7% of visits (over a 50% increase); spine disorders rose from 2.5% to 3.8%; and acute respiratory illness fell from 3.1% to 2.5% (a 16% decrease). Furthermore, the existence of diabetes as a chronic condition during an office visit has increased from 15%, 21%, 19 % to 20%, 27%, and 24% in the age groups 45-64, 65-74, and 75 and over, respectively. This is all evidence of the increased number of patients seen with chronic conditions as opposed to acute conditions and this has dramatically changed how practice and care are delivered.

Evidence that technology has changed physician work

The use of EHR’s has increased physician work by increasing the time physician spend documenting the medical record. In 2016, it was estimated that for every hour spent with patients, physicians spend 2 hours on EHR and desk work, according to an *Annals of Internal Medicine* study.⁶ In a New England Journal of Medicine article, based on observation, 49% of physicians' office hours were spent on EHR and desk work while 27% was spent directly with patients. When meeting with patients, physicians spent 37% of their time on EHR and desk work. After office hours, physicians worked a mean of 1.5 hours per day, with most of that time dedicated to EHR tasks.⁷

Code Level Recommendations

Overview

The surveying specialties convened a panel to review all the office visit codes and the new prolonged services code. The panel met by conference call on three occasions and reviewed the survey data. As a general matter, the panel noted that these codes can be billed based on time spent on the date of the visit or on medical decision-making and that history and physical is no longer required except that it is expected that an “appropriate” history and physical is performed during the visit. When codes are billed based on time there are specific time requirements (e.g., 45-59 minutes for 99204). Furthermore, the time used to report these codes is based entirely on the total time spent with the patient on the day of service (i.e., the sum of face-to-face and non-face-to-face time that day). However, importantly, the work value for the code is based on the entire time spent by the physician from three days before the visit to seven days after the visit. Each respondent reported three different times: the time spent for the three days before the date of the visit, the time spent on the date of the visit, and the time spent for the seven days after the visit. These three times were summed, and a total time determined for each respondent. The median total time was determined by taking the median of these summed times. It was not determined by taking the sum of the medians for pre date of service time, date of service time, and postdate of service time. This means that the median “total time” does NOT necessarily equal the sum of the median times for the pre-date/date of service/postdate or service median times. This needs to be kept in mind when reviewing the recommendations for each code which focus on the total times and, when appropriate, the date of service times. The panel determined that the most accurate time for evaluating the work was the total time not the time on the date of the visit. This is because the typical time spent by different specialties during those three time periods could vary significantly and that the total time was more accurate and would be more comparable across specialties. The panel also noted that because of this, the time spent on the date of service is different than the current intraservice times so that in evaluating the surveyed times, the most fitting comparison was to the total times of the current codes and the comparator codes.

With respect to the overall analysis, the panel was concerned that use of IWPOT as a metric to evaluate the survey results was inappropriate because of (1) the differences between E/M services and services with global periods of 10 and 90 days, (2) the short overall service times and, (3) the shift from the pre/intra/post service paradigm to pre-date/date of service/post-date of service times. The panel also considered whether WPUT was an appropriate metric to evaluate the survey results. After a discussion, the panel agreed that WPUT could be used to identify codes with a high RVU (e.g., a WPUT of 0.6 would be an outlier for E/M services) but not to determine whether an RVU for a code within the “typical” range of E/M WPUT was appropriate or not.

⁶ <https://annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties?doi=10.7326%2FM16-0961>

⁷ <https://www.jwatch.org/fw111995/2016/09/06/half-physician-time-spent-ehrs-and-paperwork>

As a general matter, the panel noted that over 80% of the respondents agreed that the vignettes were typical for each code and there was no significant variation among primary care, surgical, or medical specialists. For example, the lowest percent finding a vignette typical was the grouping identified as “primary care” for 99214 where 74% of respondents thought the vignette was typical.

The panel also noted that there were well over 1000 respondents for each code and that primary care, surgery, and medicine were well represented for each survey. The panel also noted that all the surveys had bell shaped curves and that the 25th and 75th percentiles were appropriately spaced from the median. In addition, review of the complexity/intensity measures showed, for each code that the respondents thought the survey code was as or more complex than the key reference surveys and were consistent with the survey median RVU for all of the codes.

The panel also had an opportunity to validate the survey times for all codes. This is because a time-motion study of family physicians was published in February 2018.⁸ Family physicians were directly observed to determine the total time the physician spent, including time spent before seeing the patient, time spent with the patient, and time spent after the visit was over. The study included 982 visits in 10 clinics. The data showed that family physicians spent on average 35.8 minutes per patient total time. The panel was able to obtain Medicare utilization data for family practice for CPT codes 99201-99215. The panel multiplied that utilization by the survey median time for family physicians only for each code and summed those amounts across all codes. That number was divided by the total utilization to obtain a mean total time per the survey. This calculation yielded a mean time of 38.5 minutes. The panel believes that the variance of only 7% validates the survey times especially because family practice comprised approximately 50% of the respondents for all the surveys.

Most importantly the panel noted that respondents from every specialty that participated in the survey agreed that the current times and work RVUs for every code were too low. In fact, respondents from surgical specialties found the codes to be more undervalued than the primary care respondents.

Lastly, the panel notes the following with respect to E/M visits included in services with a global period: Historically, CMS has incorporated changes in the work RVUs to E/M services into services which have E/M visits included in the global period (e.g., 10 and 90 day surgical globals, obstetric care). This has happened three times, most recently in 2010. The panel is aware of this history and expect CMS will continue this practice with respect to changes in work RVUs, if any, that are recommended by the RUC.

The following code level recommendations are being made by the panel:

CPT 99213

There were 1650 respondents of whom 89% found the vignette to be typical. The median times and work RVU were 5/20/5/30/1.3 as compared to the current 3/15/5/23/0/97. The survey 25th percentile RVU was 1.00. The panel noted that the survey median time of 30 minutes is 30% higher than the current total time and the survey median work RVU of 1.3 is 34% higher than the current work RVU. The panel compared these responses to the two key reference services, 99232, Subsequent hospital care which is reported when patients are not responding to therapy or have developed a complication, with times and RVU of 10/20/10/40/1.39, and 99487, Complex Care Management with times and RVU of 0/26/0/26/1.00. The panel noted that there were many MRI codes with total times of 30 minutes and work RVUs of 1.35 or higher. Two of the imaging codes the panel reviewed were MPC codes 73721, MRI, lower extremity joint without dye with times and RVU of 5/20/5/30/1.35, and 78072, Parathyroid planar imaging with SPECT and CT with times and RVU of 5/20/5/30/1.6. The panel also noted 99381 and 99392, Preventive visits for a new patient less than one year old and between one and four years old that both have times and work RVUs of 5/20/5/30/1.5. The panel agreed that a face to face office visit is more intense than image interpretation and that the median RVU of 1.3 placed 99213 in correct rank order with 99232 which has longer time and a higher RVU, with 99487 that has only 26 minutes of total time, and with the imaging codes. Therefore, the panel is recommending the survey median work RVU of 1.3 and median total time of 30 minutes.

Relativity Within the Office Visit Code Set

The panel reviewed the relativity of the median work RVUs of the survey codes within each family and between the two families and found them to place the codes in proper rank order. In fact, the median survey total times and work RVUs increases for each progressively more complex code in each family was remarkably concordant as was the difference in median total times and work RVUs between the comparable new and established patient codes (e.g., 99205 vs. 99215). The data is as follows:

The survey median total time for 99203 is 82% higher than the survey median total time for 99202 and the survey median work RVU for 99203 is 60% higher than that of 99202.

The survey median total time for 99204 is 50% higher than the survey median total time for 99203 and the survey median work RVU for 99204 is 62.5% higher than the survey median for 99203.

⁸ A Time-Motion Study of Primary Care Physicians' Work in the Electronic Health Record Era. R Young, et al. Family Medicine. Vol. 50. No. 2. February 2018: 91-99.

The survey median total time for 99205 is 42% higher than the survey median total time for 99204 and the survey median work RVU for 99205 is 35% higher than the survey median for 99204.

The survey median total time for 99213 is 67% higher than the survey median total time for 99212 and the survey median work RVU for 99213 is 73% higher than the survey median for 99212.

The survey median total time for 99214 is 63% higher than the survey median total time for 99213 and the survey median work RVU for 99214 is 54% higher than the survey median for 99213.

The survey median total time for 99215 is 43% higher than the survey median time for 99214 and the survey median work RVU for 99215 is 40% higher than the survey median for 99214.

The median survey total time for 99205 is 21% more than the median survey total time for 99215 and the survey median work RVU for 99205 is 25% higher than the survey median work RVU for 99215.

The survey median total time for 99204 is 22% higher than the survey median total time for 99214 and the survey median work RVU for 99204 is 30% higher than the survey median work RVU for 99214.

The survey median total time for 99203 is 33% higher than the survey median total time for 99213 and the survey median work RVU for 99203 is 23% higher than the survey median for 99213.

The survey median total time for 99202 is 22% higher than the survey median total time for 99212 and the survey median work RVU for 99202 is 33% higher than the survey median work RVU for 99212.

| Code | Median Survey Total Time (minutes) | Difference in Total Time (Percent) From Next Lower Code | Median Survey Work RVU | Difference in Median Work RVU (Percent) From Next Lower Code |
|-------|------------------------------------|---|------------------------|---|
| 99202 | 22 | | 1 | |
| 99203 | 40 | 18 (82) | 1.6 | 0.60 (60) |
| 99204 | 60 | 20 (50) | 2.6 | 1.00 (62.5) |
| 99205 | 85 | 25 (42) | 3.5 | 0.90 (35) |
| 99212 | 18 | | 0.75 | |
| 99213 | 30 | 12 (67) | 1.3 | 0.55 (73) |
| 99214 | 49 | 19 (63) | 2 | 0.70 (54) |
| 99215 | 70 | 21 (43) | 2.8 | 0.80 (40) |
| | | Difference in Total Time Percent) Between New and Established Visit Codes of Same Level | | Difference in Median Work RVU (Percent) Between New and Established Visit Codes of Same Level |
| 99202 | 22 | 4 (22) | 1 | 0.25 (33) |
| 99212 | 18 | | 0.75 | |
| 99203 | 40 | 10 (33) | 1.6 | 0.30 (23) |
| 99213 | 30 | | 1.3 | |
| 99204 | 60 | 11 (22) | 2.6 | 0.60 (30) |
| 99214 | 49 | | 2 | |
| 99205 | 85 | 15 (21) | 3.5 | 0.70 (25) |
| 99215 | 70 | | 2.8 | |

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. Code 99213 is not typically reported with another code on the same date of service (source: Medicare 5% file, 99213 billed alone 75% of time).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99213

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Commonly

Specialty Family Practice How often? Commonly

Specialty Dermatology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 292459194

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume * 3

Specialty Internal Medicine Frequency 45857602 Percentage 15.68 %

Specialty Family Practice Frequency 45740618 Percentage 15.64 %

Specialty Dermatology Frequency 17430568 Percentage 5.96 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

97,486,398 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume

Specialty Internal Medicine Frequency 15285867 Percentage 15.67 %

Specialty Family Practice Frequency 15246873 Percentage 15.64 %

Specialty Dermatology Frequency 5810189 Percentage 5.95 %

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

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Evaluation Management

BETOS Sub-classification:

Office visit

BETOS Sub-classification Level II:

Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 99213

If this code is a new/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: 99214 | Tracking Number F8 | Original Specialty Recommended RVU: 2.00 |
| | | Presented Recommended RVU: 2.00 |
| Global Period: XXX | Current Work RVU: 1.50 | RUC Recommended RVU: 1.92 |

CPT Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Office visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work:

Description of Intra-Service Work:

Within 3 Days Prior to Visit:

Review interval correspondence, referral notes, medical records, and diagnostic data generated since the last visit. Query the Prescription Monitoring Program (PMP), Health Information Exchange (HIE), and other registries, as required. Communicate with other members of the health care team regarding the visit.

Day of Visit:

Patient is confirmed. Review the medical history form completed by the patient as well as the prior clinical note. Review vital signs obtained by clinical staff. Obtain a medically appropriate history, including the response to any treatment initiated or continued at the last visit. Update pertinent components of the social history, family history, review of systems, and allergies that have changed since the last visit. Reconcile the medication list. Perform a medically appropriate examination. Synthesize the relevant history, physical examination, and data elements to formulate one or more differential diagnoses, diagnostic strategies, or treatment plans (requiring moderate-complexity MDM), consulting point of care resources as needed. Discuss the diagnoses, workup options, and treatment options (including the risks, complications and alternatives of medical and surgical treatments) with the patient and family incorporating their values in creation of the plan. Provide patient education and respond to questions from the patient and/or family. Electronically prescribe medications, making changes as needed based on payer formulary. Arrange diagnostic testing and referral if necessary. Document the encounter in the medical record, spending time to further refine the differential diagnosis, workup, or treatment plan as necessary. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Coordinate care by discussing the case with other physicians and members of the health care team and write letters of referral if necessary. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.

Within 7 Days After Visit:

Answer follow up questions from the patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur within seven days after the visit. Review and analyze interval testing results and refine the differential diagnosis, workup, and treatment plan based on these results. Order additional testing based on these

results. Communicate results and plan modifications with the patient and/or family. Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

| | | | | | |
|---|--|--------------------------------------|--------------------|-----------------------------|---------------------------------|
| RUC Meeting Date (mm/yyyy) | 04/2019 | | | | |
| Presenter(s): | Megan Adamson, MD, American Academy of Family Physicians (AAFP), Phillip Rogers, MD, American Academy of Hospice and Palliative Medicine (AAHPM), Marianna Spanaki, MD, PhD, American Academy of Neurology (AAN), Steve Krug, MD, American Academy of Pediatrics (AAP), Richard Wright, MD, American College of Cardiology (ACC), Bill Fox, MD, American College of Physicians (ACP), Audrey Chun, MD, American Geriatrics Society (AGS) | | | | |
| Specialty Society(ies): | AACE, AACU, AAD, AAFP, AAHPM, AAN, AANS/CNS, AAO, AAOHNS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACNS, ACOG, ACP, ACRh, ACS, AGA/ACG/ASGE, AGS, AMDA, ANA, AOA (Optometry), AOA (Osteopathic), APA (Psychiatry), APMA, ASAM, ASBMT, ASCO, ASCRS (Colon and Rectal), ASCRS (Cataract and Refractive), ASH, ASRS, ASSH, ATS, AUA, CHEST, ES, IDSA, NASS, RPA, SAGES, SCAL, SIR, STS, SVS | | | | |
| CPT Code: | 99214 | | | | |
| Sample Size: | 178360 | Resp N: | 1691 | Response: 0.9 % | |
| Description of Sample: | Each society selected a random sample, some choose to survey all their members, while other chose to survey a random pull between 1000 and 5000 from their US physician or OHP members. We have a separate spreadsheet with the total from each society available as a PDF. | | | | |
| | Low | 25th pctl | Median* | 75th pctl | High |
| Service Performance Rate | 0.00 | 100.00 | 400.00 | 1000.00 | 10000.00 |
| Survey RVW: | 0.01 | 1.50 | 2.00 | 2.56 | 52.14 |
| 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 | 36.00 | 49.00 | 65.00 | 525.00 |
| 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: | 99214 | Recommended Physician Work RVU: 1.92 | | |
| | | 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: | | 49.00 | | |

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

XXX Global Code

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

| Post-Operative Visits | Total Min** | CPT Code and Number of Visits | | | |
|-------------------------------|-------------|-------------------------------|-------------|-------------|-------------------|
| Critical Care time/visit(s): | <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:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99233 | XXX | 2.00 | RUC Time |

CPT Descriptor Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

SECOND HIGHEST KEY REFERENCE SERVICE:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99232 | XXX | 1.39 | RUC Time |

CPT Descriptor Subsequent hospital 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 moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.

KEY MPC COMPARISON CODES:

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

| MPC CPT Code 1 | Global | Work RVU | Time Source | Most Recent Medicare Utilization |
|----------------|--------|----------|-------------|-------------------------------------|
| 92004 | XXX | 1.82 | RUC Time | 2,278,700 |

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Most Recent Medicare Utilization</u> |
|-----------------------|---------------|-----------------|--------------------|---|
| 72158 | XXX | 2.29 | RUC Time | 255,396 |

CPT Descriptor 2 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar

| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
|---------------------------------|---------------|-----------------|--------------------|
| 77048 | XXX | 2.10 | RUC Time |

CPT Descriptor 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

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: 326 % of respondents: 19.2 %

Number of respondents who choose 2nd Key Reference Code: 169 % of respondents: 9.9 %

TIME ESTIMATES (Median)

| | CPT Code: <u>99214</u> | Top Key Reference CPT Code: <u>99233</u> | 2nd Key Reference CPT Code: <u>99232</u> |
|---|-----------------------------------|---|---|
| Median Pre-Service Time | 0.00 | 10.00 | 10.00 |
| Median Intra-Service Time | 49.00 | 30.00 | 20.00 |
| Median Immediate Post-service Time | 0.00 | 15.00 | 10.00 |
| Median Critical Care Time | 0.0 | 0.00 | 0.00 |
| Median Other Hospital Visit Time | 0.0 | 0.00 | 0.00 |
| Median Discharge Day Management Time | 0.0 | 0.00 | 0.00 |
| Median Office Visit Time | 0.0 | 0.00 | 0.00 |
| Prolonged Services Time | 0.0 | 0.00 | 0.00 |
| Median Subsequent Observation Care Time | 0.0 | 0.00 | 0.00 |
| Median Total Time | 49.00 | 55.00 | 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.

| <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% | 54% | 31% | 6% |
|-------------------------------------|----|----|-----|-----|----|

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

10%

59%

31%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

8%

70%

22%

Physical effort required

10%

68%

22%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

13%

51%

36%

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

4%

55%

34%

7%

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

5%

58%

37%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

9%

67%

23%

Physical effort required

15%

66%

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

15%

40%

45%

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.

Compelling Evidence

The surveying societies convened an expert panel, (herein referred to as panel), to review the survey data and determine whether there is compelling evidence to justify an increase in work RVUs for the surveyed codes. The panel considered compelling evidence as a whole for all codes and then made work RVU recommendations on a code-by-code basis after reviewing the survey data. The panel determined that the following four compelling evidence standards were met:

- Evidence that incorrect assumptions were made in the previous valuation
 - Flawed mechanism or methodology used in previous valuations, for example, evidence that no pediatricians were consulted in assigning pediatric values or CMS/Other source codes
- Documentation in the peer-reviewed literature or other reliable data that:
 - Change in knowledge and technology
 - Patient population
- Evidence that technology has changed physician work

The basis for this determination is as follows:

Evidence that incorrect assumptions were made in the previous valuation of these services

During the 2005 five-year review the number of surveying specialties was very limited so many specialties that commonly perform office visits were not included. In fact, no surgical specialties participated in the survey, so their input was not included. Twenty surgical specialties participated in this survey and, as you can see by the summary data, the surgical specialty survey respondents report a higher median work RVU than primary care specialties.

Furthermore, the current work RVUs date to 2010 when CMS changed their values due to the deletion of the consult codes. CMS used a crosswalk/mathematical formula to derive these values and did not ask for the RUC to review the values. Importantly, even though the work RVUs were adjusted by CMS, the times were not adjusted.

Change in knowledge and technology

Electronic Health Records

According to NAMCS data, in 2015, 76% of all practices used electronic health records exclusively, 11% used them partially, and 12% used only paper records. In 2008 the corresponding numbers were 29%, 17%, and 53%. All remarkable differences demonstrating that the technology used to deliver office-based care has changed dramatically. This is confirmed by the CDC which estimates that use of an EHR increased from 35% in 2007 to 87% in 2015.¹ The EHR contains more data than paper records and all of it must be reviewed including for drug-drug and, with increasing use of homeopathic substances, drug substance interactions.

Explosion in the Number of Guidelines, Appropriate Use Criteria, and Requirements for Prior Authorization

¹ Other citations supporting the change in technology include:

<https://journals.stfm.org/familymedicine/2018/february/young-2017-0121/>

<https://ehrintelligence.com/news/physician-ehr-use-workload-trumping-face-time-with-patients>

In 2006, the National Guideline Clearinghouse, created by the U.S. Agency for Healthcare Research and Quality (AHRQ) listed on its website about two thousand guidelines.² In 2012, there were 7,508 clinical practice guidelines, and thousands are produced annually.³ Under the law, physicians must consult and follow Medicare approved appropriate use criteria when they are considering ordering advanced imaging tests.

The number of Medicare Advantage and commercial payers who require prior authorization for many services is rapidly increasing and Medicare is in the process of publishing regulations which will allow a huge expansion of prior authorization by Medicare Advantage plans for Part B drugs which will affect all physicians and increase the post visit physician time significantly.

Explosion of Genomic Information and the Internet

The increasing availability of genomic information, including patient obtained genomic data which they bring to the office, increases the complexity of office visits. Therefore, a working understanding of the underlying concepts of genetic disease is increasingly necessary for today's practicing physician, and routine office practice requires integration of these fundamental concepts for use in accurate diagnosis and ensuring appropriate referrals for patients with genetic disease and their families. In addition, genomic information has become integral to the selection of treatment in a variety of disease conditions, adding a new dimension to disease management.⁴ Indeed, some patients anticipate an ongoing role for their primary care physician after receiving genetic test results.⁵ All of this expands the knowledge base required for each E/M service since this information must be integrated with the traditional cognitive base.

The expanded use of the internet and expanded resources that patient's access on the internet is completely new and it is typical that time must be spent discussing patient obtained information which increases the complexity of the office visit.

The Amount and Complexity of Data to be Reviewed is Increasing

There is more data to review at each visit. This includes data from lab tests, imaging, and EKGs. The number of lab tests performed has increased dramatically. For example, the NAMCS data shows that the number of glycohemoglobins obtained at one visit jumped from 3.5% to 7% between 2008 and 2015; comprehensive metabolic panels were obtained at 11% of visits in 2015 but were not ordered with sufficient frequency to make the list in 2008. The number of EKGs performed at a visit rose from 3% to 4% during that same period.

Change in the Patient Population

The number of diagnoses that appear on Medicare claims for office visits (based on the 5% file) has increased, dramatically from 2006 to 2016.

| CPT Code | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2016 vs. 2006 |
|----------|------|------|------|------|------|------|------|------|------|------|------|---------------|
| 99201 | 1.64 | 1.65 | 1.65 | 1.66 | 1.63 | 1.65 | 1.66 | 1.72 | 1.77 | 1.81 | 1.90 | 15% |
| 99202 | 1.88 | 1.91 | 1.93 | 1.95 | 1.91 | 1.93 | 1.97 | 2.02 | 2.08 | 2.12 | 2.27 | 21% |
| 99203 | 2.07 | 2.10 | 2.13 | 2.17 | 2.09 | 2.14 | 2.20 | 2.26 | 2.33 | 2.39 | 2.54 | 23% |
| 99204 | 2.44 | 2.49 | 2.55 | 2.58 | 2.41 | 2.48 | 2.56 | 2.65 | 2.74 | 2.83 | 3.02 | 24% |
| 99205 | 2.63 | 2.69 | 2.77 | 2.83 | 2.48 | 2.54 | 2.62 | 2.67 | 2.78 | 2.89 | 3.14 | 19% |
| 99211 | 1.59 | 1.60 | 1.63 | 1.67 | 1.69 | 1.72 | 1.73 | 1.74 | 1.78 | 1.80 | 1.86 | 17% |
| 99212 | 1.73 | 1.76 | 1.79 | 1.82 | 1.85 | 1.89 | 1.94 | 1.97 | 2.03 | 2.07 | 2.19 | 27% |
| 99213 | 2.09 | 2.13 | 2.17 | 2.21 | 2.26 | 2.30 | 2.38 | 2.42 | 2.49 | 2.56 | 2.73 | 31% |
| 99214 | 2.67 | 2.74 | 2.83 | 2.91 | 2.99 | 3.06 | 3.16 | 3.24 | 3.38 | 3.52 | 3.82 | 43% |
| 99215 | 2.84 | 2.91 | 3.00 | 3.10 | 3.16 | 3.19 | 3.29 | 3.37 | 3.53 | 3.70 | 4.11 | 44% |

The NAMCS survey data reveals, among other things, the following changes in the patient population seen during office visits:

² <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1468-0009.2007.00505.x>

Accessed January 10, 2019

³ <http://www.annfammed.org/content/12/3/202.full>

Accessed January 10, 2019

⁴ Aronson, Samuel J. and Heidi L. Rehm. "Building the foundation for genomics in precision medicine." *Nature*. 2015 October 15; 526(7573): 336–342.

⁵ Miller, Fiona A. et al. "The primary care physician role in cancer genetics: a qualitative study of patient experience." *Family Practice* 2010; 27:563–569.

In 2015, 31% of office visits were for patients over the age of 65, in 2008 that number was 27%.

In 2015 the primary reason for the visit included “medication” 3.6%, “counseling” 2.7%, Diabetes 1.3%, while in 2008 medication related visits accounted for only 2.2% of visits, counseling related visits comprised only 1.3% of visits, and diabetes related visits didn’t even make the list. This is a 50% increase in medication related visits, more than a doubling of counseling related visits and a huge increase in diabetes related visits.

The primary organ system diagnosis has also changed substantially. In 2008 the two organ system diagnosis was disorders of the respiratory system (10%), while in 2015 the top system was diseases of the musculoskeletal and connective tissue (11%). In addition, mental disorders were the primary diagnoses 4.2% of the time in 2008 but 6.0% of the time in 2015, a 50% increase.

Primary disease specific diagnoses have also changed: From 2008-15, arthropathy rose from 3% to 4.7% of visits (over a 50% increase); spine disorders rose from 2.5% to 3.8%; and acute respiratory illness fell from 3.1% to 2.5% (a 16% decrease). Furthermore, the existence of diabetes as a chronic condition during an office visit has increased from 15%, 21%, 19 % to 20%, 27%, and 24% in the age groups 45-64, 65-74, and 75 and over, respectively. This is all evidence of the increased number of patients seen with chronic conditions as opposed to acute conditions and this has dramatically changed how practice and care are delivered.

Evidence that technology has changed physician work

The use of EHR’s has increased physician work by increasing the time physician spend documenting the medical record. In 2016, it was estimated that for every hour spent with patients, physicians spend 2 hours on EHR and desk work, according to an *Annals of Internal Medicine* study.⁶ In a New England Journal of Medicine article, based on observation, 49% of physicians' office hours were spent on EHR and desk work while 27% was spent directly with patients. When meeting with patients, physicians spent 37% of their time on EHR and desk work. After office hours, physicians worked a mean of 1.5 hours per day, with most of that time dedicated to EHR tasks.⁷

Code Level Recommendations

Overview

The surveying specialties convened a panel to review all the office visit codes and the new prolonged services code. The panel met by conference call on three occasions and reviewed the survey data. As a general matter, the panel noted that these codes can be billed based on time spent on the date of the visit or on medical decision-making and that history and physical is no longer required except that it is expected that an “appropriate” history and physical is performed during the visit. When codes are billed based on time there are specific time requirements (e.g., 45-59 minutes for 99204). Furthermore, the time used to report these codes is based entirely on the total time spent with the patient on the day of service (i.e., the sum of face-to-face and non-face-to-face time that day). However, importantly, the work value for the code is based on the entire time spent by the physician from three days before the visit to seven days after the visit. Each respondent reported three different times: the time spent for the three days before the date of the visit, the time spent on the date of the visit, and the time spent for the seven days after the visit. These three times were summed, and a total time determined for each respondent. The median total time was determined by taking the median of these summed times. It was not determined by taking the sum of the medians for pre date of service time, date of service time, and postdate of service time. This means that the median “total time” does NOT necessarily equal the sum of the median times for the pre-date/date of service/postdate or service median times. This needs to be kept in mind when reviewing the recommendations for each code which focus on the total times and, when appropriate, the date of service times. The panel determined that the most accurate time for evaluating the work was the total time not the time on the date of the visit. This is because the typical time spent by different specialties during those three time periods could vary significantly and that the total time was more accurate and would be more comparable across specialties. The panel also noted that because of this, the time spent on the date of service is different than the current intraservice times so that in evaluating the surveyed times, the most fitting comparison was to the total times of the current codes and the comparator codes.

With respect to the overall analysis, the panel was concerned that use of IWPOT as a metric to evaluate the survey results was inappropriate because of (1) the differences between E/M services and services with global periods of 10 and 90 days, (2) the short overall service times and, (3) the shift from the pre/intra/post service paradigm to pre-date/date of service/post-date of service times. The panel also considered whether WPUT was an appropriate metric to evaluate the survey results. After a discussion, the panel agreed that WPUT could be used to identify codes with a high RVU (e.g., a WPUT of 0.6 would be an outlier for E/M services) but not to determine whether an RVU for a code within the “typical” range of E/M WPUT was appropriate or not.

⁶ <https://annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties?doi=10.7326%2FM16-0961>

⁷ <https://www.jwatch.org/fw111995/2016/09/06/half-physician-time-spent-ehrs-and-paperwork>

As a general matter, the panel noted that over 80% of the respondents agreed that the vignettes were typical for each code and there was no significant variation among primary care, surgical, or medical specialists. For example, the lowest percent finding a vignette typical was the grouping identified as “primary care” for 99214 where 74% of respondents thought the vignette was typical.

The panel also noted that there were well over 1000 respondents for each code and that primary care, surgery, and medicine were well represented for each survey. The panel also noted that all the surveys had bell shaped curves and that the 25th and 75th percentiles were appropriately spaced from the median. In addition, review of the complexity/intensity measures showed, for each code that the respondents thought the survey code was as or more complex than the key reference surveys and were consistent with the survey median RVU for all of the codes.

The panel also had an opportunity to validate the survey times for all codes. This is because a time-motion study of family physicians was published in February 2018.⁸ Family physicians were directly observed to determine the total time the physician spent, including time spent before seeing the patient, time spent with the patient, and time spent after the visit was over. The study included 982 visits in 10 clinics. The data showed that family physicians spent on average 35.8 minutes per patient total time. The panel was able to obtain Medicare utilization data for family practice for CPT codes 99201-99215. The panel multiplied that utilization by the survey median time for family physicians only for each code and summed those amounts across all codes. That number was divided by the total utilization to obtain a mean total time per the survey. This calculation yielded a mean time of 38.5 minutes. The panel believes that the variance of only 7% validates the survey times especially because family practice comprised approximately 50% of the respondents for all the surveys.

Most importantly the panel noted that respondents from every specialty that participated in the survey agreed that the current times and work RVUs for every code were too low. In fact, respondents from surgical specialties found the codes to be more undervalued than the primary care respondents.

Lastly, the panel notes the following with respect to E/M visits included in services with a global period: Historically, CMS has incorporated changes in the work RVUs to E/M services into services which have E/M visits included in the global period (e.g., 10 and 90 day surgical globals, obstetric care). This has happened three times, most recently in 2010. The panel is aware of this history and expect CMS will continue this practice with respect to changes in work RVUs, if any, that are recommended by the RUC.

The following code level recommendations are being made by the panel:

CPT 99214

There were 1691 respondents of which 81% found the vignette to be typical. The survey median times and work RVU are 7/30/10/49/2.00 as compared to the current times and work of 5/25/10/40/1.5. The panel noted that the survey median total time of 49 minutes was 22% higher than the current total time and the median RVU of 2.0 was 33% higher than the current RVU. The key reference services were 99233, Subsequent hospital care reported when a patient is unstable or has developed a significant complication or new problem, with times and work RVU of 10/30/15/55/2.00, and 99232, Subsequent hospital care which is reported when patients are not responding to therapy or have developed a complication with times and work RVU of 10/20/10/40/1.39. 99233 was chosen by many more respondents than 99232 and has the same RVU as the survey median and is 6 minutes longer while 99232 has a much lower RVU and has nine minutes less time. The panel agreed that the patient population for which 99214 is reported, is more similar to the population for which 99233 is reported than for 99232. The panel also reviewed 77048, MRI, breast with and without contrast, unilateral, with times and work RVU of 8/32/8/48/2.1, 73223, MRI, any joint of the upper extremity, with and without contrast, with times and work RVU of 10/30/10/50/2.15 and noted that 75574, CTA, heart, coronary arteries with post image processing has a total time of 50 minutes and a work RVU of 2.4. The panel also reviewed one ZZZ code, 90836, Psychotherapy, 45 minutes, with E/M service because of the time similarity to the survey median. 90836 has a total time of 48 minutes and a work RVU of 1.9. The panel concluded that the survey median times and work RVU place 99214 in proper rank order to all the codes it reviewed. Therefore, the panel recommends the survey median work RVU of 2.0 and the survey median total time of 49 minutes for 99214.

Relativity Within the Office Visit Code Set

The panel reviewed the relativity of the median work RVUs of the survey codes within each family and between the two families and found them to place the codes in proper rank order. In fact, the median survey total times and work RVUs increases for each progressively more complex code in each family was remarkably concordant as was the difference in median total times and work RVUs between the comparable new and established patient codes (e.g., 99205 vs. 99215). The data is as follows:

The survey median total time for 99203 is 82% higher than the survey median total time for 99202 and the survey median work RVU for 99203 is 60% higher than that of 99202.

⁸ A Time-Motion Study of Primary Care Physicians' Work in the Electronic Health Record Era. R Young, et al. Family Medicine. Vol. 50. No. 2. February 2018: 91-99.

The survey median total time for 99204 is 50% higher than the survey median total time for 99203 and the survey median work RVU for 99204 is 62.5% higher than the survey median for 99203.

The survey median total time for 99205 is 42% higher than the survey median total time for 99204 and the survey median work RVU for 99205 is 35% higher than the survey median for 99204.

The survey median total time for 99213 is 67% higher than the survey median total time for 99212 and the survey median work RVU for 99213 is 73% higher than the survey median for 99212.

The survey median total time for 99214 is 63% higher than the survey median total time for 99213 and the survey median work RVU for 99214 is 54% higher than the survey median for 99213.

The survey median total time for 99215 is 43% higher than the survey median time for 99214 and the survey median work RVU for 99215 is 40% higher than the survey median for 99214.

The median survey total time for 99205 is 21% more than the median survey total time for 99215 and the survey median work RVU for 99205 is 25% higher than the survey median work RVU for 99215.

The survey median total time for 99204 is 22% higher than the survey median total time for 99214 and the survey median work RVU for 99204 is 30% higher than the survey median work RVU for 99214.

The survey median total time for 99203 is 33% higher than the survey median total time for 99213 and the survey median work RVU for 99203 is 23% higher than the survey median for 99213.

The survey median total time for 99202 is 22% higher than the survey median total time for 99212 and the survey median work RVU for 99202 is 33% higher than the survey median work RVU for 99212.

| Code | Median Survey Total Time (minutes) | Difference in Total Time (Percent) From Next Lower Code | Median Survey Work RVU | Difference in Median Work RVU (Percent) From Next Lower Code |
|-------|------------------------------------|--|------------------------|---|
| 99202 | 22 | | 1 | |
| 99203 | 40 | 18 (82) | 1.6 | 0.60 (60) |
| 99204 | 60 | 20 (50) | 2.6 | 1.00 (62.5) |
| 99205 | 85 | 25 (42) | 3.5 | 0.90 (35) |
| 99212 | 18 | | 0.75 | |
| 99213 | 30 | 12 (67) | 1.3 | 0.55 (73) |
| 99214 | 49 | 19 (63) | 2 | 0.70 (54) |
| 99215 | 70 | 21 (43) | 2.8 | 0.80 (40) |
| | | Difference in Total Time (Percent) Between New and Established Visit Codes of Same Level | | Difference in Median Work RVU (Percent) Between New and Established Visit Codes of Same Level |
| 99202 | 22 | 4 (22) | 1 | 0.25 (33) |
| 99212 | 18 | | 0.75 | |
| 99203 | 40 | 10 (33) | 1.6 | 0.30 (23) |
| 99213 | 30 | | 1.3 | |
| 99204 | 60 | 11 (22) | 2.6 | 0.60 (30) |
| 99214 | 49 | | 2 | |
| 99205 | 85 | 15 (21) | 3.5 | 0.70 (25) |
| 99215 | 70 | | 2.8 | |

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. Code 99214 is not typically reported with another code on the same date of service (source: Medicare 5% file, 99214 billed alone 76% of time).
-

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99214

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Commonly

Specialty Family Practice How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 306160152

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume * 3

| | | |
|-----------------------------|--------------------|--------------------|
| Specialty Internal Medicine | Frequency 61660655 | Percentage 20.14 % |
|-----------------------------|--------------------|--------------------|

| | | |
|---------------------------|--------------------|--------------------|
| Specialty Family Practice | Frequency 57772421 | Percentage 18.87 % |
|---------------------------|--------------------|--------------------|

| | | |
|----------------------|--------------------|-------------------|
| Specialty Cardiology | Frequency 28013654 | Percentage 9.15 % |
|----------------------|--------------------|-------------------|

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 102,053,384 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume

| | | |
|-----------------------------|--------------------|--------------------|
| Specialty Internal Medicine | Frequency 20553552 | Percentage 20.14 % |
|-----------------------------|--------------------|--------------------|

| | | |
|---------------------------|--------------------|--------------------|
| Specialty Family Practice | Frequency 19257474 | Percentage 18.87 % |
|---------------------------|--------------------|--------------------|

Specialty Cardiology

Frequency 9337885

Percentage 9.15 %

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

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Evaluation Management

BETOS Sub-classification:

Office visit

BETOS Sub-classification Level II:

Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 99214

If this code is a new/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: 99215 | Tracking Number F9 | Original Specialty Recommended RVU: 2.80 |
| | | Presented Recommended RVU: 2.80 |
| Global Period: XXX | Current Work RVU: 2.11 | RUC Recommended RVU: 2.80 |

CPT Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making.
When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.
(For services 55 minutes or longer, see Prolonged Services 99417)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Office visit for an established patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute illness/injury that poses a threat to life or bodily function.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work:

Description of Intra-Service Work:

Within 3 Days Prior to Visit:

Review interval correspondence, referral notes, medical records, and diagnostic data generated since the last visit. Query the Prescription Monitoring Program (PMP), Health Information Exchange (HIE), and other registries, as required. Communicate with other members of the health care team regarding the visit.

Day of Visit:

Patient is confirmed. Review the medical history form completed by the patient as well as the prior clinical note. Review vital signs obtained by clinical staff. Obtain a medically appropriate history, including the response to any treatment initiated or continued at the last visit. Update pertinent components of the social history, family history, review of systems, and allergies that have changed since the last visit. Reconcile the medication list. Perform a medically appropriate examination. Synthesize the relevant history, physical examination, and data elements to formulate one or more differential diagnoses, diagnostic strategies, or treatment plans (requiring high-complexity MDM), consulting point of care resources as needed. Discuss the diagnoses, workup options, and treatment options (including the risks, complications and alternatives of medical and surgical treatments) with the patient and family, incorporating their values in creation of the plan. Provide patient education and respond to questions from the patient and/or family. Electronically prescribe medications, making changes as needed based on payer formulary. Arrange diagnostic testing and referral if necessary. Document the encounter in the medical record, spending time to further refine the differential diagnosis, workup, or treatment plan. In concert with the clinical staff, complete prior authorizations for medications and other orders, when performed. Coordinate care by discussing the case with other physicians and members of the health care team and write letters of referral if necessary. Perform electronic data capture and reporting to comply with quality payment program and other electronic mandates.

Within 7 Days After Visit:

Answer follow up questions from the patient and/or family and respond to treatment failures or complications, or adverse reactions to medications that may occur within seven days after the visit. Review and analyze interval testing results and refine the differential diagnosis, workup, and treatment plan based on these results. Order additional testing based on these

results. Communicate results and plan modifications with the patient and/or family Respond to queries from the pharmacy regarding changes in medications due to formulary or other issues.

Description of Post-Service Work:

SURVEY DATA

| | | | | | |
|---|--|--------------------------------------|----------------|-----------------------------|-------------------|
| RUC Meeting Date (mm/yyyy) | 04/2019 | | | | |
| Presenter(s): | Megan Adamson, MD, American Academy of Family Physicians (AAFP), Phillip Rogers, MD, American Academy of Hospice and Palliative Medicine (AAHPM), Marianna Spanaki, MD, PhD, American Academy of Neurology (AAN), Steve Krug, MD, American Academy of Pediatrics (AAP), Richard Wright, MD, American College of Cardiology (ACC), Bill Fox, MD, American College of Physicians (ACP), Audrey Chun, MD, American Geriatrics Society (AGS) | | | | |
| Specialty Society(ies): | AACE, AACU, AAD, AAFP, AAHPM, AAN, AANS/CNS, AAO, AAOHNS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACNS, ACOG, ACP, ACRh, ACS, AGA/ACG/ASGE, AGS, AMDA, ANA, AOA (Optometry), AOA (Osteopathic), APA (Psychiatry), APMA, ASAM, ASBMT, ASCO, ASCRS (Colon and Rectal), ASCRS (Cataract and Refractive), ASH, ASRS, ASSH, ATS, AUA, CHEST, ES, IDSA, NASS, RPA, SAGES, SCAL, SIR, STS, SVS | | | | |
| CPT Code: | 99215 | | | | |
| Sample Size: | 178360 | Resp N: | 1535 | Response: 0.8 % | |
| Description of Sample: | Each society selected a random sample, some choose to survey all their members, while other chose to survey a random pull between 1000 and 5000 from their US physician or QHP members. We have a separate spreadsheet with the total from each society available as a PDF. | | | | |
| | Low | 25th pctl | Median* | 75th pctl | High |
| Service Performance Rate | 0.00 | 9.00 | 31.00 | 100.00 | 6000.00 |
| Survey RVW: | 0.01 | 2.15 | 2.80 | 3.50 | 70.22 |
| Pre-Service Evaluation Time: | | | 0.00 | | |
| Pre-Service Positioning Time: | | | 0.00 | | |
| Pre-Service Scrub, Dress, Wait Time: | | | 0.00 | | |
| Intra-Service Time: | 5.00 | 55.00 | 70.00 | 95.00 | 590.00 |
| 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: | 99215 | Recommended Physician Work RVU: 2.80 | | |
| | | Specialty Recommended Pre-Service Time | Specialty Recommended Pre Time Package | Adjustments/Recommended Pre-Service Time |
| Pre-Service Evaluation Time: | | 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: | | 70.00 | | |

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

XXX Global Code

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

| Post-Operative Visits | Total Min** | CPT Code and Number of Visits | | | |
|-------------------------------|-------------|-------------------------------|-------------|-------------|-------------------|
| Critical Care time/visit(s): | <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:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99234 | XXX | 2.56 | RUC Time |

CPT Descriptor Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.

SECOND HIGHEST KEY REFERENCE SERVICE:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99235 | XXX | 3.24 | RUC Time |

CPT Descriptor Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

KEY MPC COMPARISON CODES:

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

| MPC CPT Code 1 | Global | Work RVU | Time Source | Most Recent Medicare Utilization |
|----------------|--------|----------|-------------|-------------------------------------|
|----------------|--------|----------|-------------|-------------------------------------|

99222 XXX 2.61 RUC Time CPT Code: 99215
6,801,507

CPT Descriptor 1 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.

| | | | | |
|-----------------------|---------------|-----------------|--------------------|---|
| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Most Recent Medicare Utilization</u> |
| 99326 | XXX | 2.63 | RUC Time | 53,438 |

CPT Descriptor 2 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.

| | | | |
|---------------------------------|---------------|-----------------|--------------------|
| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
| 75559 | XXX | 2.95 | RUC Time |

CPT Descriptor Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging

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: 179 % of respondents: 11.6 %

Number of respondents who choose 2nd Key Reference Code: 175 % of respondents: 11.4 %

TIME ESTIMATES (Median)

| | CPT Code: <u>99215</u> | Top Key Reference CPT Code: <u>99234</u> | 2nd Key Reference CPT Code: <u>99235</u> |
|---|---------------------------|---|---|
| Median Pre-Service Time | 0.00 | 14.00 | 14.00 |
| Median Intra-Service Time | 70.00 | 40.00 | 50.00 |
| Median Immediate Post-service Time | 0.00 | 15.00 | 19.50 |
| 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 | 69.00 | 83.50 |
| 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.

| <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 | 1% | 4% | 39% | 40% | 17% |

| <u>Mental Effort and Judgment</u> | <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 | 8% | 47% | 45% |

| <u>Technical Skill/Physical Effort</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| Technical skill required | 5% | 63% | 32% |
| Physical effort required | 12% | 65% | 22% |

| <u>Psychological Stress</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| <ul style="list-style-type: none"> The risk 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% | 37% | 58% |

| <u>2nd 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% | 40% | 34% | 19% |

| <u>Mental Effort and Judgment</u> | <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 | 5% | 54% | 41% |

| <u>Technical Skill/Physical Effort</u> | <u>Less</u> | <u>Identical</u> | <u>More</u> |
|---|--------------------|-------------------------|--------------------|
| Technical skill required | 5% | 62% | 33% |
| Physical effort required | 11% | 61% | 28% |

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

6%

43%

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.

Compelling Evidence

The surveying societies convened an expert panel, (herein referred to as panel), to review the survey data and determine whether there is compelling evidence to justify an increase in work RVUs for the surveyed codes. The panel considered compelling evidence as a whole for all codes and then made work RVU recommendations on a code-by-code basis after reviewing the survey data. The panel determined that the following four compelling evidence standards were met:

- Evidence that incorrect assumptions were made in the previous valuation
 - Flawed mechanism or methodology used in previous valuations, for example, evidence that no pediatricians were consulted in assigning pediatric values or CMS/Other source codes
- Documentation in the peer-reviewed literature or other reliable data that:
 - Change in knowledge and technology
 - Patient population
- Evidence that technology has changed physician work

The basis for this determination is as follows:

Evidence that incorrect assumptions were made in the previous valuation of these services

During the 2005 five-year review the number of surveying specialties was very limited so many specialties that commonly perform office visits were not included. In fact, no surgical specialties participated in the survey, so their input was not included. Twenty surgical specialties participated in this survey and, as you can see by the summary data, the surgical specialty survey respondents report a higher median work RVU than primary care specialties.

Furthermore, the current work RVUs date to 2010 when CMS changed their values due to the deletion of the consult codes. CMS used a crosswalk/mathematical formula to derive these values and did not ask for the RUC to review the values. Importantly, even though the work RVUs were adjusted by CMS, the times were not adjusted.

Change in knowledge and technology**Electronic Health Records**

According to NAMCS data, in 2015, 76% of all practices used electronic health records exclusively, 11% used them partially, and 12% used only paper records. In 2008 the corresponding numbers were 29%, 17%, and 53%. All remarkable differences demonstrating that the technology used to deliver office-based care has changed dramatically. This is confirmed by the CDC which

estimates that use of an EHR increased from 35% in 2007 to 87% in 2015.¹ The EHR contains more data than paper records and all of it must be reviewed including for drug-drug and, with increasing use of homeopathic substances, drug substance interactions.

Explosion in the Number of Guidelines, Appropriate Use Criteria, and Requirements for Prior Authorization

In 2006, the National Guideline Clearinghouse, created by the U.S. Agency for Healthcare Research and Quality (AHRQ) listed on its website about two thousand guidelines.² In 2012, there were 7,508 clinical practice guidelines, and thousands are produced annually.³ Under the law, physicians must consult and follow Medicare approved appropriate use criteria when they are considering ordering advanced imaging tests.

The number of Medicare Advantage and commercial payers who require prior authorization for many services is rapidly increasing and Medicare is in the process of publishing regulations which will allow a huge expansion of prior authorization by Medicare Advantage plans for Part B drugs which will affect all physicians and increase the post visit physician time significantly.

Explosion of Genomic Information and the Internet

The increasing availability of genomic information, including patient obtained genomic data which they bring to the office, increases the complexity of office visits. Therefore, a working understanding of the underlying concepts of genetic disease is increasingly necessary for today's practicing physician, and routine office practice requires integration of these fundamental concepts for use in accurate diagnosis and ensuring appropriate referrals for patients with genetic disease and their families. In addition, genomic information has become integral to the selection of treatment in a variety of disease conditions, adding a new dimension to disease management.⁴ Indeed, some patients anticipate an ongoing role for their primary care physician after receiving genetic test results.⁵ All of this expands the knowledge base required for each E/M service since this information must be integrated with the traditional cognitive base.

The expanded use of the internet and expanded resources that patient's access on the internet is completely new and it is typical that time must be spent discussing patient obtained information which increases the complexity of the office visit.

The Amount and Complexity of Data to be Reviewed is Increasing

There is more data to review at each visit. This includes data from lab tests, imaging, and EKGs. The number of lab tests performed has increased dramatically. For example, the NAMCS data shows that the number of glycohemoglobins obtained at one visit jumped from 3.5% to 7% between 2008 and 2015; comprehensive metabolic panels were obtained at 11% of visits in 2015 but were not ordered with sufficient frequency to make the list in 2008. The number of EKGs performed at a visit rose from 3% to 4% during that same period.

Change in the Patient Population

The number of diagnoses that appear on Medicare claims for office visits (based on the 5% file) has increased, dramatically from 2006 to 2016.

| CPT Code | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2016 vs. 2006 |
|----------|------|------|------|------|------|------|------|------|------|------|------|---------------|
| 99201 | 1.64 | 1.65 | 1.65 | 1.66 | 1.63 | 1.65 | 1.66 | 1.72 | 1.77 | 1.81 | 1.90 | 15% |
| 99202 | 1.88 | 1.91 | 1.93 | 1.95 | 1.91 | 1.93 | 1.97 | 2.02 | 2.08 | 2.12 | 2.27 | 21% |
| 99203 | 2.07 | 2.10 | 2.13 | 2.17 | 2.09 | 2.14 | 2.20 | 2.26 | 2.33 | 2.39 | 2.54 | 23% |
| 99204 | 2.44 | 2.49 | 2.55 | 2.58 | 2.41 | 2.48 | 2.56 | 2.65 | 2.74 | 2.83 | 3.02 | 24% |
| 99205 | 2.63 | 2.69 | 2.77 | 2.83 | 2.48 | 2.54 | 2.62 | 2.67 | 2.78 | 2.89 | 3.14 | 19% |

¹ Other citations supporting the change in technology include:

<https://journals.stfm.org/familymedicine/2018/february/young-2017-0121/>

<https://ehrintelligence.com/news/physician-ehr-use-workload-trumping-face-time-with-patients>

² <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1468-0009.2007.00505.x>

Accessed January 10, 2019

³ <http://www.annfammed.org/content/12/3/202.full>

Accessed January 10, 2019

⁴ Aronson, Samuel J. and Heidi L. Rehm. "Building the foundation for genomics in precision medicine." *Nature*. 2015 October 15; 526(7573): 336–342.

⁵ Miller, Fiona A. et al. "The primary care physician role in cancer genetics: a qualitative study of patient experience." *Family Practice* 2010; 27:563–569.

| CPT Code: 99215 | | | | | | | | | | | | |
|-----------------|------|------|------|------|------|------|------|------|------|------|------|-----|
| 99211 | 1.59 | 1.60 | 1.63 | 1.67 | 1.69 | 1.72 | 1.73 | 1.74 | 1.78 | 1.80 | 1.86 | 17% |
| 99212 | 1.73 | 1.76 | 1.79 | 1.82 | 1.85 | 1.89 | 1.94 | 1.97 | 2.03 | 2.07 | 2.19 | 27% |
| 99213 | 2.09 | 2.13 | 2.17 | 2.21 | 2.26 | 2.30 | 2.38 | 2.42 | 2.49 | 2.56 | 2.73 | 31% |
| 99214 | 2.67 | 2.74 | 2.83 | 2.91 | 2.99 | 3.06 | 3.16 | 3.24 | 3.38 | 3.52 | 3.82 | 43% |
| 99215 | 2.84 | 2.91 | 3.00 | 3.10 | 3.16 | 3.19 | 3.29 | 3.37 | 3.53 | 3.70 | 4.11 | 44% |

The NAMCS survey data reveals, among other things, the following changes in the patient population seen during office visits:

In 2015, 31% of office visits were for patients over the age of 65, in 2008 that number was 27%.

In 2015 the primary reason for the visit included “medication” 3.6%, “counseling” 2.7%, Diabetes 1.3%, while in 2008 medication related visits accounted for only 2.2% of visits, counseling related visits comprised only 1.3% of visits, and diabetes related visits didn’t even make the list. This is a 50% increase in medication related visits, more than a doubling of counseling related visits and a huge increase in diabetes related visits.

The primary organ system diagnosis has also changed substantially. In 2008 the two organ system diagnosis was disorders of the respiratory system (10%), while in 2015 the top system was diseases of the musculoskeletal and connective tissue (11%). In addition, mental disorders were the primary diagnoses 4.2% of the time in 2008 but 6.0% of the time in 2015, a 50% increase.

Primary disease specific diagnoses have also changed: From 2008-15, arthropathy rose from 3% to 4.7% of visits (over a 50% increase); spine disorders rose from 2.5% to 3.8%; and acute respiratory illness fell from 3.1% to 2.5% (a 16% decrease). Furthermore, the existence of diabetes as a chronic condition during an office visit has increased from 15%, 21%, 19 % to 20%, 27%, and 24% in the age groups 45-64, 65-74, and 75 and over, respectively. This is all evidence of the increased number of patients seen with chronic conditions as opposed to acute conditions and this has dramatically changed how practice and care are delivered.

Evidence that technology has changed physician work

The use of EHR’s has increased physician work by increasing the time physician spend documenting the medical record. In 2016, it was estimated that for every hour spent with patients, physicians spend 2 hours on EHR and desk work, according to an *Annals of Internal Medicine* study.⁶ In a New England Journal of Medicine article, based on observation, 49% of physicians' office hours were spent on EHR and desk work while 27% was spent directly with patients. When meeting with patients, physicians spent 37% of their time on EHR and desk work. After office hours, physicians worked a mean of 1.5 hours per day, with most of that time dedicated to EHR tasks.⁷

Code Level Recommendations

Overview

The surveying specialties convened a panel to review all the office visit codes and the new prolonged services code. The panel met by conference call on three occasions and reviewed the survey data. As a general matter, the panel noted that these codes can be billed based on time spent on the date of the visit or on medical decision-making and that history and physical is no longer required except that it is expected that an “appropriate” history and physical is performed during the visit. When codes are billed based on time there are specific time requirements (e.g., 45-59 minutes for 99204). Furthermore, the time used to report these codes is based entirely on the total time spent with the patient on the day of service (i.e., the sum of face-to-face and non-face-to-face time that day). However, importantly, the work value for the code is based on the entire time spent by the physician from three days before the visit to seven days after the visit. Each respondent reported three different times: the time spent for the three days before the date of the visit, the time spent on the date of the visit, and the time spent for the seven days after the visit. These three times were summed, and a total time determined for each respondent. The median total time was determined by taking the median of these summed times. It was not determined by taking the sum of the medians for pre date of service time, date of service time, and postdate of service time. This means that the median “total time” does NOT necessarily equal the sum of the median times for the pre-date/date of service/postdate or service median times. This needs to be kept in mind when reviewing the recommendations for each code which focus on the total times and, when appropriate, the date of service times. The panel determined that the most accurate time for evaluating the work was the total time not the time on the date of the visit. This is because the typical time spent by different specialties during those three time periods could vary significantly and that the total time was more accurate and would be more comparable across specialties. The panel also noted that because of this, the time spent on the date of service is different than the current intraservice times so that in evaluating the surveyed times, the most fitting comparison was to the total times of the current codes and the comparator codes.

⁶ <https://annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties?doi=10.7326%2fM16-0961>

⁷ <https://www.jwatch.org/fw111995/2016/09/06/half-physician-time-spent-ehrs-and-paperwork>

With respect to the overall analysis, the panel was concerned that use of IWPOT as a metric to evaluate the survey results was inappropriate because of (1) the differences between E/M services and services with global periods of 10 and 90 days, (2) the short overall service times and, (3) the shift from the pre/intra/post service paradigm to pre-date/date of service/post-date of service times. The panel also considered whether WPUT was an appropriate metric to evaluate the survey results. After a discussion, the panel agreed that WPUT could be used to identify codes with a high RVU (e.g., a WPUT of 0.6 would be an outlier for E/M services) but not to determine whether an RVU for a code within the “typical” range of E/M WPUT was appropriate or not.

As a general matter, the panel noted that over 80% of the respondents agreed that the vignettes were typical for each code and there was no significant variation among primary care, surgical, or medical specialists. For example, the lowest percent finding a vignette typical was the grouping identified as “primary care” for 99214 where 74% of respondents thought the vignette was typical.

The panel also noted that there were well over 1000 respondents for each code and that primary care, surgery, and medicine were well represented for each survey. The panel also noted that all the surveys had bell shaped curves and that the 25th and 75th percentiles were appropriately spaced from the median. In addition, review of the complexity/intensity measures showed, for each code that the respondents thought the survey code was as or more complex than the key reference surveys and were consistent with the survey median RVU for all of the codes.

The panel also had an opportunity to validate the survey times for all codes. This is because a time-motion study of family physicians was published in February 2018.⁸ Family physicians were directly observed to determine the total time the physician spent, including time spent before seeing the patient, time spent with the patient, and time spent after the visit was over. The study included 982 visits in 10 clinics. The data showed that family physicians spent on average 35.8 minutes per patient total time. The panel was able to obtain Medicare utilization data for family practice for CPT codes 99201-99215. The panel multiplied that utilization by the survey median time for family physicians only for each code and summed those amounts across all codes. That number was divided by the total utilization to obtain a mean total time per the survey. This calculation yielded a mean time of 38.5 minutes. The panel believes that the variance of only 7% validates the survey times especially because family practice comprised approximately 50% of the respondents for all the surveys.

Most importantly the panel noted that respondents from every specialty that participated in the survey agreed that the current times and work RVUs for every code were too low. In fact, respondents from surgical specialties found the codes to be more undervalued than the primary care respondents.

Lastly, the panel notes the following with respect to E/M visits included in services with a global period: Historically, CMS has incorporated changes in the work RVUs to E/M services into services which have E/M visits included in the global period (e.g., 10 and 90 day surgical globals, obstetric care). This has happened three times, most recently in 2010. The panel is aware of this history and expect CMS will continue this practice with respect to changes in work RVUs, if any, that are recommended by the RUC.

The following code level recommendations are being made by the panel:

CPT 99215

There were 1535 respondents of whom 83% found the vignette to be typical. The survey median times and work RVU are 10/45/15/70/2.80 as compared to the current 5/35/15/55/2.11. The panel noted that the survey median total time of 70 minutes is 27% more than the current total time and the survey median work RVU of 2.8 is 33% more than the current work RVU. The key reference services were 99234, Observation or inpatient care requiring straightforward or low complexity decision making, with times and work RVUs of 14/40/15/69/2.56, and 99235, Observation or inpatient care with presenting problems that are of moderate severity, with times and work RVU of 14/50/19.5/83.5/3.24. In comparing 99215 to 99234, the panel noted that while the total times were similar, that 99234 requires much less complex medical decision making. In comparing 99215 to 99235, the panel noted that the time for 99235 is 13.5 minutes longer which supports the survey median of 2.8 which place 99215 in proper rank to 3.24. The panel also reviewed 75559, Cardiac MRI for morphology and function without contrast, with times and work RVU of 15/50/10/75/2.95 which supports the survey median work RVU of 2.8. Therefore, the panel recommends the survey median work RVU of 2.8 and survey median total time of 70 minutes for 99215.

Relativity Within the Office Visit Code Set

The panel reviewed the relativity of the median work RVUs of the survey codes within each family and between the two families and found them to place the codes in proper rank order. In fact, the median survey total times and work RVUs increases for each

⁸ A Time-Motion Study of Primary Care Physicians' Work in the Electronic Health Record Era. R Young, et al. Family Medicine. Vol. 50. No. 2. February 2018: 91-99.

progressively more complex code in each family was remarkably concordant as was the difference in median total times and work RVUs between the comparable new and established patient codes (e.g., 99205 vs. 99215). The data is as follows:

The survey median total time for 99203 is 82% higher than the survey median total time for 99202 and the survey median work RVU for 99203 is 60% higher than that of 99202.

The survey median total time for 99204 is 50% higher than the survey median total time for 99203 and the survey median work RVU for 99204 is 62.5% higher than the survey median for 99203.

The survey median total time for 99205 is 42% higher than the survey median total time for 99204 and the survey median work RVU for 99205 is 35% higher than the survey median for 99204.

The survey median total time for 99213 is 67% higher than the survey median total time for 99212 and the survey median work RVU for 99213 is 73% higher than the survey median for 99212.

The survey median total time for 99214 is 63% higher than the survey median total time for 99213 and the survey median work RVU for 99214 is 54% higher than the survey median for 99213.

The survey median total time for 99215 is 43% higher than the survey median time for 99214 and the survey median work RVU for 99215 is 40% higher than the survey median for 99214.

The median survey total time for 99205 is 21% more than the median survey total time for 99215 and the survey median work RVU for 99205 is 25% higher than the survey median work RVU for 99215.

The survey median total time for 99204 is 22% higher than the survey median total time for 99214 and the survey median work RVU for 99204 is 30% higher than the survey median work RVU for 99214.

The survey median total time for 99203 is 33% higher than the survey median total time for 99213 and the survey median work RVU for 99203 is 23% higher than the survey median for 99213.

The survey median total time for 99202 is 22% higher than the survey median total time for 99212 and the survey median work RVU for 99202 is 33% higher than the survey median work RVU for 99212.

| Code | Median Survey Total Time (minutes) | Difference in Total Time (Percent) From Next Lower Code | Median Survey Work RVU | Difference in Median Work RVU (Percent) From Next Lower Code |
|-------|------------------------------------|--|------------------------|---|
| 99202 | 22 | | 1 | |
| 99203 | 40 | 18 (82) | 1.6 | 0.60 (60) |
| 99204 | 60 | 20 (50) | 2.6 | 1.00 (62.5) |
| 99205 | 85 | 25 (42) | 3.5 | 0.90 (35) |
| 99212 | 18 | | 0.75 | |
| 99213 | 30 | 12 (67) | 1.3 | 0.55 (73) |
| 99214 | 49 | 19 (63) | 2 | 0.70 (54) |
| 99215 | 70 | 21 (43) | 2.8 | 0.80 (40) |
| | | Difference in Total Time (Percent) Between New and Established Visit Codes of Same Level | | Difference in Median Work RVU (Percent) Between New and Established Visit Codes of Same Level |
| 99202 | 22 | 4 (22) | 1 | 0.25 (33) |
| 99212 | 18 | | 0.75 | |
| 99203 | 40 | 10 (33) | 1.6 | 0.30 (23) |

| | | | | |
|-------|----|---------|-----|-----------|
| 99213 | 30 | | 1.3 | |
| 99204 | 60 | 11 (22) | 2.6 | 0.60 (30) |
| 99214 | 49 | | 2 | |
| 99205 | 85 | 15 (21) | 3.5 | 0.70 (25) |
| 99215 | 70 | | 2.8 | |

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. Code 99215 is not typically reported with another code on the same date of service (source: Medicare 5% file, 99215 billed alone 74% of time).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99215

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Commonly

Specialty Family Practice How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 29945688

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume * 3

Specialty Internal Medicine Frequency 5554925 Percentage 18.54 %

Specialty Family Practice Frequency 3329961 Percentage 11.12 %

Specialty Cardiology Frequency 3033498 Percentage 10.12 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,981,896 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2017 Medicare database volume

| | | |
|-----------------------------|-------------------|--------------------|
| Specialty Internal Medicine | Frequency 1851642 | Percentage 18.55 % |
| Specialty Family Practice | Frequency 1109987 | Percentage 11.12 % |
| Specialty Cardiology | Frequency 1011166 | Percentage 10.12 % |

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

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 99215

If this code is a new/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: 99417 Tracking Number F10

Original Specialty Recommended RVU: **0.75**Presented Recommended RVU: **0.61**

Global Period: ZZZ Current Work RVU:

RUC Recommended RVU: **0.61**

CPT Descriptor: Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

(Use 99417 in conjunction with 99205, 99215)

(Do not report 99417 in conjunction with 99354, 99355, 99358, 99359, 99415, 99416)

(Do not report 99417 for any time unit less than 15 minutes)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Office visit for a patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute illness/injury that poses a threat to life or bodily function.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

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

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

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Continue the work of evaluation and management lasting 15 minutes beyond the time of the usual service, either face-to-face or non-face-to-face. Includes tasks such as formulating a treatment plan, discussing the diagnoses, workup, and treatment options with the patient and family, providing additional patient education and responding to questions, analyzing test results, documenting the encounter in the medical record, and additional discussion with other physicians and qualified health care professionals, additional coordination of care with other physicians or members of the health care team necessary for the additional work.

Description of Post-Service Work: N/A

SURVEY DATA

| | | | | | |
|---|--|---|----------------|-----------------------------|-------------|
| RUC Meeting Date (mm/yyyy) | 04/2019 | | | | |
| Presenter(s): | Megan Adamson, MD, American Academy of Family Physicians (AAFP), Phillip Rogers, MD, American Academy of Hospice and Palliative Medicine (AAHPM), Marianna Spanaki, MD, PhD, American Academy of Neurology (AAN), Steve Krug, MD, American Academy of Pediatrics (AAP), Richard Wright, MD, American College of Cardiology (ACC), Bill Fox, MD, American College of Physicians (ACP), Audrey Chun, MD, American Geriatrics Society (AGS) | | | | |
| Specialty Society(ies): | AACE, AACU, AAD, AAFP, AAHPM, AAN, AANS/CNS, AAO, AAOHNS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACNS, ACOG, ACP, ACRh, ACS, AGA/ACG/ASGE, AGS, AMDA, ANA, AOA (Optometry), AOA (Osteopathic), APA (Psychiatry), APMA, ASAM, ASBMT, ASCO, ASCRS (Colon and Rectal), ASCRS (Cataract and Refractive), ASH, ASRS, ASSH, ATS, AUA, CHEST, ES, IDSA, NASS, RPA, SAGES, SCAL, SIR, STS, SVS | | | | |
| CPT Code: | 99417 | | | | |
| Sample Size: | 178360 | Resp N: | 1112 | Response: 0.6 % | |
| Description of Sample: | Each society selected a random sample, some choose to survey all their members, while other chose to survey a random pull between 1000 and 5000 from their US physician or QHP members. We have a separate spreadsheet with the total from each society available as a PDF. | | | | |
| | Low | 25th pctl | Median* | 75th pctl | High |
| Service Performance Rate | 0.00 | 0.00 | 0.00 | 10.00 | 3600.00 |
| Survey RVW: | 0.01 | 0.50 | 0.75 | 1.20 | 35.00 |
| Pre-Service Evaluation Time: | | | 0.00 | | |
| Pre-Service Positioning Time: | | | 0.00 | | |
| Pre-Service Scrub, Dress, Wait Time: | | | 0.00 | | |
| Intra-Service Time: | 15.00 | 15.00 | 15.00 | 20.00 | 29.00 |
| Immediate Post Service-Time: | 0.00 | | | | |
| Post Operative Visits | Total Min** | CPT Code and Number of Visits | | | |
| Critical Care time/visit(s): | 0.00 | 99291x 0.00 99292x 0.00 | | | |
| Other Hospital time/visit(s): | 0.00 | 99231x 0.00 99232x 0.00 99233x 0.00 | | | |
| Discharge Day Mgmt: | 0.00 | 99238x 0.00 99239x 0.00 99217x 0.00 | | | |
| Office time/visit(s): | 0.00 | 99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00 | | | |
| Prolonged Services: | 0.00 | 99354x 0.00 55x 0.00 56x 0.00 57x 0.00 | | | |
| Sub Obs Care: | 0.00 | 99224x 0.00 99225x 0.00 99226x 0.00 | | | |

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

Specialty Society Recommended Data

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

ZZZ Global Code

| | | | | |
|---|-------|---|---|---|
| CPT Code: | 99417 | Recommended Physician Work RVU: 0.61 | | |
| | | Specialty Recommended Pre-Service Time | Specialty Recommended Pre Time Package | Adjustments/Recommended Pre-Service Time |
| Pre-Service Evaluation Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Positioning Time: | | 0.00 | 0.00 | 0.00 |
| Pre-Service Scrub, Dress, Wait Time: | | 0.00 | 0.00 | 0.00 |
| Intra-Service Time: | | 15.00 | | |

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

ZZZ Global Code

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

| Post-Operative Visits | Total Min** | CPT Code and Number of Visits | | | |
|-------------------------------|-------------|-------------------------------|-------------|-------------|-------------------|
| Critical Care time/visit(s): | <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:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99490 | XXX | 0.61 | RUC Time |

CPT Descriptor Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

SECOND HIGHEST KEY REFERENCE SERVICE:

| Key CPT Code | Global | Work RVU | Time Source |
|--------------|--------|----------|-------------|
| 99489 | ZZZ | 0.50 | RUC Time |

CPT Descriptor 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)

KEY MPC COMPARISON CODES:

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

| MPC CPT Code 1 | Global | Work RVU | Time Source | Most Recent Medicare Utilization |
|----------------|--------|----------|-------------|-------------------------------------|
| 51797 | ZZZ | 0.80 | RUC Time | 121,930 |

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

| | | | | |
|-----------------------|---------------|-----------------|--------------------|---|
| <u>MPC CPT Code 2</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> | <u>Most Recent Medicare Utilization</u> |
| | | 0.00 | | |

CPT Descriptor 2

| | | | |
|---------------------------------|---------------|-----------------|--------------------|
| <u>Other Reference CPT Code</u> | <u>Global</u> | <u>Work RVU</u> | <u>Time Source</u> |
| 64494 | ZZZ | 1.00 | RUC Time |

CPT Descriptor Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)

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

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

Number of respondents who choose Top Key Reference Code: 304 **% of respondents:** 27.3 %

Number of respondents who choose 2nd Key Reference Code: 259 **% of respondents:** 23.2 %

TIME ESTIMATES (Median)

| | CPT Code: <u>99417</u> | Top Key Reference CPT Code: <u>99490</u> | 2nd Key Reference CPT Code: <u>99489</u> |
|---|---------------------------|---|---|
| Median Pre-Service Time | 0.00 | 0.00 | 0.00 |
| Median Intra-Service Time | 15.00 | 15.00 | 13.00 |
| Median Immediate Post-service Time | 0.00 | 0.00 | 0.00 |
| Median Critical Care Time | 0.0 | 0.00 | 0.00 |
| Median Other Hospital Visit Time | 0.0 | 0.00 | 0.00 |
| Median Discharge Day Management Time | 0.0 | 0.00 | 0.00 |
| Median Office Visit Time | 0.0 | 0.00 | 0.00 |
| Prolonged Services Time | 0.0 | 0.00 | 0.00 |
| Median Subsequent Observation Care Time | 0.0 | 0.00 | 0.00 |
| Median Total Time | 15.00 | 15.00 | 13.00 |
| Other time if appropriate | | | |

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

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

| | | | | | |
|--------------------------------------|-------------------------|-----------------------------|-------------------------|-----------------------------|-------------------------|
| <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% | 3% | 52% | 30% | 15% |
|-------------------------------------|----|----|-----|-----|-----|

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

| | | |
|----|-----|-----|
| 4% | 52% | 44% |
|----|-----|-----|

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

| | | |
|----|-----|-----|
| 5% | 60% | 36% |
|----|-----|-----|

Physical effort required

| | | |
|----|-----|-----|
| 7% | 60% | 34% |
|----|-----|-----|

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

| | | |
|----|-----|-----|
| 4% | 41% | 55% |
|----|-----|-----|

2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More**

| | | | | | |
|-------------------------------------|----|----|-----|-----|-----|
| Overall intensity/complexity | 1% | 7% | 54% | 24% | 14% |
|-------------------------------------|----|----|-----|-----|-----|

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

| | | |
|----|-----|-----|
| 9% | 53% | 38% |
|----|-----|-----|

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

| | | |
|-----|-----|-----|
| 10% | 65% | 24% |
|-----|-----|-----|

Physical effort required

| | | |
|-----|-----|-----|
| 13% | 61% | 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

| | | |
|----|-----|-----|
| 7% | 44% | 49% |
|----|-----|-----|

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.

Compelling Evidence

The surveying societies convened an expert panel, (herein referred to as panel), to review the survey data and determine whether there is compelling evidence to justify an increase in work RVUs for the surveyed codes. The panel considered compelling evidence as a whole for all codes and then made work RVU recommendations on a code-by-code basis after reviewing the survey data. The panel determined that the following four compelling evidence standards were met:

- Evidence that incorrect assumptions were made in the previous valuation
 - Flawed mechanism or methodology used in previous valuations, for example, evidence that no pediatricians were consulted in assigning pediatric values or CMS/Other source codes
- Documentation in the peer-reviewed literature or other reliable data that:
 - Change in knowledge and technology
 - Patient population
- Evidence that technology has changed physician work

The basis for this determination is as follows:

Evidence that incorrect assumptions were made in the previous valuation of these services

During the 2005 five-year review the number of surveying specialties was very limited so many specialties that commonly perform office visits were not included. In fact, no surgical specialties participated in the survey, so their input was not included. Twenty surgical specialties participated in this survey and, as you can see by the summary data, the surgical specialty survey respondents report a higher median work RVU than primary care specialties.

Furthermore, the current work RVUs date to 2010 when CMS changed their values due to the deletion of the consult codes. CMS used a crosswalk/mathematical formula to derive these values and did not ask for the RUC to review the values. Importantly, even though the work RVUs were adjusted by CMS, the times were not adjusted.

Change in knowledge and technology

Electronic Health Records

According to NAMCS data, in 2015, 76% of all practices used electronic health records exclusively, 11% used them partially, and 12% used only paper records. In 2008 the corresponding numbers were 29%, 17%, and 53%. All remarkable differences demonstrating that the technology used to deliver office-based care has changed dramatically. This is confirmed by the CDC which estimates that use of an EHR increased from 35% in 2007 to 87% in 2015.¹ The EHR contains more data than paper records and all of it must be reviewed including for drug-drug and, with increasing use of homeopathic substances, drug substance interactions.

Explosion in the Number of Guidelines, Appropriate Use Criteria, and Requirements for Prior Authorization

¹ Other citations supporting the change in technology include:

<https://journals.stfm.org/familymedicine/2018/february/young-2017-0121/>

<https://ehrintelligence.com/news/physician-ehr-use-workload-trumping-face-time-with-patients>

In 2006, the National Guideline Clearinghouse, created by the U.S. Agency for Healthcare Research and Quality (AHRQ) listed on its website about two thousand guidelines.² In 2012, there were 7,508 clinical practice guidelines, and thousands are produced annually.³ Under the law, physicians must consult and follow Medicare approved appropriate use criteria when they are considering ordering advanced imaging tests.

The number of Medicare Advantage and commercial payers who require prior authorization for many services is rapidly increasing and Medicare is in the process of publishing regulations which will allow a huge expansion of prior authorization by Medicare Advantage plans for Part B drugs which will affect all physicians and increase the post visit physician time significantly.

Explosion of Genomic Information and the Internet

The increasing availability of genomic information, including patient obtained genomic data which they bring to the office, increases the complexity of office visits. Therefore, a working understanding of the underlying concepts of genetic disease is increasingly necessary for today's practicing physician, and routine office practice requires integration of these fundamental concepts for use in accurate diagnosis and ensuring appropriate referrals for patients with genetic disease and their families. In addition, genomic information has become integral to the selection of treatment in a variety of disease conditions, adding a new dimension to disease management.⁴ Indeed, some patients anticipate an ongoing role for their primary care physician after receiving genetic test results.⁵ All of this expands the knowledge base required for each E/M service since this information must be integrated with the traditional cognitive base.

The expanded use of the internet and expanded resources that patient's access on the internet is completely new and it is typical that time must be spent discussing patient obtained information which increases the complexity of the office visit.

The Amount and Complexity of Data to be Reviewed is Increasing

There is more data to review at each visit. This includes data from lab tests, imaging, and EKGs. The number of lab tests performed has increased dramatically. For example, the NAMCS data shows that the number of glycohemoglobins obtained at one visit jumped from 3.5% to 7% between 2008 and 2015; comprehensive metabolic panels were obtained at 11% of visits in 2015 but were not ordered with sufficient frequency to make the list in 2008. The number of EKGs performed at a visit rose from 3% to 4% during that same period.

Change in the Patient Population

The number of diagnoses that appear on Medicare claims for office visits (based on the 5% file) has increased, dramatically from 2006 to 2016.

| CPT Code | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2016 vs. 2006 |
|----------|------|------|------|------|------|------|------|------|------|------|------|---------------|
| 99201 | 1.64 | 1.65 | 1.65 | 1.66 | 1.63 | 1.65 | 1.66 | 1.72 | 1.77 | 1.81 | 1.90 | 15% |
| 99202 | 1.88 | 1.91 | 1.93 | 1.95 | 1.91 | 1.93 | 1.97 | 2.02 | 2.08 | 2.12 | 2.27 | 21% |
| 99203 | 2.07 | 2.10 | 2.13 | 2.17 | 2.09 | 2.14 | 2.20 | 2.26 | 2.33 | 2.39 | 2.54 | 23% |
| 99204 | 2.44 | 2.49 | 2.55 | 2.58 | 2.41 | 2.48 | 2.56 | 2.65 | 2.74 | 2.83 | 3.02 | 24% |
| 99205 | 2.63 | 2.69 | 2.77 | 2.83 | 2.48 | 2.54 | 2.62 | 2.67 | 2.78 | 2.89 | 3.14 | 19% |
| 99211 | 1.59 | 1.60 | 1.63 | 1.67 | 1.69 | 1.72 | 1.73 | 1.74 | 1.78 | 1.80 | 1.86 | 17% |
| 99212 | 1.73 | 1.76 | 1.79 | 1.82 | 1.85 | 1.89 | 1.94 | 1.97 | 2.03 | 2.07 | 2.19 | 27% |
| 99213 | 2.09 | 2.13 | 2.17 | 2.21 | 2.26 | 2.30 | 2.38 | 2.42 | 2.49 | 2.56 | 2.73 | 31% |
| 99214 | 2.67 | 2.74 | 2.83 | 2.91 | 2.99 | 3.06 | 3.16 | 3.24 | 3.38 | 3.52 | 3.82 | 43% |
| 99215 | 2.84 | 2.91 | 3.00 | 3.10 | 3.16 | 3.19 | 3.29 | 3.37 | 3.53 | 3.70 | 4.11 | 44% |

The NAMCS survey data reveals, among other things, the following changes in the patient population seen during office visits:

² <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1468-0009.2007.00505.x>

Accessed January 10, 2019

³ <http://www.annfammed.org/content/12/3/202.full>

Accessed January 10, 2019

⁴ Aronson, Samuel J. and Heidi L. Rehm. "Building the foundation for genomics in precision medicine." *Nature*. 2015 October 15; 526(7573): 336–342.

⁵ Miller, Fiona A. et al. "The primary care physician role in cancer genetics: a qualitative study of patient experience." *Family Practice* 2010; 27:563–569.

In 2015, 31% of office visits were for patients over the age of 65, in 2008 that number was 27%.

In 2015 the primary reason for the visit included “medication” 3.6%, “counseling” 2.7%, Diabetes 1.3%, while in 2008 medication related visits accounted for only 2.2% of visits, counseling related visits comprised only 1.3% of visits, and diabetes related visits didn’t even make the list. This is a 50% increase in medication related visits, more than a doubling of counseling related visits and a huge increase in diabetes related visits.

The primary organ system diagnosis has also changed substantially. In 2008 the two organ system diagnosis was disorders of the respiratory system (10%), while in 2015 the top system was diseases of the musculoskeletal and connective tissue (11%). In addition, mental disorders were the primary diagnoses 4.2% of the time in 2008 but 6.0% of the time in 2015, a 50% increase.

Primary disease specific diagnoses have also changed: From 2008-15, arthropathy rose from 3% to 4.7% of visits (over a 50% increase); spine disorders rose from 2.5% to 3.8%; and acute respiratory illness fell from 3.1% to 2.5% (a 16% decrease). Furthermore, the existence of diabetes as a chronic condition during an office visit has increased from 15%, 21%, 19 % to 20%, 27%, and 24% in the age groups 45-64, 65-74, and 75 and over, respectively. This is all evidence of the increased number of patients seen with chronic conditions as opposed to acute conditions and this has dramatically changed how practice and care are delivered.

Evidence that technology has changed physician work

The use of EHR’s has increased physician work by increasing the time physician spend documenting the medical record. In 2016, it was estimated that for every hour spent with patients, physicians spend 2 hours on EHR and desk work, according to an *Annals of Internal Medicine* study.⁶ In a New England Journal of Medicine article, based on observation, 49% of physicians’ office hours were spent on EHR and desk work while 27% was spent directly with patients. When meeting with patients, physicians spent 37% of their time on EHR and desk work. After office hours, physicians worked a mean of 1.5 hours per day, with most of that time dedicated to EHR tasks.⁷

Code Level Recommendations

Overview

The surveying specialties convened a panel to review all the office visit codes and the new prolonged services code. The panel met by conference call on three occasions and reviewed the survey data. As a general matter, the panel noted that these codes can be billed based on time spent on the date of the visit or on medical decision-making and that history and physical is no longer required except that it is expected that an “appropriate” history and physical is performed during the visit. When codes are billed based on time there are specific time requirements (e.g., 45-59 minutes for 99204). Furthermore, the time used to report these codes is based entirely on the total time spent with the patient on the day of service (i.e., the sum of face-to-face and non-face-to-face time that day). However, importantly, the work value for the code is based on the entire time spent by the physician from three days before the visit to seven days after the visit. Each respondent reported three different times: the time spent for the three days before the date of the visit, the time spent on the date of the visit, and the time spent for the seven days after the visit. These three times were summed, and a total time determined for each respondent. The median total time was determined by taking the median of these summed times. It was not determined by taking the sum of the medians for pre date of service time, date of service time, and postdate of service time. This means that the median “total time” does NOT necessarily equal the sum of the median times for the pre-date/date of service/postdate or service median times. This needs to be kept in mind when reviewing the recommendations for each code which focus on the total times and, when appropriate, the date of service times. The panel determined that the most accurate time for evaluating the work was the total time not the time on the date of the visit. This is because the typical time spent by different specialties during those three time periods could vary significantly and that the total time was more accurate and would be more comparable across specialties. The panel also noted that because of this, the time spent on the date of service is different than the current intraservice times so that in evaluating the surveyed times, the most fitting comparison was to the total times of the current codes and the comparator codes.

With respect to the overall analysis, the panel was concerned that use of IWPOT as a metric to evaluate the survey results was inappropriate because of (1) the differences between E/M services and services with global periods of 10 and 90 days, (2) the short overall service times and, (3) the shift from the pre/intra/post service paradigm to pre-date/date of service/post-date of service times. The panel also considered whether WPUT was an appropriate metric to evaluate the survey results. After a discussion, the panel agreed that WPUT could be used to identify codes with a high RVU (e.g., a WPUT of 0.6 would be an outlier for E/M services) but not to determine whether an RVU for a code within the “typical” range of E/M WPUT was appropriate or not.

⁶ <https://annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties?doi=10.7326%2FM16-0961>

⁷ <https://www.jwatch.org/fw111995/2016/09/06/half-physician-time-spent-ehrs-and-paperwork>

As a general matter, the panel noted that over 80% of the respondents agreed that the vignettes were typical for each code and there was no significant variation among primary care, surgical, or medical specialists. For example, the lowest percent finding a vignette typical was the grouping identified as “primary care” for 99214 where 74% of respondents thought the vignette was typical.

The panel also noted that there were well over 1000 respondents for each code and that primary care, surgery, and medicine were well represented for each survey. The panel also noted that all the surveys had bell shaped curves and that the 25th and 75th percentiles were appropriately spaced from the median. In addition, review of the complexity/intensity measures showed, for each code that the respondents thought the survey code was as or more complex than the key reference surveys and were consistent with the survey median RVU for all of the codes.

The panel also had an opportunity to validate the survey times for all codes. This is because a time-motion study of family physicians was published in February 2018.⁸ Family physicians were directly observed to determine the total time the physician spent, including time spent before seeing the patient, time spent with the patient, and time spent after the visit was over. The study included 982 visits in 10 clinics. The data showed that family physicians spent on average 35.8 minutes per patient total time. The panel was able to obtain Medicare utilization data for family practice for CPT codes 99201-99215. The panel multiplied that utilization by the survey median time for family physicians only for each code and summed those amounts across all codes. That number was divided by the total utilization to obtain a mean total time per the survey. This calculation yielded a mean time of 38.5 minutes. The panel believes that the variance of only 7% validates the survey times especially because family practice comprised approximately 50% of the respondents for all the surveys.

Most importantly the panel noted that respondents from every specialty that participated in the survey agreed that the current times and work RVUs for every code were too low. In fact, respondents from surgical specialties found the codes to be more undervalued than the primary care respondents.

Lastly, the panel notes the following with respect to E/M visits included in services with a global period: Historically, CMS has incorporated changes in the work RVUs to E/M services into services which have E/M visits included in the global period (e.g., 10 and 90 day surgical globals, obstetric care). This has happened three times, most recently in 2010. The panel is aware of this history and expect CMS will continue this practice with respect to changes in work RVUs, if any, that are recommended by the RUC.

The following code level recommendations are being made by the panel:

CPT 99417

This is a new ZZZ global add-on code for prolonged services with the following descriptor: “Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes.” This code is reported in addition to 99205 or 99215 when the physician or other QHP selects the base code based on time and spends 15 minutes of total time beyond the time required for 99205 (74 minutes) or 99215 (54 minutes) on the date of the visit irrespective of whether the additional time is face-to-face or non-face-to-face with the patient. In other words, this code can be added on to 99205 if the physician or QHP spends 89 minutes total time and to 99215 when 69 minutes total time are spent on the date of the visit.

There were 1112 respondents of whom 84% found the vignette to be typical. The survey median times and work RVU are 0/15/0/15/0.75. The 25th percentile work RVU is 0.50. The two key reference services are 99490, Chronic care management with times and work RVU of 0/15/0/15/0.61, and 99489, Complex chronic care management, each additional 30 minutes of clinical staff time, with times and work RVU of 0/13/0/13/0.50. The panel noted that the new code consists entirely of physician time spent on direct patient care, not supervision, unlike both reference codes where the physician is supervising clinical staff. This means the new code requires more work and the intensity is higher both of which support the survey median work RVU even though the total times are similar to the key reference services. The panel also reviewed a number of ZZZ codes with 15 minutes of total time (all intraservice): 51797, Voiding pressure studies with a work RVU of 0.80, and several facet joint injection codes such as 64494, Injection, diagnostic or therapeutic agent, paravertebral facet joint, lumbar or sacral, with work RVU of 1.0. In summary, the survey median work RVU places 99417 in proper rank order to the key reference services and the other services reviewed. Therefore, the panel recommends the survey median work RVU of 0.75 and the survey median time of 15 minutes for 99417.

Relativity Within the Office Visit Code Set

The panel reviewed the relativity of the median work RVUs of the survey codes within each family and between the two families and found them to place the codes in proper rank order. In fact, the median survey total times and work RVUs increases for each

⁸ A Time-Motion Study of Primary Care Physicians’ Work in the Electronic Health Record Era. R Young, et al. Family Medicine. Vol. 50. No. 2. February 2018: 91-99.

progressively more complex code in each family was remarkably concordant as was the difference in median total times and work RVUs between the comparable new and established patient codes (e.g., 99205 vs. 99215). The data is as follows:

The survey median total time for 99203 is 82% higher than the survey median total time for 99202 and the survey median work RVU for 99203 is 60% higher than that of 99202.

The survey median total time for 99204 is 50% higher than the survey median total time for 99203 and the survey median work RVU for 99204 is 62.5% higher than the survey median for 99203.

The survey median total time for 99205 is 42% higher than the survey median total time for 99204 and the survey median work RVU for 99205 is 35% higher than the survey median for 99204.

The survey median total time for 99213 is 67% higher than the survey median total time for 99212 and the survey median work RVU for 99213 is 73% higher than the survey median for 99212.

The survey median total time for 99214 is 63% higher than the survey median total time for 99213 and the survey median work RVU for 99214 is 54% higher than the survey median for 99213.

The survey median total time for 99215 is 43% higher than the survey median time for 99214 and the survey median work RVU for 99215 is 40% higher than the survey median for 99214.

The median survey total time for 99205 is 21% more than the median survey total time for 99215 and the survey median work RVU for 99205 is 25% higher than the survey median work RVU for 99215.

The survey median total time for 99204 is 22% higher than the survey median total time for 99214 and the survey median work RVU for 99204 is 30% higher than the survey median work RVU for 99214.

The survey median total time for 99203 is 33% higher than the survey median total time for 99213 and the survey median work RVU for 99203 is 23% higher than the survey median for 99213.

The survey median total time for 99202 is 22% higher than the survey median total time for 99212 and the survey median work RVU for 99202 is 33% higher than the survey median work RVU for 99212.

| Code | Median Survey Total Time (minutes) | Difference in Total Time (Percent) From Next Lower Code | Median Survey Work RVU | Difference in Median Work RVU (Percent) From Next Lower Code |
|-------|------------------------------------|--|------------------------|---|
| 99202 | 22 | | 1 | |
| 99203 | 40 | 18 (82) | 1.6 | 0.60 (60) |
| 99204 | 60 | 20 (50) | 2.6 | 1.00 (62.5) |
| 99205 | 85 | 25 (42) | 3.5 | 0.90 (35) |
| 99212 | 18 | | 0.75 | |
| 99213 | 30 | 12 (67) | 1.3 | 0.55 (73) |
| 99214 | 49 | 19 (63) | 2 | 0.70 (54) |
| 99215 | 70 | 21 (43) | 2.8 | 0.80 (40) |
| | | Difference in Total Time (Percent) Between New and Established Visit Codes of Same Level | | Difference in Median Work RVU (Percent) Between New and Established Visit Codes of Same Level |
| 99202 | 22 | 4 (22) | 1 | 0.25 (33) |
| 99212 | 18 | | 0.75 | |
| 99203 | 40 | 10 (33) | 1.6 | 0.30 (23) |

| | | | | |
|-------|----|---------|-----|-----------|
| 99213 | 30 | | 1.3 | |
| 99204 | 60 | 11 (22) | 2.6 | 0.60 (30) |
| 99214 | 49 | | 2 | |
| 99205 | 85 | 15 (21) | 3.5 | 0.70 (25) |
| 99215 | 70 | | 2.8 | |

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) E-M Services

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Family Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 3423668

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 10 percent of 99215 and 5 percent of 99205 time 3

Specialty Internal Medicine Frequency 684733 Percentage 19.99 %

Specialty Cardiology Frequency 513550 Percentage 14.99 %

Specialty Family Medicine Frequency 342366 Percentage 9.99 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,141,222 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 10 percent of 99215 and 5 percent of 99205 Medicare 2017 utilization from RUC data base

| | | |
|-----------------------------|------------------|--------------------|
| Specialty Internal Medicine | Frequency 228244 | Percentage 19.99 % |
| Specialty Cardiology | Frequency 171183 | Percentage 14.99 % |
| Specialty Family Medicine | Frequency 114122 | Percentage 9.99 % |

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

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:

Evaluation Management

BETOS Sub-classification:

Office visit

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. 99215

04a Office Visits Summary Spreadsheet - Specialty Groupings

ISSUE: Office Visits (99202-99215, 99417)
TAB: 9

| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | RVW | | | TOTAL | | | Pre 3 Days | | | SAME DAY | | | Post 7 Days | | | SURVEY EXPERIENCE | | | Vign TYP? | | | | | | | | | | | | | |
|----------|-------|---|------|-------|-------|------|------|------|-------|--------|-----|------------|-----|------|----------|-----|------|-------------|------|-----|-------------------|------|-----|--------------|-----|---|---|----|----|-----|---|----|-----|-----|-------|-----|--|
| | | | | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | | | | | | | | | | | | |
| REF1 | 99231 | Subsequent hospital care, per day, for | 143 | 0.038 | 0.054 | | | 0.76 | | | | 20 | | 5 | | 10 | | 5 | | | | | | | | | | | | | | | | | | | |
| REF2 | 99487 | Complex chronic care management se | 102 | 0.038 | 0.038 | | | 1.00 | | | | 26 | | | | 26 | | | | | | | | | | | | | | | | | | | | | |
| | 99201 | 1992 PFS | | | 0.028 | | | 0.40 | | | | | | | | 10 | | | | | | | | | | | | | | | | | | | | | |
| | 99201 | 1997 PFS (1st 5YR) extrapolated | | 0.030 | 0.034 | | | 0.45 | | | | 15 | | | | 10 | | 5 | | | | | | | | | | | | | | | | | | | |
| | 99201 | 2007 PFS (3rd 5YR) | | 0.026 | 0.029 | | | 0.45 | | | | 17 | | 2 | | 10 | | 5 | | | | | | | | | | | | | | | | | | | |
| | 99201 | 2010 PFS (delete consult) | | 0.028 | 0.032 | | | 0.48 | | | | 17 | | 2 | | 10 | | 5 | | | | | | | | | | | | | | | | | | | |
| current | 99201 | New Pt, 10 min F2F | | 0.028 | 0.032 | | | 0.48 | | | | 17 | | 2 | | 10 | | 5 | | | | | | | | | | | | | | | | | | | |
| | 99202 | 1992 PFS | | | 0.031 | | | 0.77 | | | | | | | | 20 | | | | | | | | | | | | | | | | | | | | | |
| | 99202 | 1997 PFS (1st 5YR) extrapolated | | 0.029 | 0.033 | | | 0.88 | | | | 30 | | | | 20 | | 10 | | | | | | | | | | | | | | | | | | | |
| | 99202 | 2007 PFS (3rd 5YR) | | 0.040 | 0.048 | | | 0.88 | | | | 22 | | 2 | | 15 | | 5 | | | | | | | | | | | | | | | | | | | |
| | 99202 | 2010 PFS (delete consult) | | 0.042 | 0.052 | | | 0.93 | | | | 22 | | 2 | | 15 | | 5 | | | | | | | | | | | | | | | | | | | |
| current | 99202 | New Pt, 20 min F2F | | 0.042 | 0.052 | | | 0.93 | | | | 22 | | 2 | | 15 | | 5 | | | | | | | | | | | | | | | | | | | |
| SVY | 99202 | New Pt, 15-29 min day of visit | 1181 | 0.045 | 0.059 | 0.01 | 0.71 | 1.00 | 1.45 | 37.24 | 1 | 15 | 22 | 32 | 130 | 0 | 0 | 2 | 5 | 60 | 1 | 10 | 15 | 20 | 60 | 0 | 0 | 3 | 5 | 55 | 0 | 1 | 10 | 44 | 3581 | 80% | |
| REC | 99202 | New Pt, 15-29 min day of visit | | 0.042 | 0.055 | | | 0.93 | | | | 22 | | 2 | | 15 | | 3 | | | | | | | | | | | | | | | | | | | |
| PCP | 99202 | KRS1 = 99231 | 572 | 0.041 | 0.053 | 0.01 | 0.61 | 0.90 | 1.30 | 35.00 | 1 | 15 | 22 | 30 | 105 | 0 | 0 | 2 | 5 | 60 | 1 | 10 | 15 | 20 | 50 | 0 | 0 | 3 | 5 | 45 | 0 | 1 | 10 | 30 | 1250 | 85% | |
| Surgery | 99202 | KRS1 = 99231 | 368 | 0.045 | 0.058 | 0.05 | 0.80 | 1.00 | 1.50 | 30.00 | 2 | 15 | 22 | 31 | 120 | 0 | 0 | 3 | 5 | 40 | 1 | 10 | 15 | 20 | 60 | 0 | 0 | 3 | 5 | 55 | 0 | 8 | 24 | 100 | 3581 | 85% | |
| Medicine | 99202 | KRS1 = 99231 | 241 | 0.040 | 0.056 | 0.05 | 0.74 | 1.00 | 1.50 | 37.24 | 2 | 15 | 25 | 38 | 130 | 0 | 0 | 3 | 10 | 45 | 1 | 10 | 15 | 25 | 60 | 0 | 0 | 4 | 8 | 45 | 0 | 0 | 2 | 12 | 3000 | 63% | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | RVW | | | TOTAL | | | Pre 3 Days | | | SAME DAY | | | Post 7 Days | | | SURVEY EXPERIENCE | | | Vign TYP? | | | | | | | | | | | | | |
| | | | | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | | | | | | | | | | | | |
| REF1 | 99221 | Initial hospital care, per day, for the eva | 175 | 0.038 | 0.049 | | | 1.92 | | | | 50 | | 10 | | 30 | | 10 | | | | | | | | | | | | | | | | | | | |
| REF2 | 99232 | Subsequent hospital care, per day, for | 139 | 0.035 | 0.047 | | | 1.39 | | | | 40 | | 10 | | 20 | | 10 | | | | | | | | | | | | | | | | | | | |
| | 99203 | 1992 PFS | | | 0.028 | | | 1.14 | | | | | | | | 30 | | | | | | | | | | | | | | | | | | | | | |
| | 99203 | 1997 PFS (1st 5YR) surveyed | | 0.025 | 0.029 | | | 1.34 | | | | 53 | | 5 | | 24 | | 24 | | | | | | | | | | | | | | | | | | | |
| | 99203 | 2007 PFS (3rd 5YR) | | 0.046 | 0.057 | | | 1.34 | | | | 29 | | 4 | | 20 | | 5 | | | | | | | | | | | | | | | | | | | |
| | 99203 | 2010 PFS (delete consult) | | 0.049 | 0.061 | | | 1.42 | | | | 29 | | 4 | | 20 | | 5 | | | | | | | | | | | | | | | | | | | |
| current | 99203 | New Pt, 30 min F2F | | 0.049 | 0.061 | | | 1.42 | | | | 29 | | 4 | | 20 | | 5 | | | | | | | | | | | | | | | | | | | |
| SVY | 99203 | New Pt, 30-44 min day of visit | 1494 | 0.040 | 0.055 | 0.05 | 1.25 | 1.60 | 2.20 | 53.20 | 2 | 30 | 40 | 53 | 180 | 0 | 1 | 5 | 10 | 90 | 1 | 20 | 25 | 35 | 90 | 0 | 3 | 5 | 10 | 74 | 0 | 10 | 50 | 200 | 20000 | 87% | |
| REC | 99203 | New Pt, 30-44 min day of visit | | 0.040 | 0.055 | | | 1.60 | | | | 40 | | 5 | | 25 | | 5 | | | | | | | | | | | | | | | | | | | |
| PCP | 99203 | KRS1 = 99232 | 664 | 0.039 | 0.051 | 0.05 | 1.00 | 1.50 | 2.00 | 35.00 | 3 | 28 | 38 | 50 | 150 | 0 | 0 | 5 | 10 | 60 | 1 | 19 | 25 | 31 | 75 | 0 | 4 | 5 | 10 | 74 | 0 | 8 | 30 | 100 | 20000 | 88% | |
| Surgery | 99203 | KRS1 = 99221 | 448 | 0.051 | 0.068 | 0.14 | 1.45 | 1.92 | 2.50 | 45.00 | 2 | 30 | 38 | 50 | 180 | 0 | 1 | 5 | 10 | 60 | 1 | 18 | 25 | 30 | 90 | 0 | 3 | 5 | 10 | 65 | 0 | 50 | 200 | 500 | 2500 | 89% | |
| Medicine | 99203 | KRS1 = 99221 | 382 | 0.044 | 0.057 | 0.10 | 1.39 | 1.92 | 2.50 | 53.20 | 2 | 30 | 44 | 60 | 180 | 0 | 2 | 5 | 12 | 90 | 1 | 20 | 30 | 40 | 90 | 0 | 2 | 5 | 10 | 62 | 0 | 6 | 25 | 100 | 1500 | 83% | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | RVW | | | TOTAL | | | Pre 3 Days | | | SAME DAY | | | Post 7 Days | | | SURVEY EXPERIENCE | | | Vign TYP? | | | | | | | | | | | | | |
| | | | | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | | | | | | | | | | | | |
| REF1 | 99234 | Observation or inpatient hospital care, | 206 | 0.037 | 0.048 | | | 2.56 | | | | 69 | | 14 | | 40 | | 15 | | | | | | | | | | | | | | | | | | | |
| REF2 | 99219 | Initial observation care, per day, for the | 192 | 0.040 | 0.051 | | | 2.60 | | | | 64.5 | | 10 | | 40 | | 14.5 | | | | | | | | | | | | | | | | | | | |
| | 99204 | 1992 PFS | | | 0.028 | | | 1.68 | | | | | | | | 45 | | | | | | | | | | | | | | | | | | | | | |
| | 99204 | 1997 PFS (1st 5YR) extrapolated | | 0.029 | 0.033 | | | 2.00 | | | | 68 | | | | 45 | | 23 | | | | | | | | | | | | | | | | | | | |
| | 99204 | 2007 PFS (3rd 5YR) | | 0.051 | 0.065 | | | 2.30 | | | | 45 | | 5 | | 30 | | 10 | | | | | | | | | | | | | | | | | | | |
| | 99204 | 2010 PFS (delete consult) | | 0.054 | 0.070 | | | 2.43 | | | | 45 | | 5 | | 30 | | 10 | | | | | | | | | | | | | | | | | | | |
| current | 99204 | New Pt, 45 min F2F | | 0.054 | 0.070 | | | 2.43 | | | | 45 | | 5 | | 30 | | 10 | | | | | | | | | | | | | | | | | | | |
| SVY | 99204 | New Pt, 45-59 min day of visit | 1622 | 0.043 | 0.054 | 0.08 | 2.00 | 2.60 | 3.24 | 386.00 | 3 | 45 | 60 | 80 | 1049 | 0 | 4 | 10 | 16 | 120 | 1 | 30 | 40 | 50 | 999 | 0 | 6 | 10 | 20 | 180 | 0 | 12 | 50 | 200 | 3000 | 86% | |
| REC | 99204 | New Pt, 45-59 min day of visit | | 0.043 | 0.054 | | | 2.60 | | | | 60 | | 10 | | 40 | | 10 | | | | | | | | | | | | | | | | | | | |
| PCP | 99204 | KRS1 = 99233 | 675 | 0.039 | 0.049 | 0.08 | 1.65 | 2.25 | 3.00 | 386.00 | 5 | 45 | 57 | 75 | 978 | 0 | 3 | 8 | 15 | 120 | 3 | 28 | 38 | 45 | 967 | 0 | 7 | 10 | 18 | 120 | 0 | 6 | 24 | 94 | 3000 | 82% | |
| Surgery | 99204 | KRS1 = 99234 | 460 | 0.046 | 0.057 | 0.24 | 2.42 | 2.69 | 3.40 | 60.00 | 4 | 45 | 58 | 77 | 300 | 0 | 4 | 9 | 15 | 120 | 2 | 29 | 40 | 45 | 120 | 0 | 5 | 10 | 15 | 120 | 0 | 40 | 100 | 264 | 2500 | 93% | |
| Medicine | 99204 | KRS1 = 99219 | 487 | 0.042 | 0.051 | 0.25 | 2.43 | 2.75 | 3.45 | 79.80 | 3 | 50 | 66 | 90 | 1049 | 0 | 5 | 10 | 20 | 120 | 1 | 30 | 45 | 55 | 999 | 0 | 6 | 10 | 20 | 180 | 0 | 25 | 88 | 200 | 2500 | 87% | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

04a Office Visits Summary Spreadsheet - Specialty Groupings

| | | | | | | RVW | | | | TOTAL | | | | Pre 3 Days | | | | SAME DAY | | | | Post 7 Days | | | | SURVEY EXPERIENCE | | | | Vign | | | | | | |
|----------|-------|---|------|-------|-------|------|------|------|------|-------|-----|------|-----|------------|-----|-----|------|----------|------|-----|-----|-------------|-----|------|-----|-------------------|------|-----|------|------|------|----|----|-----|------|-----|
| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | TYP? | | | | | |
| REF1 | 99223 | Initial hospital care, per day, for the eva | 280 | 0.043 | 0.056 | | | 3.86 | | | | | 90 | | | | | 15 | | | | | | 55 | | | | 20 | | | | | | | | |
| REF2 | 99220 | Initial observation care, per day, for the | 213 | 0.047 | 0.064 | | | 3.56 | | | | | 75 | | | | | 15 | | | | | | 45 | | | | 15 | | | | | | | | |
| | 99205 | 1992 PFS | | | 0.028 | | | 2.22 | | | | | | | | | | | | | | | | 60 | | | | | | | | | | | | |
| | 99205 | 1997 PFS (1st 5YR) surveyed | | 0.024 | 0.027 | | | 2.67 | | | | | 110 | | | | | 10 | | | | | | 45 | | | | 55 | | | | | | | | |
| | 99205 | 2007 PFS (3rd 5YR) | | 0.045 | 0.056 | | | 3.00 | | | | | 67 | | | | | 7 | | | | | | 45 | | | | 15 | | | | | | | | |
| | 99205 | 2010 PFS (delete consult) | | 0.047 | 0.059 | | | 3.17 | | | | | 67 | | | | | 7 | | | | | | 45 | | | | 15 | | | | | | | | |
| current | 99205 | New Pt, 60 min F2F | | 0.047 | 0.059 | | | 3.17 | | | | | 67 | | | | | 7 | | | | | | 45 | | | | 15 | | | | | | | | |
| SVY | 99205 | New Pt, 60-74 min day of visit | 1472 | 0.041 | 0.048 | 0.15 | 2.80 | 3.50 | 4.00 | 99.99 | 5 | 65 | 85 | 110 | 540 | 0 | 5 | 14 | 25 | 250 | 1 | 40 | 59 | 62 | 210 | 0 | 10 | 15 | 30 | 360 | 0 | 2 | 15 | 62 | 1512 | 84% |
| REC | 99205 | New Pt, 60-74 min day of visit | | 0.041 | 0.048 | | | 3.50 | | | | | 85 | | | | | 14 | | | | | | 59 | | | | 15 | | | | | | | | |
| PCP | 99205 | KRS1 = 99223 | 595 | 0.041 | 0.053 | 0.15 | 2.50 | 3.25 | 3.86 | 75.00 | 9 | 62 | 80 | 105 | 540 | 0 | 5 | 10 | 20 | 120 | 3 | 40 | 50 | 60 | 210 | 0 | 10 | 16 | 25 | 360 | 0 | 0 | 5 | 20 | 1250 | 85% |
| Surgery | 99205 | KRS1 = 99223 | 388 | 0.045 | 0.059 | 0.40 | 3.19 | 3.60 | 4.25 | 70.00 | 6 | 64 | 80 | 110 | 375 | 0 | 5 | 15 | 25 | 250 | 3 | 37 | 50 | 60 | 130 | 0 | 10 | 15 | 30 | 145 | 0 | 4 | 15 | 56 | 1512 | 87% |
| Medicine | 99205 | KRS1 = 99223 | 489 | 0.040 | 0.048 | 0.47 | 3.15 | 3.68 | 4.00 | 99.99 | 5 | 73 | 91 | 120 | 382 | 0 | 8 | 15 | 30 | 175 | 1 | 45 | 60 | 70 | 120 | 0 | 10 | 20 | 30 | 180 | 0 | 15 | 50 | 124 | 1100 | 81% |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | RVW | | | | TOTAL | | | | Pre 3 Days | | | | SAME DAY | | | | Post 7 Days | | | | SURVEY EXPERIENCE | | | | Vign | | | | | | |
| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | TYP? | | | | | |
| REF1 | 99406 | Smoking and tobacco use cessation co | 179 | 0.034 | 0.034 | | | 0.24 | | | | | 7 | | | | | | | | | | | 7 | | | | | | | | | | | | |
| REF2 | 93010 | Electrocardiogram, routine ECG with a | 82 | 0.028 | 0.030 | | | 0.17 | | | | | 6 | | | | | | | | | | | 5 | | | | 1 | | | | | | | | |
| | 99211 | 1992 PFS | | | 0.028 | | | 0.21 | | | | | | | | | | | | | | | | 5 | | | | | | | | | | | | |
| | 99211 | 1997 PFS (1st 5YR) extrapolated | | 0.024 | 0.025 | | | 0.17 | | | | | 7 | | | | | | | | | | | 5 | | | | 2 | | | | | | | | |
| | 99211 | 2007 PFS (3rd 5YR) | | 0.024 | 0.025 | | | 0.17 | | | | | 7 | | | | | 0 | | | | | | 5 | | | | 2 | | | | | | | | |
| | 99211 | 2010 PFS (delete consult) | | 0.026 | 0.027 | | | 0.18 | | | | | 7 | | | | | 0 | | | | | | 5 | | | | 2 | | | | | | | | |
| current | 99211 | Estab Pt, 5 min supervising | | 0.026 | 0.027 | | | 0.18 | | | | | 7 | | | | | 0 | | | | | | 5 | | | | 2 | | | | | | | | |
| SVY | 99211 | Estab Pt, supervision | 1103 | 0.040 | 0.047 | 0.01 | 0.20 | 0.28 | 0.55 | 25.00 | 1 | 3 | 7 | 15 | 235 | 0 | 0 | 1 | 3 | 120 | 1 | 2 | 5 | 10 | 60 | 0 | 0 | 1 | 5 | 90 | 0 | 0 | 5 | 35 | 3183 | 89% |
| REC | 99211 | Estab Pt, supervision | | 0.026 | 0.027 | | | 0.18 | | | | | 7 | | | | | | | | | | | 5 | | | | 2 | | | | | | | | |
| PCP | 99211 | KRS1 = 99406 | 536 | 0.050 | 0.057 | 0.01 | 0.19 | 0.25 | 0.50 | 20.00 | 1 | 3 | 5 | 12 | 235 | 0 | 0 | 0 | 2 | 120 | 1 | 1 | 4 | 5 | 60 | 0 | 0 | 1 | 3 | 90 | 0 | 0 | 5 | 50 | 2000 | 94% |
| Surgery | 99211 | KRS1 = 99406 | 320 | 0.030 | 0.051 | 0.01 | 0.20 | 0.30 | 0.61 | 15.00 | 1 | 5 | 10 | 15 | 75 | 0 | 0 | 1 | 4 | 25 | 1 | 3 | 5 | 10 | 45 | 0 | 0 | 1 | 5 | 20 | 0 | 0 | 5 | 25 | 3183 | 86% |
| Medicine | 99211 | KRS1 = 99406 | 247 | 0.030 | 0.051 | 0.01 | 0.20 | 0.30 | 0.61 | 25.00 | 1 | 5 | 10 | 18 | 95 | 0 | 0 | 1 | 5 | 30 | 1 | 3 | 5 | 10 | 40 | 0 | 0 | 1 | 5 | 30 | 0 | 0 | 2 | 26 | 1000 | 81% |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | RVW | | | | TOTAL | | | | Pre 3 Days | | | | SAME DAY | | | | Post 7 Days | | | | SURVEY EXPERIENCE | | | | Vign | | | | | | |
| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | TYP? | | | | | |
| REF1 | 99231 | Subsequent hospital care, per day, for | 239 | 0.038 | 0.054 | | | 0.76 | | | | | 20 | | | | | | | | | | | 10 | | | | 5 | | | | | | | | |
| REF2 | 99490 | Chronic care management services, at | 141 | 0.041 | 0.041 | | | 0.61 | | | | | 15 | | | | | | | | | | | 15 | | | | | | | | | | | | |
| | 99212 | 1992 PFS | | | 0.028 | | | 0.40 | | | | | | | | | | | | | | | | 10 | | | | | | | | | | | | |
| | 99212 | 1997 PFS (1st 5YR) extrapolated | | 0.030 | 0.034 | | | 0.45 | | | | | 15 | | | | | | | | | | | 10 | | | | 5 | | | | | | | | |
| | 99212 | 2007 PFS (3rd 5YR) | | 0.028 | 0.032 | | | 0.45 | | | | | 16 | | | | | 2 | | | | | | 10 | | | | 4 | | | | | | | | |
| | 99212 | 2010 PFS (delete consult) | | 0.030 | 0.035 | | | 0.48 | | | | | 16 | | | | | 2 | | | | | | 10 | | | | 4 | | | | | | | | |
| current | 99212 | Estab Pt, 10 min F2F | | 0.030 | 0.035 | | | 0.48 | | | | | 16 | | | | | 2 | | | | | | 10 | | | | 4 | | | | | | | | |
| SVY | 99212 | Estab Pt, 10-19 min day of visit | 1353 | 0.042 | 0.058 | 0.01 | 0.50 | 0.75 | 1.00 | 37.00 | 1 | 12 | 18 | 26 | 320 | 0 | 0 | 2 | 5 | 160 | 1 | 10 | 11 | 15 | 100 | 0 | 0 | 3 | 5 | 120 | 0 | 10 | 36 | 137 | 5150 | 85% |
| REC | 99212 | Estab Pt, 10-19 min day of visit | | 0.039 | 0.053 | | | 0.70 | | | | | 18 | | | | | 2 | | | | | | 11 | | | | 3 | | | | | | | | |
| PCP | 99212 | KRS1 = 99231 | 627 | 0.044 | 0.064 | 0.01 | 0.50 | 0.75 | 1.00 | 20.00 | 1 | 10 | 17 | 25 | 320 | 0 | 0 | 2 | 5 | 160 | 1 | 8 | 10 | 15 | 100 | 0 | 0 | 3 | 5 | 120 | 0 | 7 | 35 | 108 | 2000 | 84% |
| Surgery | 99212 | KRS1 = 99231 | 411 | 0.039 | 0.058 | 0.05 | 0.51 | 0.75 | 1.10 | 20.00 | 1 | 12 | 19 | 27 | 105 | 0 | 0 | 2 | 5 | 35 | 1 | 10 | 11 | 15 | 45 | 0 | 0 | 3 | 5 | 50 | 0 | 20 | 75 | 250 | 5150 | 91% |
| Medicine | 99212 | KRS1 = 99231 | 315 | 0.038 | 0.040 | 0.05 | 0.52 | 0.76 | 1.00 | 37.00 | 1 | 14 | 20 | 30 | 115 | 0 | 0 | 3 | 5 | 45 | 1 | 10 | 15 | 18 | 40 | 0 | 0 | 4 | 7 | 40 | 0 | 2 | 12 | 59 | 2000 | 80% |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

04a Office Visits Summary Spreadsheet - Specialty Groupings

| | | | | | | RVW | | | TOTAL | | | Pre 3 Days | | | SAME DAY | | | Post 7 Days | | | SURVEY EXPERIENCE | | | | Vign TYP? | | | | | | | | | | | |
|----------|-------|---|------|-------|-------|------|------|------|-------|--------|-----|------------|-----|------|----------|-----|------|-------------|------|------|-------------------|------|-----|------|--------------|---|----|----|----|------|---|-----|-----|------|-------|-----|
| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | | | | | | | | | | | |
| REF1 | 99232 | Subsequent hospital care, per day, for | 285 | 0.035 | 0.047 | | | 1.39 | | | | | 10 | | | | 20 | | | 10 | | | | | | | | | | | | | | | | |
| REF2 | 99487 | Complex chronic care management se | 213 | 0.038 | 0.038 | | | 1.00 | | | | | | | | | 26 | | | | | | | | | | | | | | | | | | | |
| | 99213 | 1992 PFS | | | 0.028 | | | 0.58 | | | | | | | | | 15 | | | | | | | | | | | | | | | | | | | |
| | 99213 | 1997 PFS (1st 5YR) surveyed | | 0.029 | 0.033 | | | 0.67 | | | | | | | | | 15 | | | 8 | | | | | | | | | | | | | | | | |
| | 99213 | 2007 PFS (3rd 5YR) | | 0.040 | 0.049 | | | 0.92 | | | | | 3 | | | | 15 | | | 5 | | | | | | | | | | | | | | | | |
| | 99213 | 2010 PFS (delete consult) | | 0.042 | 0.053 | | | 0.97 | | | | | 3 | | | | 15 | | | 5 | | | | | | | | | | | | | | | | |
| current | 99213 | Estab Pt, 15 min F2F | | 0.042 | 0.053 | | | 0.97 | | | | | 3 | | | | 15 | | | 5 | | | | | | | | | | | | | | | | |
| SVY | 99213 | Estab Pt, 20-29 min day of visit | 1650 | 0.043 | 0.054 | 0.01 | 1.00 | 1.30 | 1.75 | 175.00 | 1 | 22 | 30 | 43 | 410 | 0 | 1 | 5 | 10 | 220 | 1 | 15 | 20 | 25 | 100 | 0 | 3 | 5 | 10 | 180 | 0 | 100 | 344 | 985 | 20000 | 89% |
| REC | 99213 | Estab Pt, 20-29 min day of visit | | 0.043 | 0.054 | | | 1.30 | | | | | 5 | | | | 20 | | | 5 | | | | | | | | | | | | | | | | |
| PCP | 99213 | KRS1 = 99232 | 694 | 0.040 | 0.049 | 0.01 | 0.94 | 1.20 | 1.50 | 175.00 | 1 | 22 | 30 | 40 | 410 | 0 | 1 | 5 | 10 | 220 | 1 | 15 | 20 | 25 | 100 | 0 | 3 | 5 | 10 | 140 | 0 | 150 | 500 | 1057 | 20000 | 87% |
| Surgery | 99213 | KRS1 = 99232 | 468 | 0.046 | 0.058 | 0.17 | 1.00 | 1.39 | 2.00 | 30.00 | 2 | 22 | 30 | 45 | 210 | 0 | 1 | 5 | 10 | 55 | 1 | 15 | 20 | 25 | 70 | 0 | 3 | 5 | 10 | 180 | 0 | 121 | 416 | 1000 | 12688 | 90% |
| Medicine | 99213 | KRS1 = 99232 | 488 | 0.042 | 0.056 | 0.09 | 1.00 | 1.35 | 1.75 | 40.00 | 2 | 23 | 32 | 45 | 205 | 0 | 2 | 5 | 10 | 78 | 1 | 15 | 20 | 25 | 60 | 0 | 2 | 5 | 10 | 85 | 0 | 45 | 150 | 461 | 7620 | 89% |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | RVW | | | TOTAL | | | Pre 3 Days | | | SAME DAY | | | Post 7 Days | | | SURVEY EXPERIENCE | | | | Vign TYP? | | | | | | | | | | | |
| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | | | | | | | | | | | |
| REF1 | 99233 | Subsequent hospital care, per day, for | 326 | 0.036 | 0.048 | | | 2.00 | | | | | 10 | | | | 30 | | | 15 | | | | | | | | | | | | | | | | |
| REF2 | 99232 | Subsequent hospital care, per day, for | 169 | 0.035 | 0.047 | | | 1.39 | | | | | 10 | | | | 20 | | | 10 | | | | | | | | | | | | | | | | |
| | 99214 | 1992 PFS | | | 0.028 | | | 0.93 | | | | | | | | | 25 | | | | | | | | | | | | | | | | | | | |
| | 99214 | 1997 PFS (1st 5YR) extrapolated | | 0.029 | 0.032 | | | 1.10 | | | | | | | | | 25 | | | 13 | | | | | | | | | | | | | | | | |
| | 99214 | 2007 PFS (3rd 5YR) | | 0.036 | 0.043 | | | 1.42 | | | | | 5 | | | | 25 | | | 10 | | | | | | | | | | | | | | | | |
| | 99214 | 2010 PFS (delete consult) | | 0.038 | 0.047 | | | 1.50 | | | | | 5 | | | | 25 | | | 10 | | | | | | | | | | | | | | | | |
| current | 99214 | Estab Pt, 25 min F2F | | 0.038 | 0.047 | | | 1.50 | | | | | 5 | | | | 25 | | | 10 | | | | | | | | | | | | | | | | |
| SVY | 99214 | Estab Pt, 30-39 min day of visit | 1691 | 0.041 | 0.054 | 0.01 | 1.50 | 2.00 | 2.56 | 52.14 | 3 | 36 | 49 | 65 | 525 | 0 | 4 | 7 | 15 | 260 | 1 | 22 | 30 | 38 | 500 | 0 | 5 | 10 | 15 | 150 | 0 | 100 | 400 | 1000 | 10000 | 81% |
| REC | 99214 | Estab Pt, 30-39 min day of visit | | 0.039 | 0.051 | | | 1.92 | | | | | 7 | | | | 30 | | | 10 | | | | | | | | | | | | | | | | |
| PCP | 99214 | KRS1 = 99233 | 703 | 0.039 | 0.051 | 0.01 | 1.50 | 1.92 | 2.50 | 50.00 | 4 | 37 | 49 | 65 | 470 | 0 | 4 | 7 | 15 | 260 | 2 | 23 | 30 | 38 | 100 | 0 | 6 | 10 | 15 | 150 | 0 | 200 | 600 | 1484 | 10000 | 74% |
| Surgery | 99214 | KRS1 = 99233 | 469 | 0.043 | 0.054 | 0.24 | 1.55 | 2.00 | 2.75 | 45.00 | 3 | 36 | 47 | 65 | 250 | 0 | 3 | 7 | 15 | 90 | 1 | 20 | 30 | 37 | 90 | 0 | 5 | 10 | 15 | 70 | 0 | 60 | 202 | 510 | 4350 | 91% |
| Medicine | 99214 | KRS1 = 99233 | 519 | 0.040 | 0.053 | 0.15 | 1.50 | 2.00 | 2.56 | 52.14 | 5 | 36 | 50 | 65 | 525 | 0 | 4 | 8 | 15 | 110 | 1 | 25 | 30 | 40 | 500 | 0 | 5 | 10 | 15 | 120 | 0 | 100 | 300 | 800 | 5760 | 83% |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | RVW | | | TOTAL | | | Pre 3 Days | | | SAME DAY | | | Post 7 Days | | | SURVEY EXPERIENCE | | | | Vign TYP? | | | | | | | | | | | |
| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | | | | | | | | | | | |
| REF1 | 99234 | Observation or inpatient hospital care, | 179 | 0.037 | 0.048 | | | 2.56 | | | | | 14 | | | | 40 | | | 15 | | | | | | | | | | | | | | | | |
| REF2 | 99235 | Observation or inpatient hospital care, | 175 | 0.039 | 0.050 | | | 3.24 | | | | | 14 | | | | 50 | | | 19.5 | | | | | | | | | | | | | | | | |
| | 99215 | 1992 PFS | | | 0.028 | | | 1.46 | | | | | | | | | 40 | | | | | | | | | | | | | | | | | | | |
| | 99215 | 1997 PFS (1st 5YR) surveyed | | 0.030 | 0.034 | | | 1.77 | | | | | | | | | 40 | | | 19 | | | | | | | | | | | | | | | | |
| | 99215 | 2007 PFS (3rd 5YR) | | 0.036 | 0.044 | | | 2.00 | | | | | 5 | | | | 35 | | | 15 | | | | | | | | | | | | | | | | |
| | 99215 | 2010 PFS (delete consult) | | 0.038 | 0.047 | | | 2.11 | | | | | 5 | | | | 35 | | | 15 | | | | | | | | | | | | | | | | |
| current | 99215 | Estab Pt, 40 min F2F | | 0.038 | 0.047 | | | 2.11 | | | | | 5 | | | | 35 | | | 15 | | | | | | | | | | | | | | | | |
| SVY | 99215 | Estab Pt, 40-54 min day of visit | 1535 | 0.040 | 0.050 | 0.01 | 2.15 | 2.80 | 3.50 | 70.22 | 5 | 55 | 70 | 95 | 590 | 0 | 5 | 10 | 20 | 524 | 1 | 30 | 45 | 55 | 125 | 0 | 10 | 15 | 25 | 360 | 0 | 9 | 31 | 100 | 6000 | 83% |
| REC | 99215 | Estab Pt, 40-54 min day of visit | | 0.040 | 0.050 | | | 2.80 | | | | | 10 | | | | 45 | | | 15 | | | | | | | | | | | | | | | | |
| PCP | 99215 | KRS1 = 99233 | 658 | 0.039 | 0.049 | 0.01 | 2.00 | 2.75 | 3.49 | 70.00 | 5 | 55 | 70 | 95 | 590 | 0 | 5 | 10 | 20 | 524 | 2 | 35 | 45 | 55 | 124 | 0 | 10 | 15 | 25 | 360 | 0 | 5 | 25 | 100 | 6000 | 81% |
| Surgery | 99215 | KRS1 = 99235 | 380 | 0.043 | 0.061 | 0.40 | 2.32 | 3.00 | 3.75 | 60.00 | 5 | 55 | 70 | 95 | 250 | 0 | 5 | 10 | 20 | 110 | 2 | 30 | 40 | 50 | 125 | 0 | 10 | 15 | 25 | 85 | 0 | 5 | 20 | 52 | 2470 | 88% |
| Medicine | 99215 | KRS1 = 99233 | 497 | 0.039 | 0.050 | 0.20 | 2.11 | 2.79 | 3.50 | 70.22 | 5 | 54 | 72 | 93 | 430 | 0 | 5 | 10 | 20 | 215 | 1 | 30 | 45 | 55 | 120 | 0 | 10 | 15 | 25 | 180 | 0 | 20 | 63 | 200 | 3542 | 81% |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | RVW | | | TOTAL | | | Pre 3 Days | | | SAME DAY | | | Post 7 Days | | | SURVEY EXPERIENCE | | | | Vign TYP? | | | | | | | | | | | |
| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | | | | | | | | | | | |
| REF1 | 99490 | Chronic care management services, at | 304 | 0.041 | 0.041 | | | 0.61 | | | | | | | | | 15 | | | | | | | | | | | | | | | | | | | |
| REF2 | 99489 | Complex chronic care management se | 259 | 0.038 | 0.038 | | | 0.50 | | | | | | | | | 13 | | | | | | | | | | | | | | | | | | | |
| NEW | 99417 | N/A | | N/A | n/a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SVY | 99417 | New/Estab Pt, add'l 15 min | 1112 | 0.050 | 0.050 | 0.01 | 0.50 | 0.75 | 1.20 | 35.00 | 15 | 15 | 15 | 20 | 29 | | | | | | | | | | | 0 | 0 | 0 | 10 | 3600 | | | 84% | | | |
| REC | 99417 | New/Estab Pt, add'l 15 min | | 0.041 | 0.041 | | | 0.61 | | | | | | | | | 15 | | | | | | | | | | | | | | | | | | | |
| PCP | 99417 | KRS1 = 99490 | 464 | 0.050 | 0.050 | 0.01 | 0.50 | 0.75 | 1.10 | 35.00 | 15 | 15 | 15 | 20 | 29 | | | | | | | | | | | 0 | 0 | 0 | 10 | 3600 | | | 83% | | | |

04a Office Visits Summary Spreadsheet - Specialty Groupings

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------|-------|--------------|-----|-------|-------|-----------|------|------|-------|----|----|----|----|----|--|--|--|----|----|----|----|----|--|--|--|---|---|---|----|------|-----|
| Surgery | 99417 | KRS1 = 99490 | 282 | 0.053 | 0.053 | 0.02 0.50 | 0.80 | 1.38 | 15.00 | 15 | 15 | 15 | 20 | 29 | | | | 15 | 15 | 15 | 20 | 29 | | | | 0 | 0 | 0 | 10 | 1000 | 89% |
| Medicine | 99417 | KRS1 = 99490 | 366 | 0.049 | 0.049 | 0.09 0.50 | 0.73 | 1.00 | 30.00 | 15 | 15 | 15 | 20 | 29 | | | | 15 | 15 | 15 | 20 | 29 | | | | 0 | 0 | 2 | 15 | 1000 | 82% |

ISSUE: Office Visits (99202-99215, 99417)

TAB: 9

| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | RWV | | | TOTAL | | | Pre 3 Days | | | SAME DAY | | | Post 7 Days | | | SURVEY EXPERIENCE | | | | Vign TYP? | | | | | | | | | | | | |
|----------------|-------|--|------|-------|-------|------|------|------|-------|--------|------|------------|-----|------|----------|-----|------|-------------|------|-----|-------------------|------|-----|------|--------------|---|----|----|----|-----|---|----|----|-----|-------|-----|--|
| | | | | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | | | | | | | | | | | | |
| REF1 | 99231 | Subsequent hospital care, per day | 143 | 0.038 | 0.054 | | | 0.76 | | | 20 | | | 5 | | | 10 | | 5 | | | | | | | | | | | | | | | | | | |
| REF2 | 99487 | Complex chronic care management | 102 | 0.038 | 0.038 | | | 1.00 | | | 26 | | | | | | 26 | | | | | | | | | | | | | | | | | | | | |
| current | 99201 | New Pt, 10 min F2F | | 0.028 | 0.032 | | | 0.48 | | | 17 | | | 2 | | | 10 | | 5 | | | | | | | | | | | | | | | | | | |
| current | 99202 | New Pt, 20 min F2F | | 0.042 | 0.052 | | | 0.93 | | | 22 | | | 2 | | | 15 | | 5 | | | | | | | | | | | | | | | | | | |
| SVY | 99202 | New Pt, 15-29 min day of visit | 1181 | 0.045 | 0.059 | 0.01 | 0.71 | 1.00 | 1.45 | 37.24 | 1 | 15 | 22 | 32 | 130 | 0 | 0 | 2 | 5 | 60 | 1 | 10 | 15 | 20 | 60 | 0 | 0 | 3 | 5 | 55 | 0 | 1 | 10 | 44 | 3581 | 80% | |
| REC | 99202 | New Pt, 15-29 min day of visit | | 0.042 | 0.055 | | | 0.93 | | | 22 | | | 2 | | | 15 | | 3 | | | | | | | | | | | | | | | | | | |
| Comparator | 78707 | Kidney imaging morphology; with contrast | | 0.044 | 0.044 | | | 0.96 | | | 22 | | | | | | 22 | | | | | | | | | | | | | | | | | | | | |
| Comparator | 92242 | Fluorescein angiography and indocyanine green angiography | | 0.043 | 0.045 | | | 0.95 | | | 22 | | | 1 | | | 20 | | 1 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | RWV | | | TOTAL | | | Pre 3 Days | | | SAME DAY | | | Post 7 Days | | | SURVEY EXPERIENCE | | | | Vign TYP? | | | | | | | | | | | | |
| | | | | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | | | | | | | | | | | | |
| REF1 | 99221 | Initial hospital care, per day, for less than 30 minutes | 175 | 0.038 | 0.049 | | | 1.92 | | | 50 | | | 10 | | | 30 | | 10 | | | | | | | | | | | | | | | | | | |
| REF2 | 99232 | Subsequent hospital care, per day, for less than 30 minutes | 139 | 0.035 | 0.047 | | | 1.39 | | | 40 | | | 10 | | | 20 | | 10 | | | | | | | | | | | | | | | | | | |
| current | 99203 | New Pt, 30 min F2F | | 0.049 | 0.061 | | | 1.42 | | | 29 | | | 4 | | | 20 | | 5 | | | | | | | | | | | | | | | | | | |
| SVY | 99203 | New Pt, 30-44 min day of visit | 1494 | 0.040 | 0.055 | 0.05 | 1.25 | 1.60 | 2.20 | 53.20 | 2 | 30 | 40 | 53 | 180 | 0 | 1 | 5 | 10 | 90 | 1 | 20 | 25 | 35 | 90 | 0 | 3 | 5 | 10 | 74 | 0 | 10 | 50 | 200 | 20000 | 87% | |
| REC | 99203 | New Pt, 30-44 min day of visit | | 0.040 | 0.055 | | | 1.60 | | | 40 | | | 5 | | | 25 | | 5 | | | | | | | | | | | | | | | | | | |
| Comparator | 77047 | Magnetic resonance imaging, brain; with and without contrast | | 0.040 | 0.046 | | | 1.60 | | | 40 | | | 5 | | | 30 | | 5 | | | | | | | | | | | | | | | | | | |
| MPC Comparator | 72158 | Magnetic resonance (eg, proton density, T2-weighted) of the brain; with and without contrast | | 0.065 | 0.083 | | | 2.29 | | | 35 | | | 5 | | | 25 | | 5 | | | | | | | | | | | | | | | | | | |
| MPC Comparator | 92004 | Ophthalmological services: medical history, physical examination, and ophthalmic examination | | 0.046 | 0.059 | | | 1.82 | | | 40 | | | 5 | | | 25 | | 10 | | | | | | | | | | | | | | | | | | |
| MPC Comparator | 99284 | Emergency department visit for minor injury or illness | | 0.064 | 0.089 | | | 2.56 | | | 40 | | | 5 | | | 25 | | 10 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | RWV | | | TOTAL | | | Pre 3 Days | | | SAME DAY | | | Post 7 Days | | | SURVEY EXPERIENCE | | | | Vign TYP? | | | | | | | | | | | | |
| | | | | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | | | | | | | | | | | | |
| REF1 | 99234 | Observation or inpatient hospital care, per day, for less than 30 minutes | 206 | 0.037 | 0.048 | | | 2.56 | | | 69 | | | 14 | | | 40 | | 15 | | | | | | | | | | | | | | | | | | |
| REF2 | 99219 | Initial observation care, per day, for less than 30 minutes | 192 | 0.040 | 0.051 | | | 2.60 | | | 64.5 | | | 10 | | | 40 | | 14.5 | | | | | | | | | | | | | | | | | | |
| current | 99204 | New Pt, 45 min F2F | | 0.054 | 0.070 | | | 2.43 | | | 45 | | | 5 | | | 30 | | 10 | | | | | | | | | | | | | | | | | | |
| SVY | 99204 | New Pt, 45-59 min day of visit | 1622 | 0.043 | 0.054 | 0.08 | 2.00 | 2.60 | 3.24 | 386.00 | 3 | 45 | 60 | 80 | 1049 | 0 | 4 | 10 | 16 | 120 | 1 | 30 | 40 | 50 | 999 | 0 | 6 | 10 | 20 | 180 | 0 | 12 | 50 | 200 | 3000 | 86% | |
| REC | 99204 | New Pt, 45-59 min day of visit | | 0.043 | 0.054 | | | 2.60 | | | 60 | | | 10 | | | 40 | | 10 | | | | | | | | | | | | | | | | | | |
| MPC Comparator | 99336 | Domiciliary or rest home visit for the evaluation and management of a patient | | 0.038 | 0.048 | | | 2.46 | | | 65 | | | 10 | | | 40 | | 15 | | | | | | | | | | | | | | | | | | |
| MPC Comparator | 99349 | Home visit for the evaluation and management of a patient | | 0.036 | 0.044 | | | 2.33 | | | 65 | | | 10 | | | 40 | | 15 | | | | | | | | | | | | | | | | | | |
| Comparator | 74262 | Computed tomographic (CT) scan of the head; without contrast | | 0.044 | 0.050 | | | 2.50 | | | 57 | | | 5 | | | 45 | | 7 | | | | | | | | | | | | | | | | | | |
| Comparator | 31623 | Bronchoscopy, rigid or flexible, with biopsy | | 0.040 | 0.064 | | | 2.63 | | | 65 | | | 20 | | | 30 | | 15 | | | | | | | | | | | | | | | | | | |
| Comparator | 75573 | Computed tomography, heart, without contrast | | 0.043 | 0.063 | | | 2.55 | | | 60 | | | 15 | | | 30 | | 15 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | RWV | | | TOTAL | | | Pre 3 Days | | | SAME DAY | | | Post 7 Days | | | SURVEY EXPERIENCE | | | | Vign TYP? | | | | | | | | | | | | |
| | | | | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | | | | | | | | | | | | |
| REF1 | 99223 | Initial hospital care, per day, for less than 30 minutes | 280 | 0.043 | 0.056 | | | 3.86 | | | 90 | | | 15 | | | 55 | | 20 | | | | | | | | | | | | | | | | | | |
| REF2 | 99220 | Initial observation care, per day, for less than 30 minutes | 213 | 0.047 | 0.064 | | | 3.56 | | | 75 | | | 15 | | | 45 | | 15 | | | | | | | | | | | | | | | | | | |
| current | 99205 | New Pt, 60 min F2F | | 0.047 | 0.059 | | | 3.17 | | | 67 | | | 7 | | | 45 | | 15 | | | | | | | | | | | | | | | | | | |
| SVY | 99205 | New Pt, 60-74 min day of visit | 1472 | 0.041 | 0.048 | 0.15 | 2.80 | 3.50 | 4.00 | 99.99 | 5 | 65 | 85 | 110 | 540 | 0 | 5 | 14 | 25 | 250 | 1 | 40 | 59 | 62 | 210 | 0 | 10 | 15 | 30 | 360 | 0 | 2 | 15 | 62 | 1512 | 84% | |
| REC | 99205 | New Pt, 60-74 min day of visit | | 0.041 | 0.048 | | | 3.50 | | | 85 | | | 14 | | | 59 | | 15 | | | | | | | | | | | | | | | | | | |
| Comparator | 90792 | Psychiatric diagnostic evaluation and management | | 0.036 | 0.043 | | | 3.25 | | | 90 | | | 10 | | | 60 | | 20 | | | | | | | | | | | | | | | | | | |
| MPC Comparator | 99327 | Domiciliary or rest home visit for the evaluation and management of a patient | | 0.035 | 0.043 | | | 3.46 | | | 100 | | | 15 | | | 60 | | 25 | | | | | | | | | | | | | | | | | | |
| MPC Comparator | 99223 | Initial hospital care, per day, for the evaluation and management of a patient | | 0.043 | 0.056 | | | 3.86 | | | 90 | | | 15 | | | 55 | | 20 | | | | | | | | | | | | | | | | | | |
| Comparator | 99483 | Assessment of and care planning for a patient with a mental health condition | | 0.038 | 0.053 | | | 3.44 | | | 90 | | | 15 | | | 50 | | 20 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

[illegible]

| | | | | | | | | | | | | | | | | | | | | | | |
|----------------|-------|---|-------|-------|--|------|--|--|----|--|--|----|--|--|----|--|--|----|--|--|--|--|
| MPC Comparator | 99326 | Domiciliary or rest home visit for the eval | 0.034 | 0.043 | | 2.63 | | | 77 | | | 15 | | | 45 | | | 17 | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | RVW | | | | | TOTAL | | | | | Pre 3 Days | | | | | SAME DAY | | | | | Post 7 Days | | | | | SURVEY EXPERIENCE | | | | | Vign |
|----------------|-------|---|------|-------|-------|------|------|------|------|-------|-------|------|-----|------|-----|------------|------|-----|------|-----|----------|------|-----|------|-----|-------------|------|-----|------|-----|-------------------|----|------|-----|--|------|
| SOURCE | CPT | DESC | Resp | WPUT | IWPUT | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | TYP? | | | | | |
| REF1 | 99490 | Chronic care management servi | 304 | 0.041 | 0.041 | | | 0.61 | | | | | 15 | | | | | | 15 | | | | | | | | | | | | | | | | | |
| REF2 | 99489 | Complex chronic care managem | 259 | 0.038 | 0.038 | | | 0.50 | | | | | 13 | | | | | | 13 | | | | | | | | | | | | | | | | | |
| NEW | 99417 | N/A | | N/A | n/a | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SVY | 99417 | New/Estab Pt, add'l 15 min | 1112 | 0.050 | 0.050 | 0.01 | 0.50 | 0.75 | 1.20 | 35.00 | 15 | 15 | 15 | 20 | 29 | | | | | | 15 | 15 | 15 | 20 | 29 | | | | 0 | 0 | 0 | 10 | 3600 | 84% | | |
| REC | 99417 | New/Estab Pt, add'l 15 min | | 0.041 | 0.041 | | | 0.61 | | | | | 15 | | | | | | 15 | | | | | | | | | | | | | | | | | |
| CROSSWALK | 99490 | Chronic care management services, at le | | 0.041 | 0.041 | | | 0.61 | | | | | 15 | | | | | | 15 | | | | | | | | | | | | | | | | | |
| Comparator | 99484 | Care management services for l | | 0.041 | 0.041 | | | 0.61 | | | | | 15 | | | | | | 15 | | | | | | | | | | | | | | | | | |
| MPC Comparator | 51797 | Voiding pressure studies, intra-a | | 0.053 | 0.053 | | | 0.80 | | | | | 15 | | | | | | 15 | | | | | | | | | | | | | | | | | |

| CPT | CMS Code | CMS Specialty_Name | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|----------|--------------------|----------|------|------|------|------|--------|-----------------------------|------|-----|------|-----|
| | | | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 02 | General Surgery | 38 | 0.22 | 0.75 | 0.99 | 1.44 | 5.00 | 2 | 16 | 23 | 35 | 55 |
| 99203 | 02 | General Surgery | 44 | 0.60 | 1.49 | 1.98 | 2.58 | 15.00 | 2 | 30 | 40 | 60 | 140 |
| 99204 | 02 | General Surgery | 44 | 1.00 | 2.23 | 2.58 | 3.50 | 20.00 | 4 | 50 | 60 | 90 | 250 |
| 99205 | 02 | General Surgery | 42 | 1.50 | 3.25 | 3.56 | 4.50 | 26.00 | 6 | 70 | 94 | 120 | 250 |
| 99211 | 02 | General Surgery | 32 | 0.05 | 0.20 | 0.28 | 0.51 | 1.58 | 1 | 3 | 11 | 16 | 40 |
| 99212 | 02 | General Surgery | 40 | 0.28 | 0.56 | 0.76 | 1.21 | 4.00 | 2 | 14 | 20 | 26 | 60 |
| 99213 | 02 | General Surgery | 45 | 0.65 | 1.02 | 1.45 | 2.00 | 15.00 | 2 | 25 | 30 | 48 | 135 |
| 99214 | 02 | General Surgery | 45 | 1.00 | 1.80 | 2.25 | 3.00 | 20.00 | 3 | 40 | 50 | 70 | 250 |
| 99215 | 02 | General Surgery | 41 | 1.50 | 2.56 | 3.35 | 4.00 | 26.00 | 5 | 55 | 70 | 105 | 250 |
| 99417 | 02 | General Surgery | 31 | 0.20 | 0.61 | 1.00 | 1.75 | 6.00 | 15 | 15 | 15 | 20 | 29 |
| 99202 | 04 | Otolaryngology | 58 | 0.18 | 0.80 | 1.11 | 1.50 | 3.35 | 2 | 12 | 18 | 25 | 48 |
| 99203 | 04 | Otolaryngology | 69 | 0.24 | 1.50 | 2.00 | 2.50 | 5.00 | 5 | 25 | 35 | 42 | 120 |
| 99204 | 04 | Otolaryngology | 67 | 0.24 | 2.50 | 2.75 | 3.44 | 12.00 | 6 | 40 | 50 | 64 | 156 |
| 99205 | 04 | Otolaryngology | 55 | 1.52 | 3.22 | 3.86 | 4.50 | 15.00 | 16 | 60 | 75 | 93 | 200 |
| 99211 | 04 | Otolaryngology | 44 | 0.06 | 0.24 | 0.30 | 0.70 | 2.00 | 1 | 3 | 6 | 10 | 35 |
| 99212 | 04 | Otolaryngology | 66 | 0.20 | 0.51 | 0.76 | 1.04 | 4.00 | 1 | 10 | 15 | 23 | 65 |
| 99213 | 04 | Otolaryngology | 69 | 0.24 | 1.05 | 1.40 | 2.00 | 5.00 | 4 | 20 | 30 | 36 | 210 |
| 99214 | 04 | Otolaryngology | 69 | 0.24 | 1.65 | 2.02 | 2.95 | 10.00 | 6 | 32 | 43 | 59 | 120 |
| 99215 | 04 | Otolaryngology | 58 | 1.31 | 2.50 | 3.20 | 3.91 | 15.00 | 14 | 50 | 65 | 89 | 180 |
| 99417 | 04 | Otolaryngology | 37 | 0.18 | 0.61 | 1.00 | 1.42 | 3.07 | 15 | 15 | 15 | 20 | 29 |
| 99202 | 06 | Cardiology | 16 | 0.26 | 0.50 | 0.90 | 1.46 | 3.00 | 2 | 17 | 23 | 34 | 60 |
| 99203 | 06 | Cardiology | 20 | 0.55 | 1.00 | 1.78 | 2.11 | 3.25 | 2 | 29 | 35 | 46 | 60 |
| 99204 | 06 | Cardiology | 22 | 0.80 | 1.60 | 2.50 | 2.71 | 4.02 | 31 | 45 | 58 | 67 | 90 |
| 99205 | 06 | Cardiology | 22 | 1.00 | 2.01 | 3.00 | 3.71 | 5.00 | 31 | 59 | 79 | 93 | 120 |
| 99211 | 06 | Cardiology | 16 | 0.05 | 0.19 | 0.26 | 0.59 | 3.00 | 2 | 8 | 11 | 18 | 70 |
| 99212 | 06 | Cardiology | 17 | 0.20 | 0.48 | 0.61 | 1.00 | 3.00 | 8 | 15 | 20 | 27 | 70 |
| 99213 | 06 | Cardiology | 23 | 0.50 | 0.76 | 1.30 | 1.53 | 4.00 | 16 | 22 | 32 | 42 | 80 |
| 99214 | 06 | Cardiology | 23 | 0.70 | 1.35 | 2.00 | 2.38 | 4.00 | 26 | 38 | 48 | 59 | 90 |
| 99215 | 06 | Cardiology | 23 | 1.00 | 2.00 | 2.60 | 3.38 | 5.00 | 30 | 52 | 70 | 90 | 188 |
| 99417 | 06 | Cardiology | 18 | 0.20 | 0.50 | 0.61 | 1.23 | 5.00 | 15 | 15 | 15 | 20 | 29 |
| 99202 | 07 | Dermatology | 46 | 0.27 | 0.91 | 0.98 | 1.10 | 2.50 | 7 | 22 | 26 | 32 | 56 |
| 99203 | 07 | Dermatology | 47 | 0.44 | 1.42 | 1.46 | 1.64 | 3.75 | 19 | 30 | 37 | 51 | 90 |
| 99204 | 07 | Dermatology | 37 | 0.60 | 2.43 | 2.50 | 2.60 | 4.63 | 37 | 45 | 55 | 68 | 170 |
| 99205 | 07 | Dermatology | 25 | 1.15 | 3.15 | 3.20 | 3.50 | 5.85 | 50 | 67 | 73 | 80 | 220 |
| 99211 | 07 | Dermatology | 40 | 0.05 | 0.18 | 0.23 | 0.35 | 1.00 | 1 | 6 | 9 | 15 | 34 |
| 99212 | 07 | Dermatology | 47 | 0.15 | 0.48 | 0.50 | 0.70 | 1.45 | 7 | 16 | 19 | 31 | 45 |
| 99213 | 07 | Dermatology | 47 | 0.30 | 0.97 | 1.00 | 1.25 | 2.80 | 19 | 26 | 30 | 47 | 85 |
| 99214 | 07 | Dermatology | 46 | 0.35 | 1.50 | 1.53 | 1.79 | 3.70 | 28 | 40 | 45 | 63 | 150 |
| 99215 | 07 | Dermatology | 26 | 1.15 | 2.10 | 2.14 | 2.58 | 4.10 | 45 | 55 | 64 | 74 | 215 |
| 99417 | 07 | Dermatology | 22 | 0.20 | 0.50 | 0.64 | 1.20 | 2.50 | 15 | 15 | 15 | 20 | 21 |
| 99202 | 08 | Family Practice | 472 | 0.01 | 0.61 | 0.90 | 1.25 | 20.00 | 1 | 15 | 21 | 30 | 105 |
| 99203 | 08 | Family Practice | 540 | 0.05 | 1.00 | 1.50 | 2.00 | 33.00 | 3 | 27 | 37 | 50 | 150 |
| 99204 | 08 | Family Practice | 532 | 0.14 | 1.60 | 2.20 | 2.87 | 386.00 | 8 | 43 | 55 | 75 | 978 |
| 99205 | 08 | Family Practice | 458 | 0.15 | 2.40 | 3.24 | 3.86 | 60.00 | 9 | 60 | 80 | 100 | 540 |
| 99211 | 08 | Family Practice | 437 | 0.01 | 0.19 | 0.25 | 0.50 | 20.00 | 1 | 3 | 5 | 11 | 235 |
| 99212 | 08 | Family Practice | 505 | 0.01 | 0.50 | 0.75 | 1.00 | 10.00 | 1 | 10 | 16 | 23 | 320 |
| 99213 | 08 | Family Practice | 550 | 0.16 | 0.95 | 1.20 | 1.50 | 50.00 | 1 | 22 | 29 | 40 | 410 |
| 99214 | 08 | Family Practice | 551 | 0.18 | 1.50 | 1.90 | 2.50 | 33.00 | 4 | 36 | 47 | 60 | 470 |

| CPT | CMS | CMS | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|------|-----------------|-------------|------|------|------|------|-------|-----------------------------|------|-----|------|-----|
| | Code | Specialty_Name | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99215 | 08 | Family Practice | 512 | 0.10 | 2.00 | 2.71 | 3.46 | 43.00 | 5 | 55 | 70 | 92 | 590 |
| 99417 | 08 | Family Practice | 350 | 0.07 | 0.50 | 0.75 | 1.22 | 25.00 | 15 | 15 | 15 | 20 | 29 |

| CPT | CMS Code | CMS Specialty_Name | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|----------|------------------------|----------|------|------|------|------|-------|-----------------------------|------|-----|------|-----|
| | | | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 10 | Gastroenterology | 35 | 0.10 | 0.76 | 1.00 | 1.55 | 2.50 | 2 | 15 | 22 | 32 | 90 |
| 99203 | 10 | Gastroenterology | 48 | 0.17 | 1.00 | 1.94 | 2.25 | 3.50 | 2 | 24 | 42 | 50 | 148 |
| 99204 | 10 | Gastroenterology | 49 | 0.58 | 2.25 | 2.70 | 3.50 | 4.08 | 10 | 40 | 62 | 74 | 199 |
| 99205 | 10 | Gastroenterology | 50 | 0.86 | 3.24 | 3.60 | 4.00 | 5.50 | 14 | 51 | 83 | 102 | 271 |
| 99211 | 10 | Gastroenterology | 29 | 0.06 | 0.25 | 0.40 | 0.60 | 1.50 | 1 | 5 | 10 | 13 | 37 |
| 99212 | 10 | Gastroenterology | 38 | 0.06 | 0.56 | 0.82 | 1.11 | 2.00 | 1 | 13 | 20 | 25 | 63 |
| 99213 | 10 | Gastroenterology | 49 | 0.40 | 1.00 | 1.35 | 1.54 | 4.00 | 5 | 20 | 32 | 40 | 103 |
| 99214 | 10 | Gastroenterology | 50 | 0.58 | 1.61 | 2.00 | 2.50 | 5.25 | 10 | 31 | 47 | 64 | 148 |
| 99215 | 10 | Gastroenterology | 50 | 0.82 | 2.27 | 2.70 | 3.50 | 7.50 | 14 | 45 | 65 | 85 | 255 |
| 99417 | 10 | Gastroenterology | 32 | 0.10 | 0.50 | 0.70 | 1.06 | 15.00 | 15 | 15 | 15 | 20 | 29 |
| 99202 | 11 | Internal Medicine | 17 | 0.24 | 0.50 | 0.76 | 1.00 | 14.00 | 3 | 15 | 23 | 30 | 87 |
| 99203 | 11 | Internal Medicine | 19 | 0.50 | 1.00 | 1.40 | 2.00 | 30.00 | 21 | 30 | 40 | 53 | 132 |
| 99204 | 11 | Internal Medicine | 20 | 0.95 | 1.94 | 2.38 | 2.64 | 45.00 | 30 | 46 | 61 | 80 | 177 |
| 99205 | 11 | Internal Medicine | 15 | 1.20 | 2.40 | 2.80 | 3.50 | 4.55 | 45 | 69 | 87 | 110 | 222 |
| 99211 | 11 | Internal Medicine | 17 | 0.06 | 0.20 | 0.25 | 0.60 | 5.00 | 1 | 5 | 7 | 15 | 59 |
| 99212 | 11 | Internal Medicine | 19 | 0.25 | 0.50 | 0.60 | 1.00 | 20.00 | 3 | 15 | 20 | 25 | 57 |
| 99213 | 11 | Internal Medicine | 20 | 0.61 | 0.75 | 1.23 | 1.55 | 35.00 | 11 | 27 | 35 | 44 | 87 |
| 99214 | 11 | Internal Medicine | 19 | 0.90 | 1.53 | 2.00 | 2.53 | 45.00 | 19 | 42 | 50 | 66 | 117 |
| 99215 | 11 | Internal Medicine | 17 | 1.10 | 2.25 | 2.80 | 3.50 | 4.45 | 40 | 67 | 75 | 88 | 162 |
| 99417 | 11 | Internal Medicine | 13 | 0.30 | 0.50 | 0.75 | 1.38 | 3.50 | 15 | 15 | 15 | 20 | 29 |
| 99202 | 12 | Osteopathic Manipulati | 2 | 0.80 | 0.83 | 0.87 | 0.90 | 0.93 | 25 | 28 | 31 | 33 | 36 |
| 99203 | 12 | Osteopathic Manipulati | 2 | 1.42 | 1.45 | 1.48 | 1.51 | 1.54 | 28 | 34 | 40 | 45 | 51 |
| 99204 | 12 | Osteopathic Manipulati | 2 | 2.43 | 2.46 | 2.50 | 2.53 | 2.56 | 35 | 44 | 53 | 61 | 70 |
| 99205 | 12 | Osteopathic Manipulati | 2 | 3.17 | 3.18 | 3.19 | 3.19 | 3.20 | 40 | 53 | 65 | 78 | 90 |
| 99211 | 12 | Osteopathic Manipulati | 2 | 0.18 | 0.21 | 0.24 | 0.27 | 0.30 | 5 | 10 | 15 | 20 | 25 |
| 99212 | 12 | Osteopathic Manipulati | 2 | 0.48 | 0.49 | 0.49 | 0.50 | 0.50 | 20 | 21 | 23 | 24 | 25 |
| 99213 | 12 | Osteopathic Manipulati | 2 | 0.97 | 0.98 | 0.99 | 0.99 | 1.00 | 28 | 29 | 29 | 30 | 30 |
| 99214 | 12 | Osteopathic Manipulati | 2 | 1.50 | 1.50 | 1.50 | 1.50 | 1.50 | 35 | 38 | 40 | 43 | 45 |
| 99215 | 12 | Osteopathic Manipulati | 2 | 2.11 | 2.22 | 2.34 | 2.45 | 2.56 | 40 | 48 | 55 | 63 | 70 |
| 99417 | 12 | Osteopathic Manipulati | 2 | 0.50 | 0.52 | 0.54 | 0.55 | 0.57 | 20 | 22 | 25 | 27 | 29 |
| 99202 | 13 | Neurology | 29 | 0.37 | 0.80 | 1.05 | 1.50 | 3.10 | 2 | 15 | 20 | 31 | 130 |
| 99203 | 13 | Neurology | 50 | 0.10 | 1.51 | 2.00 | 2.60 | 4.50 | 10 | 35 | 45 | 60 | 172 |
| 99204 | 13 | Neurology | 71 | 0.65 | 2.50 | 2.80 | 3.47 | 5.50 | 15 | 55 | 70 | 89 | 255 |
| 99205 | 13 | Neurology | 73 | 0.85 | 3.25 | 3.75 | 4.00 | 7.00 | 15 | 76 | 95 | 120 | 330 |
| 99211 | 13 | Neurology | 29 | 0.10 | 0.20 | 0.25 | 0.75 | 2.50 | 1 | 3 | 10 | 19 | 35 |
| 99212 | 13 | Neurology | 36 | 0.25 | 0.54 | 0.87 | 1.21 | 3.50 | 2 | 16 | 20 | 30 | 53 |
| 99213 | 13 | Neurology | 64 | 0.10 | 1.00 | 1.39 | 1.79 | 4.50 | 5 | 27 | 33 | 45 | 90 |
| 99214 | 13 | Neurology | 75 | 0.15 | 1.50 | 2.00 | 2.55 | 5.00 | 13 | 41 | 50 | 73 | 220 |
| 99215 | 13 | Neurology | 74 | 0.20 | 2.14 | 2.60 | 3.54 | 6.00 | 23 | 57 | 74 | 95 | 295 |
| 99417 | 13 | Neurology | 62 | 0.15 | 0.50 | 0.70 | 1.00 | 9.90 | 15 | 15 | 16 | 24 | 29 |
| 99202 | 14 | Neurosurgery | 18 | 0.15 | 0.65 | 1.04 | 2.04 | 10.06 | 7 | 20 | 28 | 39 | 120 |
| 99203 | 14 | Neurosurgery | 24 | 0.18 | 1.39 | 2.10 | 3.12 | 12.06 | 9 | 30 | 42 | 56 | 180 |
| 99204 | 14 | Neurosurgery | 26 | 0.40 | 2.55 | 3.25 | 3.78 | 15.06 | 17 | 51 | 64 | 85 | 240 |
| 99205 | 14 | Neurosurgery | 25 | 0.60 | 3.23 | 4.00 | 4.25 | 20.06 | 10 | 73 | 94 | 120 | 180 |
| 99211 | 14 | Neurosurgery | 18 | 0.06 | 0.30 | 0.42 | 0.61 | 8.06 | 4 | 10 | 19 | 36 | 75 |
| 99212 | 14 | Neurosurgery | 21 | 0.20 | 0.75 | 0.76 | 1.27 | 10.06 | 9 | 18 | 26 | 35 | 90 |
| 99213 | 14 | Neurosurgery | 28 | 0.17 | 1.00 | 1.48 | 2.20 | 12.06 | 15 | 25 | 40 | 63 | 135 |
| 99214 | 14 | Neurosurgery | 26 | 0.40 | 1.80 | 2.35 | 3.00 | 12.06 | 10 | 39 | 58 | 89 | 180 |

| CPT | CMS | CMS | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|------|----------------|-------------|------|------|------|------|-------|-----------------------------|------|-----|------|-----|
| | Code | Specialty_Name | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99215 | 14 | Neurosurgery | 22 | 0.55 | 2.23 | 3.00 | 3.58 | 15.06 | 35 | 56 | 72 | 104 | 120 |
| 99417 | 14 | Neurosurgery | 19 | 0.02 | 0.44 | 0.70 | 1.00 | 5.06 | 15 | 15 | 15 | 25 | 29 |

| CPT | CMS Code | CMS Specialty_Name | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|----------|---------------------------|----------|------|------|------|------|------|-----------------------------|------|-----|------|-----|
| | | | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 16 | Obstetrics/Gynecology | 14 | 0.37 | 1.00 | 1.25 | 1.94 | 2.20 | 5 | 15 | 20 | 25 | 55 |
| 99203 | 16 | Obstetrics/Gynecology | 20 | 0.75 | 1.50 | 1.95 | 2.58 | 3.25 | 10 | 24 | 33 | 44 | 70 |
| 99204 | 16 | Obstetrics/Gynecology | 23 | 0.90 | 2.60 | 3.00 | 3.23 | 3.60 | 20 | 39 | 55 | 71 | 95 |
| 99205 | 16 | Obstetrics/Gynecology | 20 | 1.10 | 3.28 | 3.68 | 3.97 | 4.50 | 25 | 61 | 79 | 88 | 130 |
| 99211 | 16 | Obstetrics/Gynecology | 12 | 0.20 | 0.24 | 0.44 | 0.55 | 1.10 | 1 | 5 | 10 | 14 | 20 |
| 99212 | 16 | Obstetrics/Gynecology | 17 | 1.25 | 1.25 | 1.25 | 1.25 | 1.25 | 34 | 34 | 34 | 34 | 34 |
| 99213 | 16 | Obstetrics/Gynecology | 23 | 0.61 | 1.00 | 1.45 | 1.74 | 3.00 | 11 | 19 | 23 | 40 | 60 |
| 99214 | 16 | Obstetrics/Gynecology | 23 | 1.10 | 1.66 | 2.00 | 2.32 | 3.56 | 19 | 32 | 40 | 55 | 80 |
| 99215 | 16 | Obstetrics/Gynecology | 20 | 1.50 | 2.50 | 2.73 | 3.23 | 3.86 | 34 | 49 | 60 | 80 | 100 |
| 99417 | 16 | Obstetrics/Gynecology | 15 | 0.35 | 0.66 | 0.75 | 1.39 | 2.50 | 15 | 15 | 15 | 20 | 28 |
| 99202 | 17 | Hospice And Palliative | 6 | 0.35 | 0.83 | 1.53 | 1.97 | 3.15 | 10 | 23 | 30 | 53 | 101 |
| 99203 | 17 | Hospice And Palliative | 9 | 0.40 | 1.35 | 1.70 | 2.00 | 2.83 | 5 | 35 | 45 | 70 | 143 |
| 99204 | 17 | Hospice And Palliative | 15 | 0.76 | 2.19 | 2.75 | 3.24 | 4.00 | 20 | 53 | 65 | 98 | 191 |
| 99205 | 17 | Hospice And Palliative | 16 | 1.83 | 3.59 | 3.93 | 4.16 | 5.00 | 24 | 83 | 90 | 130 | 275 |
| 99211 | 17 | Hospice And Palliative | 6 | 0.15 | 0.21 | 0.46 | 0.68 | 0.88 | 1 | 11 | 12 | 16 | 32 |
| 99212 | 17 | Hospice And Palliative | 9 | 0.24 | 0.60 | 0.85 | 1.01 | 1.45 | 2 | 20 | 25 | 28 | 67 |
| 99213 | 17 | Hospice And Palliative | 11 | 0.53 | 0.79 | 1.15 | 1.70 | 2.65 | 7 | 29 | 38 | 48 | 99 |
| 99214 | 17 | Hospice And Palliative | 17 | 0.76 | 1.60 | 2.00 | 2.50 | 3.28 | 15 | 40 | 53 | 65 | 126 |
| 99215 | 17 | Hospice And Palliative | 17 | 1.33 | 2.25 | 3.00 | 3.75 | 4.30 | 20 | 60 | 75 | 85 | 184 |
| 99417 | 17 | Hospice And Palliative | 12 | 0.50 | 0.68 | 0.80 | 1.03 | 2.22 | 15 | 15 | 22 | 29 | 29 |
| 99202 | 18 | Ophthalmology | 28 | 0.05 | 0.63 | 0.84 | 1.09 | 2.00 | 7 | 15 | 20 | 30 | 55 |
| 99203 | 18 | Ophthalmology | 36 | 0.14 | 1.38 | 1.68 | 2.00 | 4.00 | 5 | 25 | 37 | 46 | 70 |
| 99204 | 18 | Ophthalmology | 41 | 0.65 | 2.00 | 2.56 | 3.25 | 6.00 | 14 | 48 | 60 | 70 | 177 |
| 99205 | 18 | Ophthalmology | 33 | 1.00 | 3.06 | 3.50 | 4.00 | 6.00 | 18 | 74 | 80 | 114 | 222 |
| 99211 | 18 | Ophthalmology | 23 | 0.05 | 0.21 | 0.30 | 0.45 | 1.00 | 1 | 3 | 5 | 10 | 55 |
| 99212 | 18 | Ophthalmology | 31 | 0.05 | 0.48 | 0.72 | 0.82 | 1.45 | 1 | 10 | 15 | 23 | 70 |
| 99213 | 18 | Ophthalmology | 39 | 0.30 | 0.93 | 1.30 | 1.90 | 4.00 | 5 | 20 | 30 | 44 | 110 |
| 99214 | 18 | Ophthalmology | 40 | 0.50 | 1.50 | 2.00 | 2.60 | 6.25 | 13 | 35 | 49 | 60 | 170 |
| 99215 | 18 | Ophthalmology | 33 | 0.60 | 2.56 | 3.24 | 3.56 | 6.25 | 15 | 55 | 75 | 83 | 210 |
| 99417 | 18 | Ophthalmology | 22 | 0.38 | 0.53 | 0.68 | 0.99 | 2.00 | 15 | 15 | 15 | 20 | 29 |
| 99202 | 20 | Orthopedic Surgery | 27 | 0.22 | 0.73 | 1.00 | 1.53 | 3.00 | 3 | 14 | 21 | 35 | 51 |
| 99203 | 20 | Orthopedic Surgery | 39 | 0.48 | 1.36 | 1.75 | 2.50 | 4.50 | 8 | 25 | 35 | 57 | 90 |
| 99204 | 20 | Orthopedic Surgery | 39 | 0.75 | 2.18 | 2.55 | 3.34 | 6.50 | 15 | 40 | 56 | 71 | 135 |
| 99205 | 20 | Orthopedic Surgery | 29 | 1.00 | 3.00 | 3.56 | 4.00 | 6.25 | 21 | 64 | 80 | 108 | 180 |
| 99211 | 20 | Orthopedic Surgery | 24 | 0.05 | 0.15 | 0.34 | 0.75 | 2.00 | 1 | 5 | 6 | 12 | 30 |
| 99212 | 20 | Orthopedic Surgery | 35 | 0.23 | 0.59 | 0.80 | 1.40 | 2.85 | 4 | 10 | 15 | 26 | 56 |
| 99213 | 20 | Orthopedic Surgery | 39 | 0.33 | 1.00 | 1.50 | 2.00 | 3.85 | 9 | 19 | 31 | 47 | 69 |
| 99214 | 20 | Orthopedic Surgery | 40 | 0.45 | 1.58 | 2.20 | 2.65 | 5.10 | 14 | 30 | 46 | 59 | 120 |
| 99215 | 20 | Orthopedic Surgery | 27 | 0.60 | 2.40 | 2.90 | 3.37 | 5.75 | 23 | 60 | 70 | 91 | 135 |
| 99417 | 20 | Orthopedic Surgery | 18 | 0.20 | 0.54 | 0.95 | 1.48 | 2.50 | 15 | 15 | 15 | 20 | 25 |
| 99202 | 21 | Cardiac Electrophysiology | 3 | 1.00 | 1.50 | 2.00 | 2.70 | 3.40 | 17 | 30 | 42 | 56 | 69 |
| 99203 | 21 | Cardiac Electrophysiology | 4 | 1.40 | 1.40 | 2.20 | 3.13 | 3.50 | 30 | 45 | 52 | 66 | 101 |
| 99204 | 21 | Cardiac Electrophysiology | 5 | 1.80 | 2.50 | 3.42 | 3.60 | 4.00 | 66 | 70 | 70 | 70 | 145 |
| 99205 | 21 | Cardiac Electrophysiology | 5 | 2.30 | 3.25 | 3.80 | 3.91 | 5.00 | 78 | 95 | 95 | 100 | 195 |
| 99211 | 21 | Cardiac Electrophysiology | 4 | 0.20 | 0.43 | 0.60 | 1.15 | 2.50 | 6 | 7 | 19 | 32 | 37 |
| 99212 | 21 | Cardiac Electrophysiology | 4 | 0.50 | 0.73 | 0.90 | 1.45 | 2.80 | 14 | 20 | 32 | 45 | 52 |
| 99213 | 21 | Cardiac Electrophysiology | 4 | 1.00 | 1.00 | 1.50 | 2.28 | 3.10 | 25 | 35 | 46 | 59 | 75 |
| 99214 | 21 | Cardiac Electrophysiology | 5 | 1.25 | 1.50 | 2.50 | 2.78 | 3.40 | 35 | 45 | 49 | 66 | 113 |

| CPT | CMS | CMS | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|------|---------------------------|-------------|------|------|------|------|------|-----------------------------|------|-----|------|-----|
| | Code | Specialty_Name | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99215 | 21 | Cardiac Electrophysiology | 5 | 1.50 | 2.50 | 3.06 | 3.50 | 3.70 | 50 | 68 | 78 | 85 | 150 |
| 99417 | 21 | Cardiac Electrophysiology | 5 | 0.75 | 0.90 | 1.00 | 1.50 | 2.50 | 15 | 15 | 20 | 20 | 29 |

| CPT | CMS Code | CMS Specialty_Name | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|----------|-------------------------|----------|------|------|------|------|-------|-----------------------------|------|-----|------|-----|
| | | | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 23 | Sports Medicine | 2 | 2.00 | 2.06 | 2.13 | 2.19 | 2.25 | 5 | 24 | 43 | 61 | 80 |
| 99203 | 23 | Sports Medicine | 4 | 1.53 | 1.66 | 2.28 | 2.89 | 3.00 | 10 | 29 | 36 | 66 | 155 |
| 99204 | 23 | Sports Medicine | 4 | 2.50 | 2.81 | 3.26 | 3.70 | 4.00 | 18 | 43 | 57 | 102 | 220 |
| 99205 | 23 | Sports Medicine | 2 | 3.00 | 3.50 | 4.00 | 4.50 | 5.00 | 30 | 42 | 54 | 66 | 78 |
| 99211 | 23 | Sports Medicine | 2 | 0.43 | 0.57 | 0.72 | 0.86 | 1.00 | 3 | 4 | 5 | 5 | 6 |
| 99212 | 23 | Sports Medicine | 2 | 0.81 | 0.98 | 1.16 | 1.33 | 1.50 | 5 | 8 | 10 | 13 | 15 |
| 99213 | 23 | Sports Medicine | 4 | 0.76 | 1.05 | 1.43 | 1.90 | 2.50 | 11 | 22 | 26 | 40 | 80 |
| 99214 | 23 | Sports Medicine | 4 | 1.50 | 1.88 | 2.15 | 2.60 | 3.50 | 18 | 32 | 38 | 60 | 120 |
| 99215 | 23 | Sports Medicine | 2 | 2.85 | 3.26 | 3.68 | 4.09 | 4.50 | 25 | 36 | 48 | 59 | 70 |
| 99202 | 25 | Physical Medicine And | 10 | 0.20 | 0.90 | 1.20 | 1.70 | 2.00 | 5 | 21 | 33 | 44 | 75 |
| 99203 | 25 | Physical Medicine And | 23 | 0.76 | 1.55 | 1.92 | 2.48 | 3.50 | 8 | 32 | 43 | 63 | 100 |
| 99204 | 25 | Physical Medicine And | 28 | 1.25 | 2.60 | 2.75 | 3.25 | 5.00 | 19 | 49 | 59 | 91 | 140 |
| 99205 | 25 | Physical Medicine And | 22 | 2.00 | 3.23 | 3.55 | 3.86 | 7.00 | 25 | 66 | 94 | 111 | 150 |
| 99211 | 25 | Physical Medicine And | 8 | 0.15 | 0.36 | 0.50 | 0.61 | 0.70 | 3 | 10 | 20 | 30 | 30 |
| 99212 | 25 | Physical Medicine And | 19 | 0.20 | 0.71 | 0.76 | 0.90 | 2.10 | 4 | 12 | 28 | 35 | 65 |
| 99213 | 25 | Physical Medicine And | 28 | 0.76 | 1.10 | 1.32 | 1.46 | 2.75 | 8 | 20 | 38 | 52 | 90 |
| 99214 | 25 | Physical Medicine And | 28 | 1.30 | 1.50 | 2.00 | 2.55 | 3.50 | 8 | 37 | 55 | 70 | 120 |
| 99215 | 25 | Physical Medicine And | 22 | 1.95 | 2.10 | 2.67 | 3.43 | 5.00 | 10 | 50 | 74 | 90 | 145 |
| 99417 | 25 | Physical Medicine And | 14 | 0.50 | 0.56 | 0.60 | 0.73 | 2.00 | 15 | 15 | 15 | 20 | 22 |
| 99202 | 26 | Psychiatry | 10 | 0.33 | 0.80 | 0.94 | 1.23 | 1.92 | 3 | 16 | 24 | 34 | 45 |
| 99203 | 26 | Psychiatry | 16 | 0.61 | 1.20 | 1.65 | 2.00 | 2.60 | 3 | 30 | 45 | 50 | 100 |
| 99204 | 26 | Psychiatry | 22 | 1.10 | 2.56 | 3.00 | 3.67 | 10.00 | 3 | 50 | 65 | 105 | 210 |
| 99205 | 26 | Psychiatry | 29 | 1.95 | 3.24 | 3.80 | 4.00 | 10.00 | 5 | 70 | 85 | 135 | 290 |
| 99211 | 26 | Psychiatry | 11 | 0.15 | 0.25 | 0.50 | 0.76 | 10.00 | 1 | 4 | 10 | 18 | 30 |
| 99212 | 26 | Psychiatry | 25 | 0.06 | 0.52 | 0.75 | 0.98 | 10.00 | 2 | 10 | 15 | 25 | 45 |
| 99213 | 26 | Psychiatry | 38 | 0.50 | 0.76 | 1.00 | 1.52 | 10.00 | 3 | 19 | 29 | 35 | 90 |
| 99214 | 26 | Psychiatry | 40 | 0.61 | 1.32 | 1.70 | 2.37 | 10.00 | 5 | 34 | 43 | 55 | 135 |
| 99215 | 26 | Psychiatry | 37 | 0.61 | 2.00 | 2.65 | 3.16 | 10.00 | 5 | 45 | 62 | 90 | 210 |
| 99417 | 26 | Psychiatry | 24 | 0.25 | 0.60 | 0.75 | 1.12 | 2.00 | 15 | 15 | 15 | 25 | 29 |
| 99202 | 28 | Colorectal Surgery (Pro | 3 | 0.76 | 0.88 | 1.00 | 1.00 | 1.00 | 10 | 16 | 22 | 22 | 22 |
| 99203 | 28 | Colorectal Surgery (Pro | 4 | 1.00 | 1.38 | 1.50 | 1.61 | 1.92 | 35 | 36 | 38 | 41 | 45 |
| 99204 | 28 | Colorectal Surgery (Pro | 4 | 1.25 | 1.59 | 1.73 | 1.96 | 2.60 | 47 | 54 | 61 | 73 | 95 |
| 99205 | 28 | Colorectal Surgery (Pro | 4 | 2.50 | 2.50 | 2.75 | 3.22 | 3.86 | 65 | 76 | 83 | 94 | 120 |
| 99211 | 28 | Colorectal Surgery (Pro | 3 | 0.37 | 0.44 | 0.50 | 0.63 | 0.75 | 10 | 13 | 16 | 23 | 30 |
| 99212 | 28 | Colorectal Surgery (Pro | 4 | 0.52 | 0.88 | 1.13 | 1.29 | 1.39 | 24 | 25 | 25 | 28 | 35 |
| 99213 | 28 | Colorectal Surgery (Pro | 4 | 0.75 | 0.75 | 1.13 | 1.63 | 2.00 | 35 | 36 | 38 | 44 | 55 |
| 99214 | 28 | Colorectal Surgery (Pro | 4 | 0.84 | 1.34 | 1.75 | 2.14 | 2.56 | 35 | 46 | 52 | 65 | 95 |
| 99215 | 28 | Colorectal Surgery (Pro | 4 | 1.00 | 1.75 | 2.25 | 2.74 | 3.44 | 50 | 61 | 73 | 90 | 120 |
| 99417 | 28 | Colorectal Surgery (Pro | 3 | 0.38 | 0.69 | 1.00 | 1.50 | 2.00 | 15 | 15 | 15 | 15 | 15 |
| 99202 | 29 | Pulmonary Disease | 18 | 0.10 | 0.76 | 0.99 | 1.45 | 2.00 | 3 | 15 | 20 | 33 | 46 |
| 99203 | 29 | Pulmonary Disease | 31 | 0.15 | 1.36 | 1.57 | 2.06 | 2.95 | 7 | 22 | 35 | 50 | 115 |
| 99204 | 29 | Pulmonary Disease | 34 | 0.25 | 2.56 | 2.85 | 3.24 | 4.00 | 8 | 41 | 55 | 80 | 175 |
| 99205 | 29 | Pulmonary Disease | 35 | 0.75 | 3.51 | 3.86 | 4.00 | 5.10 | 12 | 52 | 80 | 103 | 235 |
| 99211 | 29 | Pulmonary Disease | 17 | 0.10 | 0.18 | 0.50 | 0.76 | 1.25 | 1 | 2 | 8 | 15 | 25 |
| 99212 | 29 | Pulmonary Disease | 25 | 0.05 | 0.65 | 0.80 | 1.33 | 2.00 | 1 | 10 | 20 | 26 | 47 |
| 99213 | 29 | Pulmonary Disease | 35 | 0.40 | 1.11 | 1.40 | 1.95 | 2.60 | 2 | 17 | 25 | 35 | 90 |
| 99214 | 29 | Pulmonary Disease | 34 | 0.60 | 1.67 | 2.00 | 2.60 | 3.76 | 8 | 29 | 42 | 55 | 120 |
| 99215 | 29 | Pulmonary Disease | 34 | 0.75 | 2.21 | 2.99 | 3.63 | 5.10 | 15 | 43 | 63 | 80 | 155 |

| CPT | CMS | CMS | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|------|-------------------|-------------|------|------|------|------|------|-----------------------------|------|-----|------|-----|
| | Code | Specialty_Name | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99417 | 29 | Pulmonary Disease | 28 | 0.25 | 0.50 | 0.75 | 1.25 | 2.25 | 15 | 15 | 15 | 17 | 29 |

| CPT | CMS Code | CMS Specialty_Name | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|----------|--------------------|----------|------|------|------|------|--------|-----------------------------|------|-----|------|-----|
| | | | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 33 | Thoracic Surgery | 9 | 0.45 | 0.80 | 1.00 | 1.30 | 3.50 | 8 | 20 | 27 | 45 | 55 |
| 99203 | 33 | Thoracic Surgery | 11 | 0.65 | 1.27 | 1.90 | 2.63 | 3.75 | 14 | 33 | 40 | 55 | 65 |
| 99204 | 33 | Thoracic Surgery | 12 | 1.11 | 2.50 | 2.75 | 3.50 | 4.00 | 35 | 47 | 68 | 79 | 90 |
| 99205 | 33 | Thoracic Surgery | 12 | 2.25 | 3.21 | 3.75 | 4.50 | 4.70 | 55 | 85 | 100 | 105 | 130 |
| 99211 | 33 | Thoracic Surgery | 8 | 0.06 | 0.25 | 0.35 | 0.54 | 0.84 | 9 | 13 | 23 | 35 | 45 |
| 99212 | 33 | Thoracic Surgery | 9 | 0.30 | 0.60 | 0.65 | 0.76 | 1.00 | 4 | 18 | 23 | 45 | 51 |
| 99213 | 33 | Thoracic Surgery | 12 | 0.90 | 1.24 | 1.40 | 1.70 | 2.75 | 9 | 32 | 39 | 57 | 75 |
| 99214 | 33 | Thoracic Surgery | 12 | 1.45 | 1.83 | 2.20 | 2.54 | 3.50 | 16 | 44 | 52 | 78 | 100 |
| 99215 | 33 | Thoracic Surgery | 12 | 2.10 | 2.54 | 3.28 | 4.00 | 4.50 | 20 | 61 | 75 | 101 | 130 |
| 99417 | 33 | Thoracic Surgery | 8 | 0.40 | 0.50 | 0.58 | 0.71 | 0.90 | 15 | 15 | 15 | 18 | 22 |
| 99202 | 34 | Urology | 26 | 0.24 | 0.82 | 1.37 | 1.98 | 2.60 | 10 | 14 | 21 | 35 | 58 |
| 99203 | 34 | Urology | 35 | 0.70 | 1.55 | 2.00 | 2.65 | 3.40 | 15 | 27 | 38 | 50 | 84 |
| 99204 | 34 | Urology | 35 | 1.55 | 2.50 | 2.90 | 3.28 | 4.95 | 25 | 40 | 55 | 78 | 120 |
| 99205 | 34 | Urology | 30 | 1.98 | 3.24 | 3.56 | 3.99 | 6.00 | 30 | 56 | 79 | 118 | 160 |
| 99211 | 34 | Urology | 27 | 0.10 | 0.21 | 0.30 | 0.50 | 1.00 | 1 | 3 | 7 | 16 | 40 |
| 99212 | 34 | Urology | 28 | 0.10 | 0.55 | 0.76 | 1.20 | 2.00 | 4 | 11 | 19 | 28 | 60 |
| 99213 | 34 | Urology | 35 | 0.52 | 1.11 | 1.40 | 1.85 | 3.14 | 13 | 20 | 30 | 44 | 90 |
| 99214 | 34 | Urology | 35 | 1.25 | 1.73 | 2.10 | 2.75 | 3.77 | 17 | 32 | 41 | 63 | 120 |
| 99215 | 34 | Urology | 31 | 1.70 | 2.50 | 2.80 | 3.83 | 4.50 | 30 | 50 | 68 | 93 | 150 |
| 99417 | 34 | Urology | 25 | 0.30 | 0.62 | 0.77 | 1.20 | 3.16 | 15 | 15 | 15 | 20 | 29 |
| 99202 | 37 | Pediatric Medicine | 37 | 0.25 | 0.80 | 1.00 | 1.35 | 23.00 | 3 | 15 | 25 | 34 | 62 |
| 99203 | 37 | Pediatric Medicine | 40 | 0.49 | 1.30 | 1.53 | 2.11 | 33.00 | 20 | 32 | 39 | 50 | 95 |
| 99204 | 37 | Pediatric Medicine | 46 | 0.75 | 2.00 | 2.54 | 3.21 | 45.25 | 33 | 46 | 56 | 70 | 200 |
| 99205 | 37 | Pediatric Medicine | 42 | 1.50 | 3.05 | 3.51 | 3.98 | 63.00 | 45 | 66 | 80 | 95 | 255 |
| 99211 | 37 | Pediatric Medicine | 36 | 0.01 | 0.20 | 0.26 | 0.53 | 7.50 | 1 | 3 | 7 | 12 | 30 |
| 99212 | 37 | Pediatric Medicine | 43 | 0.25 | 0.51 | 0.78 | 0.98 | 15.00 | 5 | 13 | 17 | 24 | 40 |
| 99213 | 37 | Pediatric Medicine | 47 | 0.60 | 1.00 | 1.28 | 1.60 | 20.00 | 10 | 22 | 30 | 42 | 125 |
| 99214 | 37 | Pediatric Medicine | 47 | 0.70 | 1.52 | 1.96 | 2.50 | 31.00 | 25 | 38 | 45 | 61 | 170 |
| 99215 | 37 | Pediatric Medicine | 46 | 0.80 | 2.16 | 3.00 | 3.49 | 43.00 | 43 | 58 | 66 | 88 | 205 |
| 99417 | 37 | Pediatric Medicine | 36 | 0.40 | 0.64 | 0.77 | 1.00 | 20.50 | 15 | 15 | 15 | 20 | 29 |
| 99202 | 38 | Geriatric Medicine | 24 | 0.03 | 0.63 | 1.08 | 1.79 | 35.00 | 10 | 15 | 28 | 36 | 50 |
| 99203 | 38 | Geriatric Medicine | 32 | 0.05 | 1.20 | 2.00 | 2.23 | 35.00 | 20 | 35 | 45 | 70 | 95 |
| 99204 | 38 | Geriatric Medicine | 36 | 0.08 | 1.98 | 2.72 | 3.25 | 65.00 | 27 | 63 | 75 | 106 | 140 |
| 99205 | 38 | Geriatric Medicine | 40 | 0.18 | 2.67 | 3.63 | 3.96 | 75.00 | 32 | 88 | 110 | 140 | 205 |
| 99211 | 38 | Geriatric Medicine | 29 | 0.02 | 0.20 | 0.25 | 0.50 | 5.00 | 1 | 5 | 10 | 15 | 40 |
| 99212 | 38 | Geriatric Medicine | 31 | 0.01 | 0.55 | 0.76 | 0.99 | 15.00 | 4 | 15 | 22 | 32 | 65 |
| 99213 | 38 | Geriatric Medicine | 37 | 0.01 | 1.00 | 1.39 | 1.60 | 175.00 | 12 | 31 | 39 | 54 | 95 |
| 99214 | 38 | Geriatric Medicine | 40 | 0.01 | 1.45 | 2.00 | 2.50 | 50.00 | 16 | 49 | 64 | 75 | 125 |
| 99215 | 38 | Geriatric Medicine | 41 | 0.01 | 2.10 | 2.75 | 3.35 | 70.00 | 21 | 65 | 90 | 110 | 145 |
| 99417 | 38 | Geriatric Medicine | 36 | 0.01 | 0.50 | 0.70 | 1.00 | 35.00 | 15 | 15 | 15 | 20 | 29 |
| 99202 | 39 | Nephrology | 19 | 0.15 | 0.77 | 1.00 | 1.48 | 3.00 | 3 | 22 | 32 | 60 | 73 |
| 99203 | 39 | Nephrology | 27 | 0.41 | 1.47 | 1.92 | 2.39 | 4.00 | 13 | 37 | 53 | 70 | 136 |
| 99204 | 39 | Nephrology | 32 | 0.45 | 2.48 | 2.73 | 3.20 | 5.00 | 25 | 49 | 75 | 95 | 241 |
| 99205 | 39 | Nephrology | 31 | 0.47 | 3.05 | 3.50 | 4.00 | 6.00 | 35 | 77 | 110 | 135 | 382 |
| 99211 | 39 | Nephrology | 22 | 0.06 | 0.20 | 0.25 | 0.29 | 2.00 | 2 | 8 | 15 | 20 | 35 |
| 99212 | 39 | Nephrology | 20 | 0.06 | 0.58 | 0.70 | 1.06 | 3.00 | 3 | 19 | 25 | 37 | 50 |
| 99213 | 39 | Nephrology | 30 | 0.16 | 1.00 | 1.27 | 1.71 | 3.50 | 9 | 29 | 35 | 44 | 109 |
| 99214 | 39 | Nephrology | 32 | 0.18 | 1.73 | 2.00 | 2.81 | 4.00 | 12 | 39 | 54 | 65 | 226 |

| CPT | CMS | CMS | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|------|----------------|-------------|------|------|------|------|------|-----------------------------|------|-----|------|-----|
| | Code | Specialty_Name | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99215 | 39 | Nephrology | 32 | 0.26 | 2.45 | 2.95 | 3.58 | 5.00 | 23 | 54 | 69 | 101 | 352 |
| 99417 | 39 | Nephrology | 26 | 0.40 | 0.56 | 0.65 | 1.08 | 3.50 | 15 | 15 | 17 | 20 | 29 |

| CPT | CMS Code | CMS Specialty_Name | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|----------|--------------------|----------|------|------|------|------|-------|-----------------------------|------|-----|------|-----|
| | | | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 40 | Hand Surgery | 24 | 0.24 | 0.80 | 1.09 | 1.29 | 30.00 | 3 | 14 | 19 | 24 | 60 |
| 99203 | 40 | Hand Surgery | 25 | 0.30 | 1.45 | 1.60 | 1.95 | 45.00 | 16 | 25 | 35 | 40 | 90 |
| 99204 | 40 | Hand Surgery | 24 | 0.30 | 2.24 | 2.57 | 2.81 | 60.00 | 23 | 39 | 50 | 61 | 120 |
| 99205 | 40 | Hand Surgery | 16 | 0.40 | 3.20 | 3.51 | 3.79 | 70.00 | 33 | 54 | 66 | 82 | 143 |
| 99211 | 40 | Hand Surgery | 16 | 0.06 | 0.23 | 0.25 | 0.45 | 15.00 | 1 | 5 | 8 | 10 | 45 |
| 99212 | 40 | Hand Surgery | 24 | 0.20 | 0.53 | 0.61 | 0.77 | 20.00 | 3 | 10 | 12 | 18 | 40 |
| 99213 | 40 | Hand Surgery | 25 | 0.30 | 1.00 | 1.25 | 1.40 | 30.00 | 10 | 21 | 25 | 30 | 60 |
| 99214 | 40 | Hand Surgery | 25 | 0.30 | 1.60 | 1.96 | 2.10 | 45.00 | 17 | 36 | 40 | 50 | 90 |
| 99215 | 40 | Hand Surgery | 16 | 0.40 | 2.38 | 2.58 | 3.22 | 60.00 | 29 | 50 | 55 | 69 | 243 |
| 99417 | 40 | Hand Surgery | 7 | 0.35 | 0.44 | 0.75 | 0.90 | 15.00 | 15 | 15 | 15 | 15 | 15 |
| 99202 | 41 | Optometry | 4 | 0.05 | 0.07 | 0.24 | 0.44 | 0.55 | 10 | 13 | 17 | 20 | 22 |
| 99203 | 41 | Optometry | 4 | 0.50 | 0.61 | 0.65 | 0.69 | 0.82 | 23 | 25 | 26 | 27 | 31 |
| 99204 | 41 | Optometry | 3 | 0.55 | 0.63 | 0.70 | 1.65 | 2.60 | 32 | 42 | 51 | 53 | 55 |
| 99205 | 41 | Optometry | 2 | 0.90 | 1.57 | 2.23 | 2.90 | 3.56 | 43 | 62 | 82 | 101 | 120 |
| 99211 | 41 | Optometry | 4 | 0.10 | 0.10 | 0.10 | 0.16 | 0.35 | 7 | 8 | 11 | 14 | 15 |
| 99212 | 41 | Optometry | 4 | 0.15 | 0.41 | 0.51 | 0.57 | 0.70 | 14 | 22 | 25 | 28 | 33 |
| 99213 | 41 | Optometry | 4 | 0.65 | 0.65 | 0.83 | 1.10 | 1.40 | 24 | 26 | 28 | 36 | 54 |
| 99214 | 41 | Optometry | 4 | 0.55 | 0.74 | 1.40 | 2.31 | 3.25 | 28 | 31 | 37 | 54 | 88 |
| 99215 | 41 | Optometry | 2 | 1.15 | 1.74 | 2.33 | 2.91 | 3.50 | 43 | 56 | 69 | 82 | 95 |
| 99202 | 44 | Infectious Disease | 7 | 0.20 | 0.66 | 1.00 | 1.15 | 4.00 | 6 | 18 | 20 | 42 | 75 |
| 99203 | 44 | Infectious Disease | 18 | 0.61 | 1.30 | 2.00 | 2.59 | 4.00 | 13 | 37 | 50 | 65 | 85 |
| 99204 | 44 | Infectious Disease | 22 | 1.10 | 2.64 | 3.15 | 3.87 | 5.00 | 25 | 65 | 80 | 109 | 150 |
| 99205 | 44 | Infectious Disease | 21 | 1.50 | 3.75 | 4.00 | 5.00 | 7.50 | 54 | 93 | 135 | 170 | 210 |
| 99211 | 44 | Infectious Disease | 6 | 0.05 | 0.19 | 0.46 | 0.72 | 1.00 | 2 | 5 | 7 | 10 | 30 |
| 99212 | 44 | Infectious Disease | 10 | 0.15 | 0.50 | 0.84 | 1.00 | 3.00 | 13 | 20 | 21 | 29 | 45 |
| 99213 | 44 | Infectious Disease | 19 | 0.75 | 1.00 | 1.40 | 2.12 | 4.00 | 20 | 30 | 35 | 45 | 75 |
| 99214 | 44 | Infectious Disease | 21 | 0.76 | 1.50 | 2.00 | 2.74 | 5.00 | 25 | 46 | 55 | 70 | 165 |
| 99215 | 44 | Infectious Disease | 18 | 1.40 | 2.23 | 3.00 | 4.25 | 7.50 | 50 | 75 | 80 | 169 | 240 |
| 99417 | 44 | Infectious Disease | 10 | 0.30 | 0.63 | 0.88 | 1.00 | 3.00 | 15 | 15 | 29 | 29 | 29 |
| 99202 | 46 | Endocrinology | 26 | 0.17 | 0.81 | 1.00 | 1.24 | 2.15 | 10 | 20 | 26 | 31 | 55 |
| 99203 | 46 | Endocrinology | 57 | 0.30 | 1.50 | 1.90 | 2.50 | 6.55 | 5 | 38 | 45 | 60 | 140 |
| 99204 | 46 | Endocrinology | 74 | 0.94 | 2.26 | 2.70 | 3.24 | 10.17 | 13 | 56 | 65 | 85 | 310 |
| 99205 | 46 | Endocrinology | 74 | 1.05 | 3.16 | 3.56 | 4.00 | 19.80 | 24 | 80 | 90 | 110 | 300 |
| 99211 | 46 | Endocrinology | 33 | 0.08 | 0.20 | 0.31 | 0.55 | 1.05 | 1 | 5 | 10 | 15 | 55 |
| 99212 | 46 | Endocrinology | 36 | 0.17 | 0.50 | 0.75 | 1.00 | 2.50 | 2 | 14 | 20 | 24 | 60 |
| 99213 | 46 | Endocrinology | 73 | 0.35 | 1.00 | 1.35 | 1.75 | 5.00 | 5 | 25 | 32 | 43 | 90 |
| 99214 | 46 | Endocrinology | 76 | 0.55 | 1.50 | 2.00 | 2.40 | 7.00 | 13 | 40 | 50 | 64 | 155 |
| 99215 | 46 | Endocrinology | 74 | 0.75 | 2.03 | 2.60 | 3.24 | 5.25 | 29 | 58 | 71 | 84 | 165 |
| 99417 | 46 | Endocrinology | 47 | 0.09 | 0.61 | 0.75 | 1.00 | 3.40 | 15 | 15 | 15 | 20 | 29 |
| 99202 | 48 | Podiatry | 20 | 0.09 | 0.98 | 1.23 | 1.85 | 3.15 | 5 | 17 | 21 | 28 | 50 |
| 99203 | 48 | Podiatry | 23 | 0.19 | 1.53 | 1.80 | 3.10 | 3.75 | 26 | 33 | 40 | 50 | 128 |
| 99204 | 48 | Podiatry | 21 | 0.95 | 2.50 | 2.75 | 3.95 | 4.75 | 35 | 45 | 60 | 70 | 178 |
| 99205 | 48 | Podiatry | 14 | 1.29 | 3.11 | 3.42 | 4.54 | 6.10 | 44 | 60 | 86 | 100 | 214 |
| 99211 | 48 | Podiatry | 16 | 0.03 | 0.20 | 0.23 | 0.47 | 1.00 | 1 | 3 | 7 | 11 | 15 |
| 99212 | 48 | Podiatry | 23 | 0.20 | 0.63 | 0.76 | 1.22 | 2.35 | 5 | 12 | 15 | 20 | 38 |
| 99213 | 48 | Podiatry | 23 | 0.75 | 1.05 | 1.25 | 2.05 | 3.05 | 15 | 21 | 29 | 38 | 98 |
| 99214 | 48 | Podiatry | 22 | 0.95 | 1.66 | 1.98 | 2.90 | 3.90 | 26 | 39 | 47 | 55 | 133 |
| 99215 | 48 | Podiatry | 16 | 1.40 | 2.28 | 2.85 | 3.50 | 4.50 | 35 | 50 | 65 | 86 | 168 |

| CPT | CMS | CMS | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|------|----------------|-------------|------|------|------|------|------|-----------------------------|------|-----|------|-----|
| | Code | Specialty_Name | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99417 | 48 | Podiatry | 14 | 0.35 | 0.68 | 0.96 | 1.08 | 2.00 | 15 | 15 | 18 | 24 | 29 |

| CPT | CMS Code | CMS Specialty_Name | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|----------|--------------------|----------|------|------|------|------|-------|-----------------------------|------|-----|------|------|
| | | | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 50 | Nurse Practitioner | 8 | 0.10 | 0.29 | 1.50 | 1.54 | 1.96 | 20 | 24 | 28 | 46 | 84 |
| 99203 | 50 | Nurse Practitioner | 12 | 0.25 | 0.94 | 1.45 | 2.09 | 3.24 | 25 | 38 | 49 | 73 | 122 |
| 99204 | 50 | Nurse Practitioner | 14 | 0.17 | 1.08 | 1.98 | 2.58 | 3.56 | 31 | 56 | 80 | 104 | 166 |
| 99205 | 50 | Nurse Practitioner | 13 | 0.17 | 2.00 | 3.00 | 3.50 | 4.00 | 48 | 75 | 110 | 160 | 210 |
| 99211 | 50 | Nurse Practitioner | 5 | 0.05 | 0.15 | 0.18 | 0.24 | 1.00 | 3 | 12 | 20 | 25 | 34 |
| 99212 | 50 | Nurse Practitioner | 10 | 0.20 | 0.26 | 0.67 | 0.96 | 1.25 | 10 | 20 | 24 | 36 | 53 |
| 99213 | 50 | Nurse Practitioner | 17 | 0.17 | 0.50 | 1.30 | 1.50 | 2.25 | 19 | 32 | 45 | 60 | 90 |
| 99214 | 50 | Nurse Practitioner | 17 | 0.17 | 0.61 | 1.50 | 2.00 | 3.44 | 31 | 48 | 65 | 80 | 150 |
| 99215 | 50 | Nurse Practitioner | 14 | 0.17 | 1.00 | 2.50 | 3.44 | 4.50 | 50 | 69 | 82 | 149 | 202 |
| 99417 | 50 | Nurse Practitioner | 12 | 0.35 | 0.50 | 0.76 | 1.00 | 2.50 | 15 | 15 | 18 | 21 | 29 |
| 99202 | 66 | Rheumatology | 7 | 0.22 | 0.97 | 1.39 | 2.15 | 10.00 | 20 | 22 | 40 | 46 | 60 |
| 99203 | 66 | Rheumatology | 11 | 2.00 | 2.15 | 2.60 | 3.05 | 10.00 | 23 | 40 | 45 | 58 | 135 |
| 99204 | 66 | Rheumatology | 13 | 2.50 | 2.65 | 3.20 | 4.00 | 10.00 | 40 | 53 | 75 | 80 | 1049 |
| 99205 | 66 | Rheumatology | 13 | 3.24 | 3.40 | 3.80 | 4.40 | 10.00 | 55 | 70 | 88 | 120 | 225 |
| 99211 | 66 | Rheumatology | 8 | 0.15 | 0.28 | 0.40 | 0.86 | 10.00 | 2 | 3 | 7 | 20 | 45 |
| 99212 | 66 | Rheumatology | 9 | 0.30 | 0.60 | 0.80 | 1.00 | 10.00 | 6 | 14 | 22 | 35 | 75 |
| 99213 | 66 | Rheumatology | 13 | 0.75 | 1.10 | 1.50 | 1.90 | 10.00 | 15 | 20 | 30 | 48 | 135 |
| 99214 | 66 | Rheumatology | 14 | 1.75 | 2.00 | 2.10 | 2.55 | 10.00 | 28 | 29 | 49 | 83 | 525 |
| 99215 | 66 | Rheumatology | 13 | 1.20 | 2.60 | 2.75 | 3.20 | 10.00 | 40 | 50 | 71 | 102 | 180 |
| 99417 | 66 | Rheumatology | 8 | 0.50 | 0.61 | 0.85 | 4.00 | 30.00 | 15 | 15 | 20 | 23 | 25 |
| 99203 | 72 | Pain Management | 2 | 2.00 | 2.09 | 2.18 | 2.27 | 2.36 | 28 | 29 | 29 | 30 | 30 |
| 99204 | 72 | Pain Management | 3 | 2.56 | 2.78 | 3.00 | 3.44 | 3.87 | 35 | 44 | 52 | 64 | 75 |
| 99205 | 72 | Pain Management | 3 | 3.56 | 3.78 | 4.00 | 4.33 | 4.65 | 45 | 58 | 71 | 87 | 102 |
| 99213 | 72 | Pain Management | 3 | 1.50 | 1.69 | 1.87 | 1.91 | 1.95 | 16 | 21 | 25 | 33 | 40 |
| 99214 | 72 | Pain Management | 3 | 2.00 | 2.05 | 2.10 | 2.13 | 2.15 | 30 | 33 | 36 | 44 | 52 |
| 99215 | 72 | Pain Management | 3 | 2.50 | 2.80 | 3.10 | 3.33 | 3.56 | 45 | 46 | 46 | 58 | 70 |
| 99417 | 72 | Pain Management | 2 | 0.50 | 0.51 | 0.53 | 0.54 | 0.55 | 15 | 15 | 15 | 15 | 15 |
| 99202 | 77 | Vascular Surgery | 15 | 0.30 | 1.13 | 1.40 | 1.68 | 3.10 | 2 | 16 | 25 | 31 | 60 |
| 99203 | 77 | Vascular Surgery | 20 | 0.76 | 1.53 | 2.07 | 2.52 | 3.50 | 7 | 30 | 37 | 47 | 100 |
| 99204 | 77 | Vascular Surgery | 20 | 1.39 | 2.58 | 3.00 | 3.35 | 4.00 | 17 | 44 | 53 | 73 | 140 |
| 99205 | 77 | Vascular Surgery | 19 | 0.80 | 3.33 | 3.95 | 4.01 | 5.00 | 45 | 60 | 83 | 98 | 195 |
| 99211 | 77 | Vascular Surgery | 14 | 0.20 | 0.29 | 0.61 | 1.18 | 3.50 | 1 | 11 | 19 | 32 | 60 |
| 99212 | 77 | Vascular Surgery | 19 | 0.30 | 0.68 | 0.90 | 1.80 | 3.70 | 3 | 15 | 24 | 33 | 105 |
| 99213 | 77 | Vascular Surgery | 20 | 0.55 | 1.24 | 1.49 | 2.58 | 4.56 | 8 | 27 | 30 | 43 | 145 |
| 99214 | 77 | Vascular Surgery | 20 | 0.75 | 1.73 | 2.53 | 3.31 | 5.00 | 12 | 37 | 46 | 68 | 195 |
| 99215 | 77 | Vascular Surgery | 18 | 0.80 | 2.31 | 3.22 | 3.89 | 6.75 | 35 | 51 | 63 | 90 | 240 |
| 99417 | 77 | Vascular Surgery | 14 | 0.50 | 0.53 | 0.88 | 1.43 | 2.00 | 15 | 15 | 15 | 19 | 29 |
| 99202 | 78 | Cardiac Surgery | 14 | 0.24 | 0.74 | 1.31 | 1.50 | 1.94 | 2 | 17 | 22 | 27 | 30 |
| 99203 | 78 | Cardiac Surgery | 16 | 0.24 | 1.46 | 2.00 | 2.37 | 5.60 | 8 | 36 | 41 | 50 | 120 |
| 99204 | 78 | Cardiac Surgery | 26 | 0.92 | 2.88 | 3.23 | 3.50 | 6.25 | 22 | 52 | 70 | 85 | 170 |
| 99205 | 78 | Cardiac Surgery | 24 | 1.46 | 3.80 | 4.00 | 4.50 | 7.50 | 40 | 70 | 96 | 129 | 345 |
| 99211 | 78 | Cardiac Surgery | 14 | 0.15 | 0.21 | 0.66 | 0.95 | 1.75 | 1 | 7 | 17 | 20 | 30 |
| 99212 | 78 | Cardiac Surgery | 15 | 0.16 | 0.55 | 0.76 | 1.63 | 2.40 | 3 | 16 | 21 | 37 | 50 |
| 99213 | 78 | Cardiac Surgery | 19 | 0.53 | 1.00 | 2.00 | 2.24 | 2.75 | 8 | 31 | 35 | 55 | 65 |
| 99214 | 78 | Cardiac Surgery | 21 | 0.61 | 2.00 | 2.75 | 3.03 | 4.25 | 17 | 45 | 59 | 72 | 95 |
| 99215 | 78 | Cardiac Surgery | 18 | 1.00 | 2.50 | 3.63 | 3.90 | 5.25 | 32 | 65 | 83 | 109 | 135 |
| 99417 | 78 | Cardiac Surgery | 15 | 0.19 | 0.50 | 0.75 | 1.13 | 5.68 | 15 | 15 | 15 | 20 | 29 |

| CPT | CMS Code | CMS Specialty_Name | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|----------|---------------------|----------|------|------|------|------|-------|-----------------------------|------|-----|------|-----|
| | | | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 79 | Addiction Medicine | 7 | 0.24 | 0.55 | 1.00 | 1.94 | 37.24 | 9 | 13 | 22 | 28 | 49 |
| 99203 | 79 | Addiction Medicine | 11 | 0.50 | 0.85 | 1.83 | 2.55 | 53.20 | 9 | 35 | 42 | 55 | 180 |
| 99204 | 79 | Addiction Medicine | 16 | 0.28 | 1.58 | 2.45 | 3.32 | 79.80 | 9 | 49 | 59 | 82 | 255 |
| 99205 | 79 | Addiction Medicine | 16 | 2.00 | 2.13 | 3.28 | 4.31 | 99.99 | 9 | 68 | 87 | 113 | 285 |
| 99211 | 79 | Addiction Medicine | 8 | 0.18 | 0.25 | 0.41 | 4.61 | 25.00 | 5 | 9 | 20 | 27 | 40 |
| 99212 | 79 | Addiction Medicine | 13 | 0.40 | 0.50 | 0.75 | 0.92 | 37.00 | 10 | 15 | 27 | 37 | 50 |
| 99213 | 79 | Addiction Medicine | 17 | 0.40 | 0.65 | 1.00 | 1.50 | 40.00 | 12 | 20 | 33 | 45 | 70 |
| 99214 | 79 | Addiction Medicine | 17 | 0.74 | 0.99 | 1.30 | 2.30 | 52.14 | 12 | 31 | 52 | 60 | 96 |
| 99215 | 79 | Addiction Medicine | 16 | 1.00 | 1.69 | 2.65 | 3.55 | 70.22 | 12 | 59 | 77 | 96 | 170 |
| 99417 | 79 | Addiction Medicine | 12 | 0.20 | 0.58 | 0.73 | 1.10 | 21.28 | 15 | 15 | 15 | 21 | 29 |
| 99202 | 82 | Hematology | 4 | 1.28 | 1.75 | 1.91 | 2.07 | 2.50 | 17 | 28 | 36 | 45 | 59 |
| 99203 | 82 | Hematology | 3 | 1.90 | 2.23 | 2.56 | 3.03 | 3.50 | 40 | 63 | 85 | 95 | 104 |
| 99204 | 82 | Hematology | 5 | 1.90 | 2.60 | 3.50 | 3.86 | 4.00 | 55 | 90 | 105 | 139 | 150 |
| 99205 | 82 | Hematology | 5 | 2.80 | 3.56 | 4.00 | 4.40 | 5.00 | 70 | 125 | 160 | 179 | 195 |
| 99211 | 82 | Hematology | 3 | 0.17 | 0.24 | 0.30 | 0.60 | 0.90 | 4 | 7 | 10 | 13 | 15 |
| 99212 | 82 | Hematology | 4 | 0.70 | 0.75 | 0.78 | 0.98 | 1.50 | 10 | 25 | 35 | 42 | 49 |
| 99213 | 82 | Hematology | 5 | 1.00 | 1.39 | 1.50 | 1.50 | 2.50 | 18 | 60 | 64 | 75 | 75 |
| 99214 | 82 | Hematology | 5 | 1.50 | 1.80 | 2.00 | 3.00 | 3.50 | 27 | 84 | 85 | 95 | 120 |
| 99215 | 82 | Hematology | 5 | 2.20 | 2.30 | 3.50 | 3.56 | 4.40 | 35 | 109 | 110 | 123 | 165 |
| 99417 | 82 | Hematology | 5 | 0.50 | 0.50 | 0.75 | 0.80 | 1.00 | 15 | 15 | 20 | 25 | 29 |
| 99202 | 83 | Hematology/Oncology | 28 | 0.05 | 0.50 | 1.00 | 1.50 | 3.00 | 5 | 15 | 25 | 40 | 88 |
| 99203 | 83 | Hematology/Oncology | 34 | 0.25 | 1.00 | 1.50 | 2.50 | 4.00 | 12 | 30 | 47 | 70 | 150 |
| 99204 | 83 | Hematology/Oncology | 59 | 0.50 | 1.93 | 3.00 | 3.50 | 5.00 | 15 | 56 | 75 | 110 | 270 |
| 99205 | 83 | Hematology/Oncology | 58 | 0.75 | 3.00 | 3.90 | 4.21 | 7.00 | 30 | 82 | 108 | 150 | 350 |
| 99211 | 83 | Hematology/Oncology | 31 | 0.01 | 0.20 | 0.37 | 0.57 | 1.92 | 2 | 6 | 10 | 20 | 95 |
| 99212 | 83 | Hematology/Oncology | 35 | 0.05 | 0.60 | 0.80 | 1.06 | 2.22 | 4 | 16 | 20 | 30 | 115 |
| 99213 | 83 | Hematology/Oncology | 54 | 0.09 | 1.00 | 1.40 | 1.85 | 3.50 | 10 | 26 | 32 | 42 | 168 |
| 99214 | 83 | Hematology/Oncology | 59 | 0.25 | 1.68 | 2.20 | 2.91 | 4.00 | 25 | 44 | 55 | 68 | 220 |
| 99215 | 83 | Hematology/Oncology | 58 | 0.50 | 2.50 | 3.24 | 3.56 | 56.00 | 35 | 64 | 85 | 101 | 430 |
| 99417 | 83 | Hematology/Oncology | 44 | 0.25 | 0.61 | 0.75 | 1.34 | 3.67 | 15 | 15 | 20 | 25 | 29 |
| 99202 | 90 | Medical Oncology | 12 | 0.10 | 0.44 | 0.70 | 1.13 | 2.13 | 3 | 16 | 30 | 38 | 65 |
| 99203 | 90 | Medical Oncology | 17 | 0.67 | 1.00 | 1.30 | 2.00 | 3.06 | 3 | 30 | 40 | 57 | 125 |
| 99204 | 90 | Medical Oncology | 23 | 1.00 | 1.80 | 2.50 | 3.20 | 4.00 | 32 | 56 | 69 | 95 | 210 |
| 99205 | 90 | Medical Oncology | 26 | 1.00 | 2.58 | 3.63 | 3.86 | 5.00 | 52 | 84 | 105 | 129 | 360 |
| 99211 | 90 | Medical Oncology | 13 | 0.10 | 0.20 | 0.24 | 0.40 | 3.24 | 1 | 3 | 8 | 30 | 65 |
| 99212 | 90 | Medical Oncology | 15 | 0.30 | 0.48 | 0.76 | 0.93 | 3.56 | 6 | 14 | 18 | 31 | 105 |
| 99213 | 90 | Medical Oncology | 23 | 0.65 | 1.00 | 1.20 | 1.68 | 2.00 | 14 | 25 | 30 | 40 | 205 |
| 99214 | 90 | Medical Oncology | 27 | 1.00 | 1.26 | 2.00 | 2.50 | 3.30 | 30 | 40 | 43 | 63 | 250 |
| 99215 | 90 | Medical Oncology | 27 | 1.00 | 1.70 | 2.79 | 3.50 | 4.50 | 40 | 53 | 65 | 80 | 350 |
| 99417 | 90 | Medical Oncology | 25 | 0.50 | 0.50 | 0.73 | 1.00 | 5.00 | 15 | 15 | 20 | 20 | 29 |
| 99202 | 91 | Surgical Oncology | 2 | 1.55 | 1.64 | 1.74 | 1.83 | 1.92 | 12 | 23 | 34 | 44 | 55 |
| 99203 | 91 | Surgical Oncology | 2 | 2.05 | 2.19 | 2.33 | 2.46 | 2.60 | 27 | 41 | 55 | 69 | 83 |
| 99204 | 91 | Surgical Oncology | 5 | 1.50 | 2.80 | 3.05 | 3.20 | 5.00 | 35 | 44 | 60 | 125 | 300 |
| 99205 | 91 | Surgical Oncology | 5 | 2.00 | 3.50 | 3.75 | 3.86 | 7.00 | 50 | 67 | 90 | 165 | 375 |
| 99211 | 91 | Surgical Oncology | 2 | 0.24 | 0.38 | 0.52 | 0.66 | 0.80 | 4 | 14 | 25 | 35 | 45 |
| 99212 | 91 | Surgical Oncology | 2 | 0.43 | 0.60 | 0.77 | 0.93 | 1.10 | 9 | 22 | 35 | 47 | 60 |
| 99213 | 91 | Surgical Oncology | 4 | 1.60 | 1.83 | 2.05 | 2.40 | 3.00 | 15 | 34 | 70 | 113 | 150 |
| 99214 | 91 | Surgical Oncology | 5 | 1.70 | 2.10 | 2.13 | 2.75 | 4.00 | 21 | 35 | 55 | 135 | 180 |

| CPT | CMS | CMS | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|------|-------------------|-------------|------|------|------|------|------|-----------------------------|------|-----|------|-----|
| | Code | Specialty_Name | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99215 | 91 | Surgical Oncology | 5 | 2.30 | 2.74 | 3.00 | 3.55 | 6.00 | 27 | 50 | 70 | 165 | 240 |
| 99417 | 91 | Surgical Oncology | 3 | 0.42 | 0.59 | 0.75 | 0.98 | 1.20 | 15 | 15 | 15 | 18 | 20 |

| CPT | CMS Code | CMS Specialty_Name | Work "N" | RVW | | | | | TOTAL TIME related to visit | | | | |
|-------|----------|-------------------------|----------|------|------|------|------|------|-----------------------------|------|-----|------|-----|
| | | | | MIN | 25th | RVW | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 94 | Interventional Radiolog | 6 | 0.24 | 0.80 | 1.35 | 1.92 | 1.92 | 15 | 17 | 22 | 30 | 45 |
| 99203 | 94 | Interventional Radiolog | 7 | 0.30 | 1.36 | 1.92 | 2.30 | 2.60 | 15 | 33 | 36 | 40 | 55 |
| 99204 | 94 | Interventional Radiolog | 7 | 0.48 | 1.95 | 2.05 | 2.92 | 4.00 | 20 | 49 | 52 | 63 | 80 |
| 99205 | 94 | Interventional Radiolog | 5 | 0.55 | 2.10 | 3.60 | 3.86 | 5.00 | 20 | 65 | 85 | 100 | 105 |
| 99211 | 94 | Interventional Radiolog | 6 | 0.01 | 0.21 | 0.24 | 0.63 | 1.92 | 1 | 5 | 10 | 23 | 27 |
| 99212 | 94 | Interventional Radiolog | 7 | 0.29 | 0.53 | 0.78 | 1.10 | 1.50 | 11 | 15 | 15 | 28 | 38 |
| 99213 | 94 | Interventional Radiolog | 7 | 0.40 | 0.67 | 1.39 | 2.00 | 2.21 | 18 | 23 | 27 | 54 | 60 |
| 99214 | 94 | Interventional Radiolog | 6 | 0.47 | 1.85 | 2.30 | 2.95 | 3.75 | 20 | 36 | 53 | 75 | 80 |
| 99215 | 94 | Interventional Radiolog | 5 | 0.55 | 1.90 | 3.56 | 3.70 | 4.50 | 20 | 60 | 77 | 95 | 97 |
| 99417 | 94 | Interventional Radiolog | 3 | 0.50 | 0.56 | 0.61 | 0.91 | 1.20 | 15 | 15 | 15 | 15 | 15 |
| 99202 | 97 | Physicians Assistant | 5 | 0.30 | 0.30 | 0.70 | 0.90 | 2.50 | 3 | 4 | 10 | 13 | 30 |
| 99203 | 97 | Physicians Assistant | 9 | 0.50 | 0.70 | 1.15 | 1.50 | 3.00 | 3 | 18 | 21 | 42 | 75 |
| 99204 | 97 | Physicians Assistant | 9 | 0.60 | 1.20 | 2.60 | 2.75 | 3.25 | 5 | 30 | 40 | 52 | 120 |
| 99205 | 97 | Physicians Assistant | 8 | 0.99 | 1.15 | 3.55 | 4.13 | 5.00 | 30 | 51 | 65 | 73 | 165 |
| 99211 | 97 | Physicians Assistant | 3 | 0.15 | 0.18 | 0.20 | 0.21 | 0.22 | 1 | 2 | 2 | 3 | 4 |
| 99212 | 97 | Physicians Assistant | 7 | 0.50 | 0.53 | 0.65 | 0.76 | 1.00 | 2 | 5 | 12 | 15 | 45 |
| 99213 | 97 | Physicians Assistant | 9 | 0.40 | 0.75 | 1.10 | 1.50 | 2.00 | 5 | 11 | 21 | 25 | 80 |
| 99214 | 97 | Physicians Assistant | 9 | 0.60 | 1.39 | 1.70 | 2.75 | 3.75 | 10 | 28 | 31 | 42 | 125 |
| 99215 | 97 | Physicians Assistant | 8 | 1.00 | 1.15 | 2.60 | 3.25 | 4.50 | 20 | 45 | 53 | 66 | 170 |
| 99417 | 97 | Physicians Assistant | 3 | 0.18 | 0.34 | 0.50 | 0.75 | 1.00 | 15 | 15 | 15 | 15 | 15 |
| 99202 | 98 | Gynecological Oncolog | 8 | 0.61 | 1.34 | 1.84 | 2.13 | 3.75 | 35 | 39 | 50 | 59 | 70 |
| 99203 | 98 | Gynecological Oncolog | 10 | 0.75 | 1.95 | 2.33 | 2.65 | 4.25 | 35 | 66 | 75 | 80 | 88 |
| 99204 | 98 | Gynecological Oncolog | 11 | 1.00 | 3.03 | 3.26 | 3.71 | 4.75 | 50 | 96 | 100 | 108 | 125 |
| 99205 | 98 | Gynecological Oncolog | 11 | 3.00 | 3.88 | 4.50 | 4.80 | 5.25 | 100 | 126 | 140 | 150 | 195 |
| 99211 | 98 | Gynecological Oncolog | 8 | 0.05 | 0.20 | 0.50 | 0.81 | 1.50 | 2 | 14 | 16 | 23 | 35 |
| 99212 | 98 | Gynecological Oncolog | 10 | 0.60 | 0.69 | 0.93 | 1.81 | 3.25 | 18 | 26 | 30 | 35 | 80 |
| 99213 | 98 | Gynecological Oncolog | 11 | 0.90 | 1.45 | 1.95 | 2.25 | 3.75 | 22 | 42 | 45 | 60 | 84 |
| 99214 | 98 | Gynecological Oncolog | 11 | 1.95 | 2.18 | 3.00 | 3.08 | 4.25 | 32 | 62 | 65 | 91 | 110 |
| 99215 | 98 | Gynecological Oncolog | 11 | 2.75 | 3.45 | 3.90 | 4.25 | 4.75 | 70 | 83 | 100 | 138 | 150 |
| 99417 | 98 | Gynecological Oncolog | 10 | 0.35 | 0.68 | 1.10 | 1.48 | 2.00 | 15 | 15 | 19 | 27 | 29 |
| 99202 | C3 | Interventional Cardiol | 11 | 0.20 | 0.79 | 1.00 | 1.10 | 2.67 | 14 | 28 | 30 | 40 | 50 |
| 99203 | C3 | Interventional Cardiol | 14 | 0.40 | 1.24 | 1.68 | 2.00 | 4.00 | 22 | 46 | 60 | 65 | 83 |
| 99204 | C3 | Interventional Cardiol | 16 | 0.70 | 1.98 | 2.60 | 3.06 | 5.12 | 23 | 58 | 78 | 97 | 120 |
| 99205 | C3 | Interventional Cardiol | 17 | 1.00 | 2.60 | 3.60 | 3.95 | 6.24 | 20 | 70 | 105 | 130 | 166 |
| 99211 | C3 | Interventional Cardiol | 13 | 0.10 | 0.28 | 0.40 | 0.80 | 1.50 | 5 | 10 | 11 | 25 | 40 |
| 99212 | C3 | Interventional Cardiol | 12 | 0.30 | 0.68 | 0.95 | 1.42 | 2.00 | 15 | 20 | 29 | 34 | 45 |
| 99213 | C3 | Interventional Cardiol | 16 | 0.40 | 0.98 | 1.18 | 2.03 | 2.50 | 20 | 34 | 43 | 61 | 75 |
| 99214 | C3 | Interventional Cardiol | 17 | 0.70 | 1.46 | 1.95 | 2.58 | 3.00 | 26 | 36 | 58 | 85 | 105 |
| 99215 | C3 | Interventional Cardiol | 15 | 1.00 | 1.90 | 2.75 | 3.43 | 5.00 | 44 | 71 | 86 | 121 | 154 |
| 99417 | C3 | Interventional Cardiol | 14 | 0.30 | 0.53 | 1.19 | 1.48 | 2.00 | 15 | 15 | 19 | 20 | 29 |

| CPT | CMS Code | CMS Specialty_Name | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|----------|--------------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 02 | General Surgery | 0 | 0 | 4 | 10 | 30 | 1 | 10 | 15 | 16 | 35 | 0 | 0 | 3 | 9 | 20 |
| 99203 | 02 | General Surgery | 0 | 1 | 8 | 20 | 45 | 1 | 16 | 25 | 30 | 45 | 0 | 2 | 7 | 10 | 50 |
| 99204 | 02 | General Surgery | 0 | 5 | 15 | 26 | 90 | 2 | 30 | 40 | 45 | 90 | 0 | 7 | 10 | 20 | 70 |
| 99205 | 02 | General Surgery | 0 | 6 | 20 | 30 | 90 | 3 | 35 | 58 | 60 | 90 | 0 | 10 | 16 | 30 | 70 |
| 99211 | 02 | General Surgery | 0 | 0 | 2 | 5 | 15 | 1 | 2 | 5 | 10 | 15 | 0 | 0 | 2 | 5 | 20 |
| 99212 | 02 | General Surgery | 0 | 0 | 2 | 10 | 20 | 1 | 10 | 10 | 15 | 20 | 0 | 0 | 3 | 6 | 25 |
| 99213 | 02 | General Surgery | 0 | 0 | 5 | 20 | 40 | 1 | 15 | 17 | 22 | 45 | 0 | 3 | 8 | 10 | 50 |
| 99214 | 02 | General Surgery | 0 | 5 | 10 | 30 | 90 | 1 | 20 | 25 | 35 | 90 | 0 | 8 | 11 | 20 | 70 |
| 99215 | 02 | General Surgery | 0 | 8 | 15 | 45 | 90 | 2 | 25 | 40 | 45 | 90 | 0 | 10 | 15 | 30 | 70 |
| 99417 | 02 | General Surgery | | | | | | 15 | 15 | 15 | 20 | 29 | | | | | |
| 99202 | 04 | Otolaryngology | 0 | 0 | 0 | 5 | 15 | 1 | 10 | 12 | 15 | 31 | 0 | 0 | 1 | 5 | 18 |
| 99203 | 04 | Otolaryngology | 0 | 0 | 3 | 8 | 39 | 2 | 15 | 20 | 30 | 90 | 0 | 5 | 5 | 10 | 44 |
| 99204 | 04 | Otolaryngology | 0 | 0 | 5 | 15 | 52 | 2 | 25 | 32 | 44 | 120 | 0 | 5 | 10 | 15 | 59 |
| 99205 | 04 | Otolaryngology | 0 | 3 | 10 | 20 | 66 | 5 | 30 | 45 | 60 | 130 | 0 | 10 | 15 | 25 | 74 |
| 99211 | 04 | Otolaryngology | 0 | 0 | 0 | 2 | 5 | 1 | 2 | 5 | 5 | 30 | 0 | 0 | 0 | 2 | 10 |
| 99212 | 04 | Otolaryngology | 0 | 0 | 2 | 5 | 15 | 1 | 9 | 10 | 15 | 40 | 0 | 0 | 2 | 5 | 20 |
| 99213 | 04 | Otolaryngology | 0 | 1 | 5 | 8 | 25 | 1 | 12 | 15 | 20 | 70 | 0 | 3 | 5 | 10 | 180 |
| 99214 | 04 | Otolaryngology | 0 | 3 | 7 | 15 | 35 | 2 | 20 | 25 | 30 | 80 | 0 | 5 | 10 | 15 | 39 |
| 99215 | 04 | Otolaryngology | 0 | 5 | 10 | 20 | 52 | 3 | 30 | 40 | 45 | 125 | 0 | 10 | 15 | 24 | 54 |
| 99417 | 04 | Otolaryngology | | | | | | 15 | 15 | 15 | 20 | 29 | | | | | |
| 99202 | 06 | Cardiology | 0 | 0 | 2 | 6 | 30 | 1 | 14 | 18 | 23 | 30 | 0 | 0 | 0 | 5 | 15 |
| 99203 | 06 | Cardiology | 0 | 3 | 5 | 10 | 30 | 1 | 15 | 28 | 31 | 40 | 0 | 1 | 5 | 10 | 15 |
| 99204 | 06 | Cardiology | 0 | 6 | 10 | 15 | 45 | 15 | 21 | 38 | 47 | 55 | 0 | 5 | 9 | 15 | 25 |
| 99205 | 06 | Cardiology | 0 | 9 | 13 | 16 | 60 | 15 | 30 | 45 | 60 | 70 | 0 | 6 | 14 | 20 | 30 |
| 99211 | 06 | Cardiology | 0 | 0 | 2 | 6 | 20 | 1 | 4 | 10 | 13 | 30 | 0 | 0 | 1 | 5 | 20 |
| 99212 | 06 | Cardiology | 0 | 0 | 5 | 7 | 20 | 5 | 12 | 15 | 15 | 30 | 0 | 0 | 3 | 5 | 20 |
| 99213 | 06 | Cardiology | 0 | 5 | 6 | 13 | 30 | 7 | 15 | 20 | 25 | 40 | 0 | 1 | 3 | 9 | 25 |
| 99214 | 06 | Cardiology | 0 | 5 | 10 | 15 | 30 | 15 | 23 | 30 | 33 | 50 | 0 | 5 | 10 | 15 | 30 |
| 99215 | 06 | Cardiology | 0 | 5 | 15 | 26 | 121 | 15 | 30 | 40 | 45 | 60 | 0 | 6 | 15 | 20 | 40 |
| 99417 | 06 | Cardiology | | | | | | 15 | 15 | 15 | 20 | 29 | | | | | |
| 99202 | 07 | Dermatology | 0 | 1 | 3 | 4 | 25 | 7 | 15 | 15 | 20 | 30 | 0 | 3 | 5 | 8 | 25 |
| 99203 | 07 | Dermatology | 0 | 3 | 4 | 6 | 40 | 15 | 20 | 25 | 32 | 45 | 0 | 5 | 7 | 10 | 35 |
| 99204 | 07 | Dermatology | 0 | 5 | 5 | 8 | 60 | 25 | 30 | 32 | 40 | 60 | 0 | 10 | 12 | 15 | 60 |
| 99205 | 07 | Dermatology | 0 | 5 | 7 | 10 | 75 | 35 | 45 | 45 | 50 | 75 | 7 | 15 | 15 | 20 | 70 |
| 99211 | 07 | Dermatology | 0 | 0 | 1 | 2 | 10 | 1 | 5 | 5 | 10 | 16 | 0 | 0 | 2 | 3 | 16 |
| 99212 | 07 | Dermatology | 0 | 1 | 2 | 4 | 15 | 5 | 10 | 12 | 15 | 30 | 0 | 4 | 5 | 6 | 18 |
| 99213 | 07 | Dermatology | 0 | 3 | 4 | 5 | 30 | 15 | 15 | 20 | 25 | 45 | 0 | 5 | 6 | 9 | 30 |
| 99214 | 07 | Dermatology | 0 | 4 | 5 | 8 | 55 | 20 | 25 | 29 | 38 | 60 | 5 | 8 | 10 | 15 | 60 |
| 99215 | 07 | Dermatology | 0 | 5 | 7 | 10 | 75 | 30 | 35 | 40 | 45 | 70 | 7 | 13 | 15 | 20 | 70 |
| 99417 | 07 | Dermatology | | | | | | 15 | 15 | 15 | 20 | 21 | | | | | |
| 99202 | 08 | Family Practice | 0 | 0 | 2 | 5 | 60 | 1 | 10 | 15 | 20 | 45 | 0 | 0 | 3 | 5 | 45 |
| 99203 | 08 | Family Practice | 0 | 0 | 5 | 10 | 60 | 1 | 18 | 25 | 30 | 60 | 0 | 4 | 5 | 10 | 74 |
| 99204 | 08 | Family Practice | 0 | 2 | 7 | 15 | 120 | 3 | 25 | 35 | 45 | 967 | 0 | 7 | 11 | 16 | 120 |
| 99205 | 08 | Family Practice | 0 | 3 | 10 | 20 | 120 | 3 | 40 | 50 | 60 | 120 | 0 | 10 | 16 | 25 | 360 |
| 99211 | 08 | Family Practice | 0 | 0 | 0 | 2 | 120 | 1 | 1 | 4 | 5 | 60 | 0 | 0 | 1 | 3 | 90 |
| 99212 | 08 | Family Practice | 0 | 0 | 2 | 5 | 160 | 1 | 8 | 10 | 15 | 100 | 0 | 0 | 2 | 5 | 120 |
| 99213 | 08 | Family Practice | 0 | 1 | 5 | 8 | 220 | 1 | 15 | 19 | 22 | 100 | 0 | 3 | 5 | 10 | 140 |
| 99214 | 08 | Family Practice | 0 | 4 | 7 | 14 | 260 | 2 | 22 | 30 | 35 | 100 | 0 | 7 | 10 | 15 | 150 |

| CPT | CMS | CMS | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|------|-----------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | Code | Specialty_Name | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99215 | 08 | Family Practice | 0 | 5 | 10 | 20 | 524 | 2 | 35 | 45 | 55 | 120 | 0 | 10 | 15 | 25 | 360 |
| 99417 | 08 | Family Practice | | | | | | 15 | 15 | 15 | 20 | 29 | | | | | |

| CPT | CMS Code | CMS Specialty_Name | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|----------|------------------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 10 | Gastroenterology | 0 | 0 | 3 | 5 | 30 | 1 | 8 | 15 | 25 | 30 | 0 | 1 | 5 | 5 | 30 |
| 99203 | 10 | Gastroenterology | 0 | 2 | 5 | 10 | 58 | 1 | 14 | 25 | 30 | 50 | 0 | 5 | 7 | 10 | 48 |
| 99204 | 10 | Gastroenterology | 0 | 4 | 10 | 15 | 68 | 3 | 25 | 35 | 45 | 66 | 2 | 10 | 14 | 15 | 90 |
| 99205 | 10 | Gastroenterology | 0 | 5 | 15 | 25 | 87 | 3 | 30 | 45 | 60 | 90 | 5 | 10 | 20 | 30 | 120 |
| 99211 | 10 | Gastroenterology | 0 | 0 | 1 | 3 | 5 | 1 | 3 | 5 | 10 | 34 | 0 | 0 | 2 | 3 | 10 |
| 99212 | 10 | Gastroenterology | 0 | 0 | 3 | 5 | 22 | 1 | 9 | 15 | 17 | 25 | 0 | 1 | 5 | 5 | 21 |
| 99213 | 10 | Gastroenterology | 0 | 1 | 5 | 7 | 34 | 3 | 10 | 20 | 25 | 49 | 0 | 5 | 8 | 10 | 60 |
| 99214 | 10 | Gastroenterology | 0 | 3 | 8 | 10 | 48 | 3 | 19 | 30 | 35 | 65 | 0 | 8 | 10 | 15 | 70 |
| 99215 | 10 | Gastroenterology | 0 | 5 | 10 | 15 | 64 | 3 | 25 | 40 | 50 | 90 | 0 | 10 | 15 | 24 | 120 |
| 99417 | 10 | Gastroenterology | | | | | | 15 | 15 | 15 | 20 | 29 | | | | | |
| 99202 | 11 | Internal Medicine | 0 | 0 | 1 | 5 | 29 | 1 | 12 | 15 | 20 | 30 | 0 | 2 | 3 | 5 | 29 |
| 99203 | 11 | Internal Medicine | 0 | 0 | 5 | 9 | 44 | 7 | 20 | 25 | 38 | 60 | 3 | 5 | 5 | 10 | 44 |
| 99204 | 11 | Internal Medicine | 0 | 4 | 8 | 13 | 59 | 10 | 30 | 38 | 46 | 90 | 0 | 9 | 10 | 15 | 59 |
| 99205 | 11 | Internal Medicine | 0 | 8 | 15 | 23 | 75 | 15 | 40 | 60 | 63 | 120 | 0 | 15 | 15 | 28 | 74 |
| 99211 | 11 | Internal Medicine | 0 | 0 | 0 | 3 | 10 | 1 | 2 | 5 | 8 | 29 | 0 | 0 | 2 | 5 | 20 |
| 99212 | 11 | Internal Medicine | 0 | 0 | 1 | 4 | 19 | 1 | 10 | 12 | 17 | 25 | 0 | 1 | 3 | 5 | 20 |
| 99213 | 11 | Internal Medicine | 0 | 0 | 5 | 6 | 30 | 5 | 15 | 20 | 28 | 40 | 0 | 5 | 7 | 10 | 29 |
| 99214 | 11 | Internal Medicine | 0 | 5 | 6 | 11 | 50 | 7 | 25 | 30 | 37 | 55 | 5 | 7 | 12 | 18 | 40 |
| 99215 | 11 | Internal Medicine | 0 | 5 | 10 | 15 | 65 | 15 | 38 | 45 | 53 | 90 | 0 | 12 | 15 | 32 | 54 |
| 99417 | 11 | Internal Medicine | | | | | | 15 | 15 | 15 | 20 | 29 | | | | | |
| 99202 | 12 | Osteopathic Manipulati | 6 | 8 | 11 | 13 | 15 | 5 | 11 | 18 | 24 | 30 | 0 | 1 | 3 | 4 | 5 |
| 99203 | 12 | Osteopathic Manipulati | 8 | 10 | 12 | 13 | 15 | 5 | 15 | 24 | 34 | 43 | 0 | 2 | 4 | 6 | 8 |
| 99204 | 12 | Osteopathic Manipulati | 10 | 11 | 13 | 14 | 15 | 10 | 21 | 33 | 44 | 55 | 5 | 6 | 8 | 9 | 10 |
| 99205 | 12 | Osteopathic Manipulati | 15 | 15 | 15 | 15 | 15 | 10 | 25 | 40 | 55 | 70 | 5 | 8 | 10 | 13 | 15 |
| 99211 | 12 | Osteopathic Manipulati | 0 | 4 | 8 | 11 | 15 | 5 | 5 | 5 | 5 | 5 | 0 | 1 | 3 | 4 | 5 |
| 99212 | 12 | Osteopathic Manipulati | 0 | 4 | 8 | 11 | 15 | 5 | 9 | 13 | 16 | 20 | 0 | 1 | 3 | 4 | 5 |
| 99213 | 12 | Osteopathic Manipulati | 0 | 4 | 8 | 11 | 15 | 5 | 11 | 18 | 24 | 30 | 0 | 2 | 4 | 6 | 8 |
| 99214 | 12 | Osteopathic Manipulati | 0 | 4 | 8 | 11 | 15 | 10 | 18 | 25 | 33 | 40 | 5 | 6 | 8 | 9 | 10 |
| 99215 | 12 | Osteopathic Manipulati | 0 | 4 | 8 | 11 | 15 | 10 | 24 | 38 | 51 | 65 | 5 | 8 | 10 | 13 | 15 |
| 99417 | 12 | Osteopathic Manipulati | | | | | | 20 | 22 | 25 | 27 | 29 | | | | | |
| 99202 | 13 | Neurology | 0 | 0 | 1 | 5 | 45 | 1 | 7 | 15 | 30 | 50 | 0 | 0 | 1 | 6 | 45 |
| 99203 | 13 | Neurology | 0 | 1 | 5 | 10 | 60 | 1 | 25 | 31 | 45 | 70 | 0 | 3 | 5 | 10 | 62 |
| 99204 | 13 | Neurology | 0 | 5 | 10 | 15 | 80 | 1 | 38 | 46 | 60 | 101 | 0 | 8 | 12 | 18 | 120 |
| 99205 | 13 | Neurology | 0 | 8 | 15 | 20 | 90 | 1 | 45 | 60 | 75 | 120 | 0 | 10 | 20 | 30 | 150 |
| 99211 | 13 | Neurology | 0 | 0 | 1 | 2 | 20 | 1 | 1 | 3 | 10 | 20 | 0 | 0 | 1 | 3 | 15 |
| 99212 | 13 | Neurology | 0 | 0 | 2 | 5 | 20 | 1 | 10 | 15 | 20 | 35 | 0 | 1 | 4 | 5 | 20 |
| 99213 | 13 | Neurology | 0 | 1 | 5 | 8 | 30 | 1 | 15 | 24 | 30 | 60 | 0 | 2 | 5 | 10 | 40 |
| 99214 | 13 | Neurology | 0 | 5 | 8 | 15 | 50 | 1 | 25 | 35 | 45 | 80 | 0 | 5 | 11 | 18 | 110 |
| 99215 | 13 | Neurology | 0 | 5 | 10 | 19 | 65 | 1 | 31 | 50 | 60 | 120 | 0 | 9 | 15 | 25 | 140 |
| 99417 | 13 | Neurology | | | | | | 15 | 15 | 16 | 24 | 29 | | | | | |
| 99202 | 14 | Neurosurgery | 0 | 3 | 5 | 10 | 40 | 1 | 10 | 20 | 29 | 60 | 0 | 3 | 5 | 5 | 40 |
| 99203 | 14 | Neurosurgery | 0 | 4 | 7 | 13 | 60 | 1 | 20 | 30 | 40 | 60 | 0 | 5 | 5 | 10 | 60 |
| 99204 | 14 | Neurosurgery | 0 | 6 | 10 | 20 | 80 | 5 | 30 | 45 | 50 | 80 | 0 | 9 | 15 | 15 | 80 |
| 99205 | 14 | Neurosurgery | 0 | 8 | 17 | 30 | 70 | 5 | 40 | 60 | 60 | 80 | 0 | 10 | 17 | 30 | 60 |
| 99211 | 14 | Neurosurgery | 0 | 2 | 3 | 9 | 25 | 1 | 5 | 13 | 19 | 45 | 0 | 0 | 4 | 5 | 20 |
| 99212 | 14 | Neurosurgery | 0 | 0 | 5 | 10 | 35 | 1 | 10 | 15 | 30 | 45 | 0 | 2 | 5 | 5 | 30 |
| 99213 | 14 | Neurosurgery | 0 | 4 | 8 | 16 | 50 | 5 | 17 | 25 | 33 | 50 | 0 | 5 | 8 | 11 | 45 |
| 99214 | 14 | Neurosurgery | 0 | 5 | 11 | 20 | 65 | 5 | 21 | 33 | 44 | 65 | 0 | 8 | 14 | 17 | 60 |

| CPT | CMS | CMS | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|------|----------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | Code | Specialty_Name | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99215 | 14 | Neurosurgery | 0 | 10 | 17 | 20 | 40 | 20 | 36 | 45 | 50 | 80 | 0 | 11 | 15 | 20 | 45 |
| 99417 | 14 | Neurosurgery | | | | | | 15 | 15 | 15 | 25 | 29 | | | | | |

| CPT | CMS Code | CMS Specialty_Name | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|----------|---------------------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 16 | Obstetrics/Gynecology | 0 | 0 | 3 | 5 | 20 | 5 | 11 | 15 | 19 | 40 | 0 | 0 | 0 | 5 | 10 |
| 99203 | 16 | Obstetrics/Gynecology | 0 | 2 | 3 | 9 | 20 | 6 | 17 | 25 | 30 | 50 | 0 | 0 | 5 | 9 | 12 |
| 99204 | 16 | Obstetrics/Gynecology | 0 | 5 | 8 | 12 | 20 | 8 | 30 | 35 | 58 | 65 | 0 | 5 | 5 | 10 | 25 |
| 99205 | 16 | Obstetrics/Gynecology | 0 | 9 | 11 | 15 | 25 | 10 | 44 | 55 | 65 | 80 | 0 | 5 | 10 | 11 | 40 |
| 99211 | 16 | Obstetrics/Gynecology | 0 | 0 | 0 | 3 | 10 | 1 | 5 | 9 | 10 | 11 | 0 | 0 | 0 | 4 | 5 |
| 99212 | 16 | Obstetrics/Gynecology | 10 | 10 | 10 | 10 | 10 | 14 | 14 | 14 | 14 | 14 | 10 | 10 | 10 | 10 | 10 |
| 99213 | 16 | Obstetrics/Gynecology | 0 | 0 | 3 | 7 | 15 | 5 | 15 | 18 | 20 | 35 | 0 | 1 | 3 | 7 | 15 |
| 99214 | 16 | Obstetrics/Gynecology | 0 | 3 | 5 | 11 | 20 | 7 | 23 | 30 | 40 | 45 | 0 | 5 | 5 | 10 | 30 |
| 99215 | 16 | Obstetrics/Gynecology | 0 | 5 | 10 | 15 | 44 | 9 | 30 | 40 | 51 | 60 | 0 | 9 | 10 | 15 | 30 |
| 99417 | 16 | Obstetrics/Gynecology | | | | | | 15 | 15 | 15 | 20 | 28 | | | | | |
| 99202 | 17 | Hospice And Palliative | 0 | 1 | 5 | 9 | 42 | 10 | 13 | 20 | 36 | 50 | 0 | 1 | 5 | 9 | 18 |
| 99203 | 17 | Hospice And Palliative | 0 | 0 | 10 | 10 | 57 | 1 | 15 | 30 | 47 | 75 | 0 | 5 | 10 | 10 | 27 |
| 99204 | 17 | Hospice And Palliative | 0 | 0 | 6 | 15 | 72 | 15 | 33 | 45 | 63 | 155 | 0 | 7 | 10 | 20 | 43 |
| 99205 | 17 | Hospice And Palliative | 0 | 4 | 15 | 23 | 87 | 17 | 49 | 70 | 89 | 210 | 0 | 10 | 15 | 33 | 52 |
| 99211 | 17 | Hospice And Palliative | 0 | 0 | 1 | 4 | 10 | 1 | 5 | 5 | 7 | 12 | 0 | 3 | 5 | 5 | 15 |
| 99212 | 17 | Hospice And Palliative | 0 | 0 | 3 | 5 | 17 | 1 | 10 | 17 | 18 | 35 | 0 | 0 | 5 | 7 | 23 |
| 99213 | 17 | Hospice And Palliative | 0 | 2 | 4 | 10 | 24 | 5 | 14 | 23 | 35 | 60 | 0 | 3 | 5 | 13 | 32 |
| 99214 | 17 | Hospice And Palliative | 0 | 0 | 5 | 15 | 34 | 10 | 30 | 35 | 48 | 80 | 0 | 5 | 10 | 15 | 41 |
| 99215 | 17 | Hospice And Palliative | 0 | 0 | 6 | 20 | 43 | 14 | 40 | 50 | 60 | 124 | 0 | 5 | 10 | 25 | 49 |
| 99417 | 17 | Hospice And Palliative | | | | | | 15 | 15 | 22 | 29 | 29 | | | | | |
| 99202 | 18 | Ophthalmology | 0 | 0 | 2 | 5 | 15 | 5 | 12 | 15 | 20 | 35 | 0 | 0 | 3 | 5 | 20 |
| 99203 | 18 | Ophthalmology | 0 | 0 | 4 | 7 | 30 | 5 | 18 | 25 | 30 | 50 | 0 | 0 | 5 | 12 | 24 |
| 99204 | 18 | Ophthalmology | 0 | 4 | 8 | 12 | 59 | 7 | 25 | 40 | 45 | 75 | 0 | 5 | 10 | 20 | 59 |
| 99205 | 18 | Ophthalmology | 0 | 6 | 10 | 20 | 74 | 8 | 40 | 50 | 60 | 100 | 3 | 10 | 15 | 30 | 78 |
| 99211 | 18 | Ophthalmology | 0 | 0 | 0 | 1 | 15 | 1 | 2 | 5 | 5 | 20 | 0 | 0 | 0 | 2 | 20 |
| 99212 | 18 | Ophthalmology | 0 | 0 | 0 | 3 | 20 | 1 | 10 | 10 | 15 | 30 | 0 | 0 | 0 | 5 | 20 |
| 99213 | 18 | Ophthalmology | 0 | 0 | 3 | 6 | 29 | 5 | 15 | 20 | 27 | 40 | 0 | 0 | 5 | 10 | 45 |
| 99214 | 18 | Ophthalmology | 0 | 0 | 5 | 10 | 60 | 6 | 20 | 30 | 39 | 50 | 0 | 5 | 10 | 16 | 60 |
| 99215 | 18 | Ophthalmology | 0 | 5 | 10 | 15 | 70 | 8 | 30 | 45 | 50 | 75 | 2 | 10 | 15 | 30 | 75 |
| 99417 | 18 | Ophthalmology | | | | | | 15 | 15 | 15 | 20 | 29 | | | | | |
| 99202 | 20 | Orthopedic Surgery | 0 | 0 | 1 | 7 | 25 | 3 | 10 | 15 | 15 | 33 | 0 | 0 | 2 | 9 | 15 |
| 99203 | 20 | Orthopedic Surgery | 0 | 0 | 5 | 10 | 35 | 3 | 15 | 20 | 30 | 60 | 0 | 3 | 5 | 14 | 30 |
| 99204 | 20 | Orthopedic Surgery | 0 | 3 | 5 | 14 | 45 | 5 | 23 | 35 | 45 | 75 | 0 | 5 | 10 | 15 | 45 |
| 99205 | 20 | Orthopedic Surgery | 0 | 5 | 10 | 15 | 60 | 10 | 35 | 50 | 60 | 85 | 0 | 10 | 15 | 23 | 60 |
| 99211 | 20 | Orthopedic Surgery | 0 | 0 | 0 | 2 | 15 | 1 | 2 | 5 | 10 | 15 | 0 | 0 | 0 | 3 | 7 |
| 99212 | 20 | Orthopedic Surgery | 0 | 0 | 1 | 5 | 20 | 2 | 9 | 10 | 15 | 27 | 0 | 0 | 2 | 5 | 20 |
| 99213 | 20 | Orthopedic Surgery | 0 | 0 | 5 | 9 | 30 | 3 | 15 | 20 | 25 | 41 | 0 | 2 | 5 | 14 | 25 |
| 99214 | 20 | Orthopedic Surgery | 0 | 2 | 5 | 10 | 45 | 5 | 22 | 25 | 32 | 50 | 0 | 5 | 10 | 20 | 30 |
| 99215 | 20 | Orthopedic Surgery | 0 | 5 | 10 | 15 | 55 | 10 | 35 | 40 | 50 | 76 | 1 | 10 | 15 | 22 | 45 |
| 99417 | 20 | Orthopedic Surgery | | | | | | 15 | 15 | 15 | 20 | 25 | | | | | |
| 99202 | 21 | Cardiac Electrophysiology | 4 | 5 | 5 | 7 | 8 | 10 | 16 | 22 | 34 | 45 | 2 | 7 | 12 | 16 | 20 |
| 99203 | 21 | Cardiac Electrophysiology | 5 | 5 | 6 | 8 | 12 | 20 | 25 | 33 | 45 | 60 | 5 | 5 | 11 | 21 | 35 |
| 99204 | 21 | Cardiac Electrophysiology | 5 | 10 | 10 | 15 | 16 | 30 | 45 | 45 | 50 | 90 | 10 | 10 | 20 | 20 | 45 |
| 99205 | 21 | Cardiac Electrophysiology | 10 | 15 | 15 | 20 | 20 | 34 | 60 | 60 | 70 | 120 | 10 | 15 | 24 | 30 | 60 |
| 99211 | 21 | Cardiac Electrophysiology | 1 | 2 | 3 | 4 | 5 | 1 | 4 | 12 | 19 | 20 | 0 | 1 | 5 | 10 | 15 |
| 99212 | 21 | Cardiac Electrophysiology | 2 | 2 | 4 | 6 | 8 | 10 | 14 | 19 | 24 | 30 | 2 | 2 | 7 | 14 | 20 |
| 99213 | 21 | Cardiac Electrophysiology | 5 | 5 | 7 | 9 | 12 | 15 | 23 | 26 | 31 | 45 | 5 | 5 | 11 | 18 | 25 |
| 99214 | 21 | Cardiac Electrophysiology | 0 | 8 | 10 | 10 | 16 | 25 | 25 | 30 | 35 | 60 | 4 | 10 | 10 | 20 | 45 |

| CPT | CMS | CMS | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|------|---------------------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | Code | Specialty_Name | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99215 | 21 | Cardiac Electrophysiology | 0 | 13 | 15 | 15 | 20 | 34 | 35 | 45 | 55 | 75 | 10 | 15 | 15 | 24 | 60 |
| 99417 | 21 | Cardiac Electrophysiology | | | | | | 15 | 15 | 20 | 20 | 29 | | | | | |

| CPT | CMS Code | CMS Specialty_Name | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|----------|-------------------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 23 | Sports Medicine | 2 | 9 | 16 | 23 | 30 | 1 | 6 | 11 | 15 | 20 | 2 | 9 | 16 | 23 | 30 |
| 99203 | 23 | Sports Medicine | 1 | 3 | 4 | 19 | 60 | 2 | 12 | 25 | 35 | 35 | 0 | 4 | 10 | 26 | 60 |
| 99204 | 23 | Sports Medicine | 1 | 4 | 9 | 29 | 80 | 5 | 16 | 35 | 50 | 50 | 0 | 6 | 19 | 45 | 90 |
| 99205 | 23 | Sports Medicine | 10 | 12 | 14 | 16 | 18 | 8 | 14 | 19 | 25 | 30 | 12 | 17 | 21 | 26 | 30 |
| 99211 | 23 | Sports Medicine | 0 | 1 | 2 | 2 | 3 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 |
| 99212 | 23 | Sports Medicine | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 3 | 4 | 4 | 5 | 5 |
| 99213 | 23 | Sports Medicine | 1 | 3 | 8 | 17 | 30 | 3 | 7 | 14 | 21 | 25 | 0 | 4 | 5 | 11 | 30 |
| 99214 | 23 | Sports Medicine | 1 | 4 | 13 | 26 | 45 | 5 | 13 | 23 | 31 | 35 | 0 | 4 | 7 | 17 | 45 |
| 99215 | 23 | Sports Medicine | 8 | 12 | 17 | 21 | 25 | 7 | 10 | 14 | 17 | 20 | 10 | 14 | 18 | 21 | 25 |
| 99202 | 25 | Physical Medicine And | 0 | 0 | 2 | 12 | 20 | 1 | 15 | 23 | 29 | 30 | 0 | 3 | 5 | 11 | 30 |
| 99203 | 25 | Physical Medicine And | 0 | 0 | 5 | 15 | 30 | 2 | 20 | 30 | 35 | 55 | 0 | 4 | 5 | 15 | 30 |
| 99204 | 25 | Physical Medicine And | 0 | 0 | 10 | 21 | 50 | 5 | 35 | 43 | 46 | 65 | 0 | 5 | 10 | 20 | 50 |
| 99205 | 25 | Physical Medicine And | 0 | 6 | 15 | 28 | 60 | 5 | 48 | 60 | 64 | 90 | 2 | 10 | 15 | 30 | 55 |
| 99211 | 25 | Physical Medicine And | 0 | 0 | 6 | 11 | 15 | 1 | 5 | 10 | 11 | 15 | 0 | 2 | 4 | 5 | 10 |
| 99212 | 25 | Physical Medicine And | 0 | 0 | 3 | 13 | 20 | 1 | 10 | 15 | 20 | 30 | 0 | 0 | 5 | 10 | 25 |
| 99213 | 25 | Physical Medicine And | 0 | 1 | 5 | 11 | 30 | 5 | 15 | 20 | 30 | 40 | 0 | 3 | 5 | 14 | 35 |
| 99214 | 25 | Physical Medicine And | 0 | 3 | 10 | 15 | 45 | 5 | 25 | 30 | 40 | 50 | 0 | 5 | 10 | 15 | 40 |
| 99215 | 25 | Physical Medicine And | 0 | 3 | 13 | 19 | 60 | 5 | 30 | 45 | 54 | 60 | 0 | 6 | 15 | 20 | 50 |
| 99417 | 25 | Physical Medicine And | | | | | | 15 | 15 | 15 | 20 | 22 | | | | | |
| 99202 | 26 | Psychiatry | 0 | 1 | 5 | 10 | 20 | 1 | 11 | 15 | 19 | 20 | 0 | 0 | 1 | 9 | 15 |
| 99203 | 26 | Psychiatry | 0 | 1 | 5 | 10 | 20 | 1 | 19 | 28 | 36 | 80 | 0 | 1 | 5 | 10 | 20 |
| 99204 | 26 | Psychiatry | 0 | 5 | 10 | 23 | 100 | 3 | 23 | 45 | 55 | 120 | 0 | 5 | 10 | 19 | 60 |
| 99205 | 26 | Psychiatry | 0 | 5 | 10 | 30 | 100 | 5 | 50 | 60 | 70 | 120 | 0 | 5 | 15 | 30 | 110 |
| 99211 | 26 | Psychiatry | 0 | 1 | 5 | 5 | 10 | 1 | 2 | 5 | 8 | 15 | 0 | 1 | 1 | 5 | 10 |
| 99212 | 26 | Psychiatry | 0 | 0 | 1 | 5 | 15 | 1 | 10 | 15 | 15 | 35 | 0 | 0 | 1 | 5 | 15 |
| 99213 | 26 | Psychiatry | 0 | 0 | 3 | 5 | 30 | 3 | 15 | 20 | 25 | 60 | 0 | 1 | 4 | 6 | 30 |
| 99214 | 26 | Psychiatry | 0 | 1 | 5 | 10 | 45 | 5 | 25 | 30 | 36 | 60 | 0 | 4 | 7 | 11 | 60 |
| 99215 | 26 | Psychiatry | 0 | 4 | 7 | 20 | 100 | 5 | 30 | 40 | 60 | 100 | 0 | 5 | 10 | 25 | 60 |
| 99417 | 26 | Psychiatry | | | | | | 15 | 15 | 15 | 25 | 29 | | | | | |
| 99202 | 28 | Colorectal Surgery (Pro | 0 | 1 | 1 | 6 | 10 | 10 | 10 | 10 | 15 | 20 | 0 | 1 | 1 | 2 | 2 |
| 99203 | 28 | Colorectal Surgery (Pro | 3 | 8 | 13 | 19 | 30 | 15 | 15 | 18 | 23 | 30 | 0 | 2 | 4 | 6 | 10 |
| 99204 | 28 | Colorectal Surgery (Pro | 6 | 13 | 18 | 26 | 45 | 20 | 28 | 30 | 34 | 45 | 5 | 7 | 14 | 20 | 20 |
| 99205 | 28 | Colorectal Surgery (Pro | 10 | 18 | 23 | 34 | 60 | 25 | 29 | 38 | 49 | 60 | 10 | 14 | 18 | 23 | 30 |
| 99211 | 28 | Colorectal Surgery (Pro | 0 | 1 | 1 | 3 | 5 | 5 | 10 | 15 | 18 | 20 | 0 | 0 | 0 | 5 | 10 |
| 99212 | 28 | Colorectal Surgery (Pro | 3 | 5 | 8 | 11 | 15 | 10 | 10 | 15 | 20 | 20 | 0 | 1 | 3 | 6 | 10 |
| 99213 | 28 | Colorectal Surgery (Pro | 4 | 5 | 10 | 19 | 30 | 15 | 15 | 18 | 23 | 30 | 2 | 8 | 10 | 10 | 10 |
| 99214 | 28 | Colorectal Surgery (Pro | 5 | 6 | 13 | 26 | 45 | 20 | 20 | 25 | 33 | 40 | 3 | 8 | 13 | 16 | 20 |
| 99215 | 28 | Colorectal Surgery (Pro | 10 | 10 | 20 | 38 | 60 | 30 | 30 | 30 | 35 | 50 | 5 | 9 | 15 | 23 | 30 |
| 99417 | 28 | Colorectal Surgery (Pro | | | | | | 15 | 15 | 15 | 15 | 15 | | | | | |
| 99202 | 29 | Pulmonary Disease | 0 | 0 | 2 | 5 | 13 | 3 | 13 | 20 | 20 | 30 | 0 | 0 | 2 | 5 | 13 |
| 99203 | 29 | Pulmonary Disease | 0 | 0 | 5 | 10 | 40 | 2 | 13 | 30 | 33 | 45 | 0 | 0 | 5 | 10 | 45 |
| 99204 | 29 | Pulmonary Disease | 0 | 5 | 10 | 12 | 60 | 4 | 15 | 44 | 47 | 65 | 0 | 5 | 10 | 15 | 65 |
| 99205 | 29 | Pulmonary Disease | 0 | 10 | 12 | 20 | 80 | 5 | 20 | 55 | 60 | 120 | 0 | 10 | 15 | 22 | 85 |
| 99211 | 29 | Pulmonary Disease | 0 | 0 | 0 | 0 | 8 | 1 | 2 | 5 | 10 | 15 | 0 | 0 | 0 | 1 | 10 |
| 99212 | 29 | Pulmonary Disease | 0 | 0 | 3 | 5 | 15 | 1 | 7 | 12 | 15 | 25 | 0 | 0 | 2 | 5 | 20 |
| 99213 | 29 | Pulmonary Disease | 0 | 0 | 3 | 6 | 30 | 1 | 11 | 18 | 22 | 35 | 0 | 1 | 5 | 10 | 35 |
| 99214 | 29 | Pulmonary Disease | 0 | 3 | 6 | 10 | 40 | 2 | 15 | 25 | 32 | 45 | 0 | 5 | 10 | 14 | 45 |
| 99215 | 29 | Pulmonary Disease | 0 | 6 | 10 | 15 | 50 | 2 | 20 | 40 | 47 | 60 | 0 | 10 | 15 | 20 | 60 |

| CPT | CMS | CMS | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|------|-------------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | Code | Specialty_Name | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99417 | 29 | Pulmonary Disease | | | | | | 15 | 15 | 15 | 17 | 29 | | | | | |

| CPT | CMS Code | CMS Specialty_Name | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|----------|--------------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 33 | Thoracic Surgery | 0 | 0 | 5 | 5 | 20 | 3 | 15 | 20 | 20 | 30 | 0 | 0 | 0 | 10 | 20 |
| 99203 | 33 | Thoracic Surgery | 0 | 3 | 7 | 13 | 20 | 7 | 20 | 30 | 35 | 45 | 0 | 0 | 5 | 10 | 20 |
| 99204 | 33 | Thoracic Surgery | 0 | 7 | 15 | 15 | 40 | 10 | 30 | 45 | 46 | 60 | 0 | 7 | 10 | 15 | 30 |
| 99205 | 33 | Thoracic Surgery | 0 | 15 | 15 | 20 | 55 | 15 | 45 | 60 | 66 | 78 | 5 | 15 | 15 | 21 | 45 |
| 99211 | 33 | Thoracic Surgery | 0 | 2 | 5 | 11 | 20 | 8 | 10 | 13 | 16 | 20 | 0 | 0 | 4 | 6 | 10 |
| 99212 | 33 | Thoracic Surgery | 0 | 0 | 3 | 5 | 20 | 2 | 15 | 18 | 30 | 30 | 0 | 0 | 0 | 7 | 10 |
| 99213 | 33 | Thoracic Surgery | 0 | 3 | 9 | 10 | 30 | 5 | 20 | 25 | 33 | 45 | 0 | 2 | 9 | 15 | 20 |
| 99214 | 33 | Thoracic Surgery | 0 | 4 | 10 | 15 | 30 | 10 | 29 | 35 | 45 | 60 | 0 | 4 | 10 | 16 | 30 |
| 99215 | 33 | Thoracic Surgery | 0 | 10 | 15 | 15 | 50 | 10 | 34 | 45 | 60 | 75 | 0 | 7 | 15 | 18 | 30 |
| 99417 | 33 | Thoracic Surgery | | | | | | 15 | 15 | 15 | 18 | 22 | | | | | |
| 99202 | 34 | Urology | 0 | 0 | 3 | 9 | 19 | 5 | 11 | 15 | 24 | 31 | 0 | 0 | 3 | 5 | 20 |
| 99203 | 34 | Urology | 0 | 3 | 5 | 10 | 31 | 10 | 17 | 25 | 30 | 45 | 0 | 4 | 5 | 10 | 28 |
| 99204 | 34 | Urology | 0 | 3 | 10 | 13 | 46 | 15 | 28 | 35 | 45 | 63 | 0 | 5 | 10 | 15 | 40 |
| 99205 | 34 | Urology | 0 | 5 | 15 | 20 | 61 | 20 | 33 | 50 | 64 | 75 | 0 | 7 | 15 | 21 | 50 |
| 99211 | 34 | Urology | 0 | 0 | 1 | 4 | 10 | 1 | 3 | 5 | 9 | 18 | 0 | 0 | 1 | 4 | 20 |
| 99212 | 34 | Urology | 0 | 0 | 2 | 8 | 20 | 2 | 9 | 15 | 18 | 22 | 0 | 0 | 2 | 9 | 20 |
| 99213 | 34 | Urology | 0 | 2 | 5 | 10 | 30 | 5 | 14 | 18 | 25 | 42 | 0 | 4 | 5 | 9 | 30 |
| 99214 | 34 | Urology | 0 | 4 | 5 | 13 | 40 | 10 | 19 | 26 | 34 | 53 | 0 | 5 | 10 | 15 | 40 |
| 99215 | 34 | Urology | 0 | 5 | 10 | 18 | 60 | 15 | 29 | 40 | 51 | 70 | 0 | 9 | 14 | 22 | 50 |
| 99417 | 34 | Urology | | | | | | 15 | 15 | 15 | 20 | 29 | | | | | |
| 99202 | 37 | Pediatric Medicine | 0 | 1 | 5 | 10 | 30 | 1 | 12 | 16 | 20 | 30 | 0 | 0 | 2 | 5 | 20 |
| 99203 | 37 | Pediatric Medicine | 0 | 3 | 6 | 15 | 40 | 7 | 19 | 29 | 35 | 43 | 0 | 2 | 5 | 10 | 30 |
| 99204 | 37 | Pediatric Medicine | 0 | 5 | 10 | 18 | 70 | 13 | 30 | 36 | 45 | 65 | 0 | 5 | 10 | 15 | 70 |
| 99205 | 37 | Pediatric Medicine | 0 | 9 | 12 | 25 | 90 | 17 | 40 | 53 | 60 | 75 | 4 | 10 | 15 | 26 | 90 |
| 99211 | 37 | Pediatric Medicine | 0 | 0 | 1 | 3 | 10 | 1 | 2 | 3 | 5 | 15 | 0 | 0 | 1 | 3 | 10 |
| 99212 | 37 | Pediatric Medicine | 0 | 1 | 3 | 7 | 15 | 3 | 8 | 10 | 15 | 20 | 0 | 0 | 2 | 5 | 10 |
| 99213 | 37 | Pediatric Medicine | 0 | 2 | 5 | 10 | 45 | 5 | 15 | 20 | 25 | 40 | 0 | 3 | 5 | 10 | 45 |
| 99214 | 37 | Pediatric Medicine | 0 | 4 | 8 | 12 | 60 | 11 | 23 | 30 | 40 | 50 | 0 | 5 | 10 | 15 | 60 |
| 99215 | 37 | Pediatric Medicine | 0 | 5 | 10 | 19 | 75 | 14 | 40 | 45 | 52 | 65 | 4 | 10 | 15 | 20 | 75 |
| 99417 | 37 | Pediatric Medicine | | | | | | 15 | 15 | 15 | 20 | 29 | | | | | |
| 99202 | 38 | Geriatric Medicine | 0 | 0 | 3 | 9 | 20 | 4 | 14 | 15 | 26 | 40 | 0 | 0 | 5 | 10 | 15 |
| 99203 | 38 | Geriatric Medicine | 0 | 0 | 6 | 13 | 35 | 7 | 25 | 30 | 45 | 60 | 0 | 5 | 10 | 15 | 35 |
| 99204 | 38 | Geriatric Medicine | 0 | 5 | 11 | 20 | 65 | 5 | 45 | 46 | 60 | 85 | 0 | 10 | 15 | 21 | 50 |
| 99205 | 38 | Geriatric Medicine | 0 | 10 | 20 | 30 | 80 | 10 | 60 | 64 | 75 | 100 | 0 | 15 | 20 | 30 | 60 |
| 99211 | 38 | Geriatric Medicine | 0 | 0 | 0 | 2 | 10 | 1 | 5 | 5 | 10 | 30 | 0 | 0 | 0 | 2 | 10 |
| 99212 | 38 | Geriatric Medicine | 0 | 0 | 2 | 6 | 19 | 2 | 10 | 15 | 17 | 40 | 0 | 0 | 3 | 5 | 15 |
| 99213 | 38 | Geriatric Medicine | 0 | 3 | 5 | 10 | 35 | 4 | 20 | 25 | 30 | 60 | 0 | 5 | 5 | 10 | 20 |
| 99214 | 38 | Geriatric Medicine | 0 | 5 | 10 | 16 | 50 | 5 | 30 | 40 | 45 | 75 | 0 | 8 | 15 | 20 | 30 |
| 99215 | 38 | Geriatric Medicine | 0 | 9 | 15 | 21 | 65 | 7 | 40 | 51 | 60 | 95 | 0 | 15 | 20 | 30 | 45 |
| 99417 | 38 | Geriatric Medicine | | | | | | 15 | 15 | 15 | 20 | 29 | | | | | |
| 99202 | 39 | Nephrology | 0 | 0 | 3 | 6 | 20 | 1 | 13 | 28 | 37 | 60 | 0 | 1 | 5 | 9 | 30 |
| 99203 | 39 | Nephrology | 0 | 3 | 5 | 9 | 46 | 5 | 30 | 40 | 42 | 65 | 0 | 5 | 8 | 15 | 50 |
| 99204 | 39 | Nephrology | 0 | 6 | 10 | 23 | 81 | 10 | 38 | 50 | 57 | 70 | 0 | 10 | 11 | 20 | 90 |
| 99205 | 39 | Nephrology | 0 | 9 | 15 | 38 | 132 | 15 | 57 | 60 | 70 | 110 | 0 | 11 | 20 | 33 | 140 |
| 99211 | 39 | Nephrology | 0 | 0 | 2 | 5 | 10 | 1 | 5 | 7 | 14 | 30 | 0 | 0 | 4 | 5 | 10 |
| 99212 | 39 | Nephrology | 0 | 3 | 5 | 6 | 15 | 1 | 10 | 15 | 20 | 30 | 0 | 1 | 5 | 10 | 15 |
| 99213 | 39 | Nephrology | 0 | 4 | 6 | 10 | 39 | 3 | 15 | 25 | 30 | 40 | 0 | 4 | 6 | 15 | 40 |
| 99214 | 39 | Nephrology | 0 | 5 | 10 | 16 | 76 | 5 | 20 | 33 | 39 | 70 | 0 | 7 | 10 | 20 | 80 |

| CPT | CMS | CMS | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|------|----------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | Code | Specialty_Name | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99215 | 39 | Nephrology | 0 | 8 | 15 | 21 | 117 | 9 | 30 | 45 | 56 | 105 | 0 | 10 | 18 | 30 | 130 |
| 99417 | 39 | Nephrology | | | | | | 15 | 15 | 17 | 20 | 29 | | | | | |

| CPT | CMS Code | CMS Specialty_Name | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|----------|--------------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 40 | Hand Surgery | 0 | 0 | 2 | 3 | 5 | 3 | 10 | 15 | 20 | 30 | 0 | 0 | 2 | 5 | 30 |
| 99203 | 40 | Hand Surgery | 0 | 1 | 4 | 5 | 10 | 4 | 20 | 25 | 30 | 45 | 0 | 4 | 5 | 5 | 45 |
| 99204 | 40 | Hand Surgery | 0 | 2 | 5 | 10 | 15 | 5 | 30 | 35 | 45 | 75 | 0 | 5 | 8 | 10 | 60 |
| 99205 | 40 | Hand Surgery | 0 | 4 | 8 | 11 | 16 | 6 | 42 | 46 | 60 | 120 | 4 | 7 | 11 | 16 | 70 |
| 99211 | 40 | Hand Surgery | 0 | 0 | 0 | 1 | 15 | 1 | 3 | 5 | 10 | 15 | 0 | 0 | 0 | 4 | 15 |
| 99212 | 40 | Hand Surgery | 0 | 0 | 1 | 2 | 10 | 3 | 7 | 10 | 14 | 20 | 0 | 0 | 1 | 3 | 20 |
| 99213 | 40 | Hand Surgery | 0 | 1 | 3 | 5 | 15 | 4 | 15 | 18 | 20 | 30 | 0 | 2 | 4 | 5 | 30 |
| 99214 | 40 | Hand Surgery | 0 | 2 | 6 | 10 | 20 | 5 | 25 | 30 | 35 | 59 | 3 | 5 | 7 | 10 | 45 |
| 99215 | 40 | Hand Surgery | 0 | 0 | 9 | 11 | 110 | 6 | 30 | 40 | 46 | 120 | 3 | 7 | 12 | 15 | 60 |
| 99417 | 40 | Hand Surgery | | | | | | 15 | 15 | 15 | 15 | 15 | | | | | |
| 99202 | 41 | Optometry | 0 | 0 | 1 | 3 | 9 | 10 | 12 | 14 | 14 | 15 | 0 | 0 | 0 | 1 | 3 |
| 99203 | 41 | Optometry | 0 | 1 | 4 | 7 | 9 | 14 | 18 | 20 | 20 | 20 | 0 | 4 | 5 | 5 | 6 |
| 99204 | 41 | Optometry | 2 | 6 | 10 | 12 | 13 | 24 | 25 | 25 | 28 | 30 | 5 | 10 | 14 | 15 | 15 |
| 99205 | 41 | Optometry | 3 | 6 | 9 | 12 | 15 | 30 | 38 | 45 | 53 | 60 | 10 | 19 | 28 | 36 | 45 |
| 99211 | 41 | Optometry | 0 | 0 | 0 | 1 | 5 | 5 | 7 | 8 | 8 | 9 | 0 | 0 | 0 | 3 | 10 |
| 99212 | 41 | Optometry | 0 | 1 | 4 | 8 | 10 | 14 | 14 | 15 | 16 | 18 | 0 | 0 | 4 | 9 | 10 |
| 99213 | 41 | Optometry | 1 | 4 | 8 | 11 | 14 | 14 | 19 | 20 | 22 | 26 | 0 | 4 | 5 | 7 | 14 |
| 99214 | 41 | Optometry | 2 | 6 | 10 | 15 | 22 | 16 | 23 | 25 | 29 | 39 | 0 | 4 | 8 | 14 | 27 |
| 99215 | 41 | Optometry | 3 | 5 | 7 | 8 | 10 | 30 | 34 | 38 | 41 | 45 | 10 | 18 | 25 | 33 | 40 |
| 99202 | 44 | Infectious Disease | 0 | 1 | 3 | 7 | 10 | 3 | 15 | 17 | 23 | 60 | 0 | 1 | 5 | 8 | 15 |
| 99203 | 44 | Infectious Disease | 0 | 4 | 6 | 15 | 30 | 5 | 21 | 33 | 40 | 60 | 2 | 5 | 10 | 15 | 30 |
| 99204 | 44 | Infectious Disease | 0 | 10 | 10 | 20 | 45 | 10 | 40 | 45 | 57 | 80 | 0 | 10 | 17 | 30 | 60 |
| 99205 | 44 | Infectious Disease | 0 | 10 | 20 | 40 | 60 | 20 | 60 | 60 | 75 | 100 | 5 | 15 | 30 | 60 | 120 |
| 99211 | 44 | Infectious Disease | 0 | 0 | 1 | 3 | 5 | 1 | 4 | 5 | 9 | 20 | 0 | 0 | 1 | 2 | 5 |
| 99212 | 44 | Infectious Disease | 0 | 0 | 4 | 5 | 15 | 5 | 11 | 15 | 19 | 22 | 0 | 3 | 5 | 5 | 10 |
| 99213 | 44 | Infectious Disease | 0 | 3 | 5 | 10 | 30 | 15 | 20 | 20 | 25 | 30 | 0 | 5 | 7 | 15 | 30 |
| 99214 | 44 | Infectious Disease | 0 | 5 | 10 | 20 | 45 | 20 | 30 | 30 | 40 | 75 | 0 | 7 | 10 | 22 | 60 |
| 99215 | 44 | Infectious Disease | 0 | 5 | 13 | 28 | 90 | 30 | 45 | 45 | 60 | 75 | 5 | 15 | 20 | 44 | 120 |
| 99417 | 44 | Infectious Disease | | | | | | 15 | 15 | 29 | 29 | 29 | | | | | |
| 99202 | 46 | Endocrinology | 0 | 0 | 5 | 6 | 15 | 5 | 15 | 20 | 20 | 40 | 0 | 0 | 5 | 5 | 25 |
| 99203 | 46 | Endocrinology | 0 | 1 | 5 | 10 | 45 | 3 | 25 | 30 | 40 | 90 | 0 | 4 | 5 | 10 | 43 |
| 99204 | 46 | Endocrinology | 0 | 5 | 10 | 20 | 60 | 5 | 40 | 45 | 50 | 240 | 3 | 9 | 10 | 15 | 60 |
| 99205 | 46 | Endocrinology | 0 | 6 | 15 | 25 | 90 | 7 | 50 | 60 | 70 | 90 | 5 | 10 | 16 | 23 | 120 |
| 99211 | 46 | Endocrinology | 0 | 0 | 0 | 5 | 11 | 1 | 3 | 5 | 8 | 20 | 0 | 0 | 1 | 5 | 25 |
| 99212 | 46 | Endocrinology | 0 | 0 | 3 | 5 | 10 | 1 | 10 | 12 | 15 | 25 | 0 | 0 | 4 | 5 | 30 |
| 99213 | 46 | Endocrinology | 0 | 2 | 5 | 8 | 25 | 3 | 15 | 20 | 25 | 45 | 0 | 4 | 5 | 10 | 40 |
| 99214 | 46 | Endocrinology | 0 | 4 | 6 | 13 | 35 | 5 | 25 | 30 | 40 | 120 | 0 | 7 | 10 | 15 | 50 |
| 99215 | 46 | Endocrinology | 0 | 5 | 10 | 17 | 55 | 5 | 40 | 45 | 55 | 75 | 4 | 10 | 15 | 20 | 60 |
| 99417 | 46 | Endocrinology | | | | | | 15 | 15 | 15 | 20 | 29 | | | | | |
| 99202 | 48 | Podiatry | 0 | 0 | 3 | 5 | 25 | 5 | 15 | 16 | 20 | 25 | 0 | 0 | 3 | 5 | 10 |
| 99203 | 48 | Podiatry | 0 | 1 | 5 | 9 | 40 | 10 | 23 | 30 | 35 | 45 | 0 | 5 | 10 | 10 | 50 |
| 99204 | 48 | Podiatry | 0 | 5 | 7 | 15 | 55 | 15 | 30 | 40 | 45 | 60 | 0 | 7 | 15 | 15 | 70 |
| 99205 | 48 | Podiatry | 0 | 8 | 13 | 19 | 63 | 20 | 44 | 60 | 61 | 75 | 0 | 10 | 18 | 24 | 90 |
| 99211 | 48 | Podiatry | 0 | 0 | 1 | 1 | 5 | 1 | 1 | 3 | 5 | 15 | 0 | 0 | 1 | 2 | 5 |
| 99212 | 48 | Podiatry | 0 | 0 | 1 | 5 | 20 | 5 | 10 | 10 | 15 | 20 | 0 | 0 | 1 | 5 | 10 |
| 99213 | 48 | Podiatry | 0 | 0 | 2 | 5 | 30 | 10 | 15 | 15 | 25 | 35 | 0 | 3 | 6 | 10 | 40 |
| 99214 | 48 | Podiatry | 0 | 2 | 6 | 10 | 40 | 15 | 21 | 30 | 36 | 45 | 0 | 5 | 10 | 15 | 55 |
| 99215 | 48 | Podiatry | 0 | 5 | 10 | 15 | 50 | 20 | 35 | 43 | 47 | 70 | 0 | 10 | 18 | 21 | 70 |

| CPT | CMS | CMS | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|------|----------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | Code | Specialty_Name | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99417 | 48 | Podiatry | | | | | | 15 | 15 | 18 | 24 | 29 | | | | | |

| CPT | CMS Code | CMS Specialty_Name | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|----------|--------------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 50 | Nurse Practitioner | 0 | 0 | 2 | 14 | 29 | 15 | 20 | 20 | 25 | 35 | 0 | 0 | 4 | 12 | 30 |
| 99203 | 50 | Nurse Practitioner | 0 | 2 | 8 | 21 | 44 | 15 | 23 | 32 | 39 | 60 | 2 | 6 | 10 | 11 | 45 |
| 99204 | 50 | Nurse Practitioner | 0 | 10 | 15 | 29 | 55 | 12 | 31 | 50 | 59 | 120 | 4 | 8 | 13 | 28 | 56 |
| 99205 | 50 | Nurse Practitioner | 0 | 18 | 20 | 45 | 65 | 18 | 45 | 60 | 75 | 130 | 5 | 12 | 20 | 40 | 70 |
| 99211 | 50 | Nurse Practitioner | 0 | 0 | 1 | 10 | 12 | 1 | 1 | 5 | 10 | 10 | 2 | 10 | 10 | 10 | 12 |
| 99212 | 50 | Nurse Practitioner | 0 | 0 | 3 | 10 | 20 | 7 | 12 | 15 | 15 | 20 | 0 | 3 | 9 | 14 | 20 |
| 99213 | 50 | Nurse Practitioner | 0 | 5 | 6 | 16 | 40 | 7 | 15 | 25 | 30 | 45 | 2 | 6 | 11 | 15 | 28 |
| 99214 | 50 | Nurse Practitioner | 0 | 8 | 12 | 21 | 70 | 12 | 25 | 30 | 42 | 60 | 5 | 7 | 18 | 25 | 47 |
| 99215 | 50 | Nurse Practitioner | 5 | 13 | 19 | 51 | 80 | 23 | 40 | 44 | 59 | 70 | 5 | 9 | 25 | 43 | 62 |
| 99417 | 50 | Nurse Practitioner | | | | | | 15 | 15 | 18 | 21 | 29 | | | | | |
| 99202 | 66 | Rheumatology | 0 | 0 | 1 | 15 | 20 | 15 | 15 | 20 | 20 | 20 | 1 | 3 | 10 | 20 | 22 |
| 99203 | 66 | Rheumatology | 0 | 1 | 3 | 11 | 45 | 15 | 26 | 30 | 40 | 45 | 0 | 4 | 5 | 21 | 45 |
| 99204 | 66 | Rheumatology | 0 | 2 | 5 | 30 | 60 | 25 | 40 | 40 | 50 | 999 | 0 | 5 | 8 | 30 | 60 |
| 99205 | 66 | Rheumatology | 0 | 4 | 7 | 14 | 75 | 25 | 50 | 60 | 70 | 90 | 3 | 5 | 10 | 30 | 75 |
| 99211 | 66 | Rheumatology | 0 | 1 | 2 | 5 | 15 | 1 | 2 | 3 | 10 | 15 | 0 | 1 | 3 | 6 | 15 |
| 99212 | 66 | Rheumatology | 0 | 1 | 3 | 10 | 25 | 3 | 10 | 15 | 20 | 25 | 0 | 1 | 2 | 15 | 25 |
| 99213 | 66 | Rheumatology | 0 | 1 | 3 | 10 | 45 | 12 | 15 | 15 | 25 | 45 | 0 | 3 | 5 | 12 | 45 |
| 99214 | 66 | Rheumatology | 0 | 2 | 5 | 25 | 55 | 18 | 21 | 25 | 40 | 500 | 0 | 5 | 9 | 19 | 55 |
| 99215 | 66 | Rheumatology | 0 | 4 | 7 | 30 | 60 | 22 | 30 | 40 | 60 | 90 | 3 | 8 | 15 | 30 | 60 |
| 99417 | 66 | Rheumatology | | | | | | 15 | 15 | 20 | 23 | 25 | | | | | |
| 99203 | 72 | Pain Management | 0 | 1 | 2 | 3 | 4 | 20 | 20 | 21 | 21 | 21 | 3 | 5 | 7 | 8 | 10 |
| 99204 | 72 | Pain Management | 0 | 6 | 11 | 13 | 15 | 25 | 29 | 33 | 42 | 50 | 8 | 9 | 10 | 10 | 10 |
| 99205 | 72 | Pain Management | 0 | 9 | 17 | 17 | 17 | 30 | 36 | 41 | 56 | 70 | 13 | 14 | 15 | 15 | 15 |
| 99213 | 72 | Pain Management | 0 | 1 | 2 | 4 | 5 | 12 | 14 | 15 | 23 | 30 | 2 | 4 | 5 | 8 | 10 |
| 99214 | 72 | Pain Management | 0 | 3 | 6 | 7 | 7 | 20 | 22 | 24 | 32 | 40 | 5 | 6 | 6 | 8 | 10 |
| 99215 | 72 | Pain Management | 0 | 5 | 9 | 10 | 10 | 30 | 30 | 30 | 40 | 50 | 7 | 9 | 10 | 13 | 15 |
| 99417 | 72 | Pain Management | | | | | | 15 | 15 | 15 | 15 | 15 | | | | | |
| 99202 | 77 | Vascular Surgery | 0 | 2 | 5 | 9 | 15 | 2 | 10 | 15 | 20 | 30 | 0 | 0 | 1 | 10 | 20 |
| 99203 | 77 | Vascular Surgery | 0 | 3 | 5 | 9 | 30 | 5 | 15 | 28 | 35 | 45 | 0 | 3 | 5 | 10 | 30 |
| 99204 | 77 | Vascular Surgery | 0 | 5 | 7 | 12 | 45 | 5 | 28 | 43 | 45 | 60 | 5 | 6 | 10 | 15 | 45 |
| 99205 | 77 | Vascular Surgery | 0 | 5 | 10 | 15 | 60 | 5 | 40 | 60 | 63 | 80 | 9 | 10 | 15 | 28 | 60 |
| 99211 | 77 | Vascular Surgery | 0 | 0 | 4 | 10 | 15 | 1 | 6 | 10 | 15 | 30 | 0 | 0 | 3 | 10 | 15 |
| 99212 | 77 | Vascular Surgery | 0 | 0 | 3 | 9 | 30 | 3 | 10 | 15 | 23 | 45 | 0 | 0 | 2 | 15 | 30 |
| 99213 | 77 | Vascular Surgery | 0 | 3 | 5 | 10 | 45 | 5 | 15 | 20 | 28 | 55 | 0 | 3 | 6 | 15 | 45 |
| 99214 | 77 | Vascular Surgery | 0 | 3 | 8 | 10 | 60 | 5 | 24 | 30 | 34 | 75 | 0 | 5 | 13 | 21 | 60 |
| 99215 | 77 | Vascular Surgery | 0 | 5 | 10 | 14 | 75 | 5 | 31 | 44 | 45 | 90 | 5 | 10 | 15 | 30 | 75 |
| 99417 | 77 | Vascular Surgery | | | | | | 15 | 15 | 15 | 19 | 29 | | | | | |
| 99202 | 78 | Cardiac Surgery | 0 | 0 | 2 | 5 | 10 | 1 | 10 | 13 | 16 | 28 | 0 | 0 | 1 | 5 | 20 |
| 99203 | 78 | Cardiac Surgery | 0 | 4 | 10 | 13 | 30 | 6 | 20 | 30 | 30 | 50 | 0 | 4 | 10 | 11 | 40 |
| 99204 | 78 | Cardiac Surgery | 0 | 6 | 15 | 20 | 40 | 15 | 30 | 43 | 50 | 70 | 0 | 10 | 15 | 20 | 60 |
| 99205 | 78 | Cardiac Surgery | 0 | 10 | 20 | 30 | 250 | 20 | 38 | 60 | 63 | 90 | 0 | 12 | 20 | 33 | 80 |
| 99211 | 78 | Cardiac Surgery | 0 | 0 | 1 | 5 | 10 | 1 | 5 | 10 | 10 | 15 | 0 | 1 | 4 | 5 | 10 |
| 99212 | 78 | Cardiac Surgery | 0 | 2 | 5 | 10 | 15 | 3 | 11 | 15 | 15 | 30 | 0 | 1 | 5 | 10 | 15 |
| 99213 | 78 | Cardiac Surgery | 0 | 5 | 10 | 15 | 20 | 6 | 15 | 22 | 25 | 40 | 0 | 5 | 10 | 15 | 20 |
| 99214 | 78 | Cardiac Surgery | 0 | 6 | 15 | 20 | 30 | 12 | 25 | 30 | 37 | 50 | 0 | 8 | 16 | 20 | 30 |
| 99215 | 78 | Cardiac Surgery | 0 | 10 | 18 | 29 | 40 | 15 | 31 | 43 | 55 | 70 | 0 | 9 | 25 | 30 | 45 |
| 99417 | 78 | Cardiac Surgery | | | | | | 15 | 15 | 15 | 20 | 29 | | | | | |

| CPT | CMS Code | CMS Specialty_Name | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|----------|---------------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 79 | Addiction Medicine | 0 | 0 | 0 | 7 | 10 | 4 | 10 | 13 | 17 | 29 | 0 | 1 | 4 | 10 | 13 |
| 99203 | 79 | Addiction Medicine | 0 | 0 | 3 | 13 | 90 | 4 | 18 | 28 | 40 | 60 | 0 | 5 | 7 | 13 | 30 |
| 99204 | 79 | Addiction Medicine | 0 | 0 | 2 | 15 | 90 | 4 | 29 | 45 | 52 | 80 | 0 | 4 | 10 | 18 | 180 |
| 99205 | 79 | Addiction Medicine | 0 | 0 | 2 | 15 | 90 | 4 | 39 | 60 | 67 | 115 | 0 | 6 | 15 | 38 | 180 |
| 99211 | 79 | Addiction Medicine | 0 | 0 | 2 | 5 | 10 | 2 | 5 | 8 | 14 | 40 | 0 | 2 | 4 | 6 | 13 |
| 99212 | 79 | Addiction Medicine | 0 | 0 | 5 | 10 | 30 | 5 | 10 | 15 | 19 | 27 | 0 | 0 | 2 | 10 | 23 |
| 99213 | 79 | Addiction Medicine | 0 | 4 | 5 | 10 | 30 | 5 | 15 | 20 | 25 | 35 | 0 | 0 | 5 | 7 | 35 |
| 99214 | 79 | Addiction Medicine | 0 | 4 | 10 | 10 | 45 | 6 | 25 | 30 | 35 | 60 | 0 | 5 | 10 | 15 | 48 |
| 99215 | 79 | Addiction Medicine | 0 | 3 | 11 | 15 | 90 | 6 | 35 | 45 | 50 | 90 | 0 | 10 | 15 | 30 | 50 |
| 99417 | 79 | Addiction Medicine | | | | | | 15 | 15 | 15 | 21 | 29 | | | | | |
| 99202 | 82 | Hematology | 1 | 2 | 6 | 11 | 15 | 15 | 19 | 25 | 29 | 30 | 0 | 0 | 5 | 11 | 15 |
| 99203 | 82 | Hematology | 5 | 13 | 20 | 25 | 30 | 25 | 35 | 44 | 45 | 45 | 10 | 15 | 20 | 25 | 30 |
| 99204 | 82 | Hematology | 10 | 20 | 30 | 35 | 45 | 30 | 30 | 45 | 59 | 60 | 15 | 30 | 40 | 45 | 45 |
| 99205 | 82 | Hematology | 15 | 30 | 40 | 45 | 60 | 35 | 50 | 60 | 74 | 75 | 20 | 45 | 60 | 60 | 60 |
| 99211 | 82 | Hematology | 1 | 3 | 5 | 5 | 5 | 3 | 4 | 5 | 5 | 5 | 0 | 0 | 0 | 3 | 5 |
| 99212 | 82 | Hematology | 0 | 2 | 6 | 10 | 10 | 5 | 16 | 20 | 20 | 20 | 3 | 8 | 10 | 13 | 20 |
| 99213 | 82 | Hematology | 3 | 10 | 10 | 15 | 30 | 10 | 25 | 29 | 30 | 30 | 5 | 15 | 20 | 25 | 35 |
| 99214 | 82 | Hematology | 5 | 15 | 15 | 20 | 45 | 15 | 37 | 39 | 40 | 45 | 7 | 30 | 30 | 30 | 38 |
| 99215 | 82 | Hematology | 5 | 20 | 20 | 30 | 60 | 20 | 48 | 50 | 54 | 60 | 10 | 35 | 40 | 45 | 45 |
| 99417 | 82 | Hematology | | | | | | 15 | 15 | 20 | 25 | 29 | | | | | |
| 99202 | 83 | Hematology/Oncology | 0 | 2 | 5 | 10 | 45 | 2 | 10 | 15 | 25 | 45 | 0 | 0 | 5 | 10 | 20 |
| 99203 | 83 | Hematology/Oncology | 0 | 4 | 10 | 17 | 75 | 5 | 20 | 30 | 39 | 60 | 0 | 1 | 5 | 15 | 30 |
| 99204 | 83 | Hematology/Oncology | 0 | 10 | 15 | 30 | 120 | 5 | 35 | 45 | 60 | 90 | 0 | 7 | 15 | 20 | 60 |
| 99205 | 83 | Hematology/Oncology | 0 | 15 | 21 | 41 | 175 | 10 | 50 | 60 | 75 | 120 | 4 | 15 | 25 | 35 | 80 |
| 99211 | 83 | Hematology/Oncology | 0 | 0 | 1 | 5 | 30 | 1 | 5 | 10 | 13 | 35 | 0 | 0 | 0 | 5 | 30 |
| 99212 | 83 | Hematology/Oncology | 0 | 2 | 5 | 8 | 45 | 2 | 10 | 12 | 16 | 40 | 0 | 0 | 5 | 9 | 35 |
| 99213 | 83 | Hematology/Oncology | 0 | 2 | 5 | 10 | 78 | 8 | 15 | 20 | 25 | 60 | 0 | 3 | 5 | 15 | 40 |
| 99214 | 83 | Hematology/Oncology | 0 | 5 | 10 | 16 | 110 | 14 | 25 | 30 | 35 | 75 | 0 | 8 | 12 | 19 | 49 |
| 99215 | 83 | Hematology/Oncology | 0 | 8 | 15 | 29 | 215 | 15 | 40 | 45 | 60 | 120 | 0 | 13 | 20 | 30 | 95 |
| 99417 | 83 | Hematology/Oncology | | | | | | 15 | 15 | 20 | 25 | 29 | | | | | |
| 99202 | 90 | Medical Oncology | 0 | 1 | 9 | 13 | 20 | 1 | 10 | 15 | 20 | 30 | 0 | 0 | 2 | 10 | 20 |
| 99203 | 90 | Medical Oncology | 1 | 5 | 8 | 20 | 45 | 1 | 20 | 30 | 30 | 45 | 0 | 1 | 5 | 10 | 45 |
| 99204 | 90 | Medical Oncology | 2 | 10 | 20 | 30 | 75 | 10 | 30 | 40 | 50 | 80 | 3 | 6 | 10 | 28 | 120 |
| 99205 | 90 | Medical Oncology | 3 | 15 | 26 | 39 | 120 | 20 | 45 | 60 | 68 | 120 | 5 | 10 | 15 | 41 | 180 |
| 99211 | 90 | Medical Oncology | 0 | 0 | 1 | 10 | 25 | 1 | 3 | 5 | 10 | 20 | 0 | 0 | 0 | 1 | 25 |
| 99212 | 90 | Medical Oncology | 0 | 2 | 5 | 10 | 40 | 5 | 10 | 10 | 15 | 25 | 0 | 0 | 1 | 5 | 40 |
| 99213 | 90 | Medical Oncology | 0 | 3 | 5 | 11 | 75 | 10 | 15 | 20 | 25 | 45 | 0 | 2 | 5 | 10 | 85 |
| 99214 | 90 | Medical Oncology | 0 | 5 | 10 | 20 | 90 | 8 | 25 | 30 | 35 | 60 | 0 | 5 | 9 | 10 | 120 |
| 99215 | 90 | Medical Oncology | 0 | 7 | 15 | 25 | 120 | 12 | 30 | 40 | 46 | 90 | 5 | 10 | 10 | 20 | 180 |
| 99417 | 90 | Medical Oncology | | | | | | 15 | 15 | 20 | 20 | 29 | | | | | |
| 99202 | 91 | Surgical Oncology | 2 | 5 | 9 | 12 | 15 | 5 | 9 | 13 | 16 | 20 | 5 | 9 | 13 | 16 | 20 |
| 99203 | 91 | Surgical Oncology | 5 | 9 | 13 | 16 | 20 | 15 | 19 | 23 | 26 | 30 | 7 | 14 | 20 | 27 | 33 |
| 99204 | 91 | Surgical Oncology | 3 | 10 | 15 | 30 | 120 | 25 | 25 | 30 | 45 | 60 | 7 | 9 | 15 | 50 | 120 |
| 99205 | 91 | Surgical Oncology | 5 | 20 | 20 | 40 | 145 | 35 | 35 | 50 | 60 | 85 | 10 | 12 | 20 | 65 | 145 |
| 99211 | 91 | Surgical Oncology | 1 | 3 | 6 | 8 | 10 | 2 | 5 | 9 | 12 | 15 | 1 | 6 | 11 | 15 | 20 |
| 99212 | 91 | Surgical Oncology | 2 | 5 | 9 | 12 | 15 | 4 | 8 | 12 | 16 | 20 | 3 | 9 | 14 | 20 | 25 |
| 99213 | 91 | Surgical Oncology | 3 | 8 | 18 | 33 | 55 | 6 | 17 | 28 | 36 | 40 | 6 | 9 | 25 | 44 | 55 |
| 99214 | 91 | Surgical Oncology | 3 | 4 | 15 | 35 | 65 | 8 | 25 | 25 | 45 | 50 | 7 | 9 | 15 | 55 | 65 |

| CPT | CMS | CMS | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|------|-------------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | Code | Specialty_Name | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99215 | 91 | Surgical Oncology | 5 | 5 | 20 | 45 | 85 | 10 | 30 | 35 | 55 | 70 | 10 | 12 | 20 | 65 | 85 |
| 99417 | 91 | Surgical Oncology | | | | | | 15 | 15 | 15 | 18 | 20 | | | | | |

| CPT | CMS Code | CMS Specialty_Name | 3 Days Prior to Visit | | | | | DAY OF VISIT | | | | | 7 Days After Visit | | | | |
|-------|----------|-------------------------|-----------------------|------|-----|------|-----|--------------|------|-----|------|-----|--------------------|------|-----|------|-----|
| | | | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX | MIN | 25th | MED | 75th | MAX |
| 99202 | 94 | Interventional Radiolog | 0 | 0 | 2 | 7 | 15 | 5 | 11 | 16 | 18 | 20 | 0 | 1 | 8 | 10 | 15 |
| 99203 | 94 | Interventional Radiolog | 0 | 0 | 2 | 8 | 15 | 5 | 20 | 28 | 33 | 36 | 0 | 0 | 5 | 10 | 20 |
| 99204 | 94 | Interventional Radiolog | 0 | 0 | 2 | 14 | 15 | 10 | 28 | 40 | 49 | 53 | 0 | 5 | 10 | 15 | 25 |
| 99205 | 94 | Interventional Radiolog | 0 | 5 | 15 | 15 | 30 | 10 | 30 | 45 | 60 | 65 | 10 | 10 | 20 | 30 | 30 |
| 99211 | 94 | Interventional Radiolog | 0 | 0 | 0 | 2 | 10 | 1 | 5 | 5 | 9 | 15 | 0 | 0 | 0 | 8 | 15 |
| 99212 | 94 | Interventional Radiolog | 0 | 0 | 1 | 3 | 13 | 5 | 10 | 15 | 15 | 25 | 0 | 0 | 0 | 8 | 20 |
| 99213 | 94 | Interventional Radiolog | 0 | 1 | 3 | 9 | 20 | 10 | 15 | 24 | 28 | 35 | 0 | 3 | 10 | 10 | 25 |
| 99214 | 94 | Interventional Radiolog | 0 | 4 | 8 | 14 | 20 | 10 | 23 | 31 | 42 | 50 | 0 | 10 | 12 | 15 | 30 |
| 99215 | 94 | Interventional Radiolog | 0 | 7 | 15 | 17 | 20 | 10 | 30 | 35 | 60 | 60 | 10 | 15 | 15 | 20 | 35 |
| 99417 | 94 | Interventional Radiolog | | | | | | 15 | 15 | 15 | 15 | 15 | | | | | |
| 99202 | 97 | Physicians Assistant | 0 | 0 | 0 | 2 | 5 | 2 | 3 | 10 | 10 | 20 | 0 | 0 | 0 | 3 | 5 |
| 99203 | 97 | Physicians Assistant | 0 | 0 | 3 | 10 | 30 | 3 | 10 | 15 | 20 | 45 | 0 | 1 | 3 | 5 | 30 |
| 99204 | 97 | Physicians Assistant | 0 | 3 | 5 | 13 | 45 | 5 | 12 | 25 | 30 | 60 | 0 | 5 | 5 | 10 | 45 |
| 99205 | 97 | Physicians Assistant | 0 | 9 | 10 | 22 | 60 | 10 | 26 | 40 | 45 | 70 | 3 | 10 | 10 | 13 | 60 |
| 99211 | 97 | Physicians Assistant | 0 | 0 | 0 | 1 | 2 | 1 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| 99212 | 97 | Physicians Assistant | 0 | 1 | 2 | 2 | 15 | 2 | 4 | 10 | 10 | 15 | 0 | 0 | 1 | 3 | 15 |
| 99213 | 97 | Physicians Assistant | 0 | 2 | 3 | 8 | 30 | 2 | 5 | 15 | 15 | 25 | 0 | 1 | 2 | 4 | 30 |
| 99214 | 97 | Physicians Assistant | 0 | 3 | 5 | 10 | 45 | 3 | 10 | 20 | 25 | 40 | 0 | 3 | 5 | 5 | 45 |
| 99215 | 97 | Physicians Assistant | 5 | 5 | 8 | 19 | 60 | 5 | 25 | 40 | 43 | 50 | 5 | 7 | 10 | 11 | 60 |
| 99417 | 97 | Physicians Assistant | | | | | | 15 | 15 | 15 | 15 | 15 | | | | | |
| 99202 | 98 | Gynecological Oncolog | 5 | 9 | 13 | 16 | 35 | 9 | 19 | 25 | 30 | 35 | 0 | 5 | 8 | 10 | 55 |
| 99203 | 98 | Gynecological Oncolog | 9 | 15 | 18 | 28 | 45 | 14 | 30 | 36 | 40 | 45 | 0 | 5 | 11 | 15 | 65 |
| 99204 | 98 | Gynecological Oncolog | 11 | 15 | 30 | 45 | 60 | 17 | 38 | 45 | 50 | 60 | 0 | 15 | 22 | 30 | 75 |
| 99205 | 98 | Gynecological Oncolog | 13 | 30 | 45 | 60 | 70 | 19 | 53 | 60 | 68 | 75 | 5 | 25 | 35 | 45 | 90 |
| 99211 | 98 | Gynecological Oncolog | 0 | 1 | 5 | 8 | 15 | 1 | 4 | 9 | 11 | 15 | 0 | 0 | 1 | 5 | 20 |
| 99212 | 98 | Gynecological Oncolog | 0 | 5 | 10 | 14 | 30 | 8 | 11 | 15 | 19 | 30 | 0 | 5 | 5 | 9 | 50 |
| 99213 | 98 | Gynecological Oncolog | 3 | 6 | 15 | 18 | 30 | 12 | 18 | 20 | 28 | 30 | 0 | 5 | 10 | 16 | 65 |
| 99214 | 98 | Gynecological Oncolog | 5 | 10 | 20 | 29 | 46 | 13 | 26 | 30 | 33 | 45 | 1 | 13 | 15 | 30 | 70 |
| 99215 | 98 | Gynecological Oncolog | 7 | 15 | 30 | 40 | 70 | 15 | 40 | 45 | 53 | 75 | 3 | 15 | 30 | 41 | 75 |
| 99417 | 98 | Gynecological Oncolog | | | | | | 15 | 15 | 19 | 27 | 29 | | | | | |
| 99202 | C3 | Interventional Cardiol | 2 | 6 | 10 | 15 | 25 | 4 | 15 | 20 | 20 | 30 | 0 | 0 | 0 | 5 | 10 |
| 99203 | C3 | Interventional Cardiol | 3 | 5 | 15 | 20 | 41 | 10 | 30 | 30 | 37 | 50 | 0 | 3 | 7 | 10 | 20 |
| 99204 | C3 | Interventional Cardiol | 5 | 9 | 15 | 40 | 54 | 8 | 37 | 45 | 50 | 65 | 5 | 7 | 12 | 15 | 40 |
| 99205 | C3 | Interventional Cardiol | 5 | 15 | 19 | 50 | 79 | 5 | 48 | 60 | 60 | 80 | 7 | 11 | 15 | 20 | 50 |
| 99211 | C3 | Interventional Cardiol | 0 | 1 | 3 | 5 | 20 | 1 | 4 | 10 | 10 | 20 | 0 | 0 | 1 | 3 | 10 |
| 99212 | C3 | Interventional Cardiol | 0 | 3 | 7 | 15 | 22 | 5 | 12 | 15 | 20 | 25 | 0 | 0 | 4 | 5 | 15 |
| 99213 | C3 | Interventional Cardiol | 0 | 3 | 8 | 29 | 30 | 5 | 19 | 28 | 30 | 33 | 0 | 2 | 6 | 10 | 30 |
| 99214 | C3 | Interventional Cardiol | 3 | 5 | 12 | 30 | 45 | 8 | 23 | 35 | 40 | 46 | 3 | 6 | 10 | 15 | 30 |
| 99215 | C3 | Interventional Cardiol | 3 | 10 | 20 | 43 | 60 | 15 | 40 | 47 | 55 | 60 | 10 | 13 | 15 | 19 | 40 |
| 99417 | C3 | Interventional Cardiol | | | | | | 15 | 15 | 19 | 20 | 29 | | | | | |

| CPT | CMS Code | CMS Specialty_Name | Exper "N" | SURVEY EXPERIENCE | | | | |
|-------|----------|--------------------|-----------|-------------------|------|------|------|-------|
| | | | | MIN | 25th | MED | 75th | MAX |
| 99202 | 02 | General Surgery | 35 | 0 | 10 | 20 | 55 | 300 |
| 99203 | 02 | General Surgery | 41 | 10 | 30 | 100 | 250 | 1000 |
| 99204 | 02 | General Surgery | 41 | 6 | 50 | 108 | 200 | 700 |
| 99205 | 02 | General Surgery | 39 | 0 | 10 | 35 | 78 | 250 |
| 99211 | 02 | General Surgery | 30 | 0 | 0 | 3 | 14 | 100 |
| 99212 | 02 | General Surgery | 36 | 0 | 24 | 55 | 105 | 750 |
| 99213 | 02 | General Surgery | 41 | 10 | 71 | 150 | 300 | 750 |
| 99214 | 02 | General Surgery | 41 | 10 | 42 | 85 | 200 | 750 |
| 99215 | 02 | General Surgery | 38 | 0 | 20 | 38 | 94 | 400 |
| 99417 | 02 | General Surgery | 28 | 0 | 0 | 0 | 6 | 25 |
| 99202 | 04 | Otolaryngology | 56 | 0 | 7 | 17 | 50 | 700 |
| 99203 | 04 | Otolaryngology | 67 | 5 | 200 | 500 | 950 | 2500 |
| 99204 | 04 | Otolaryngology | 65 | 0 | 59 | 188 | 500 | 1500 |
| 99205 | 04 | Otolaryngology | 53 | 0 | 1 | 2 | 20 | 500 |
| 99211 | 04 | Otolaryngology | 42 | 0 | 0 | 0 | 10 | 164 |
| 99212 | 04 | Otolaryngology | 64 | 0 | 20 | 85 | 400 | 1230 |
| 99213 | 04 | Otolaryngology | 67 | 1 | 490 | 1000 | 1800 | 5000 |
| 99214 | 04 | Otolaryngology | 67 | 13 | 200 | 500 | 1000 | 3000 |
| 99215 | 04 | Otolaryngology | 56 | 0 | 1 | 8 | 28 | 500 |
| 99417 | 04 | Otolaryngology | 36 | 0 | 0 | 0 | 1 | 100 |
| 99202 | 06 | Cardiology | 16 | 0 | 0 | 3 | 63 | 900 |
| 99203 | 06 | Cardiology | 20 | 3 | 12 | 50 | 148 | 1500 |
| 99204 | 06 | Cardiology | 21 | 10 | 50 | 194 | 300 | 2000 |
| 99205 | 06 | Cardiology | 21 | 0 | 10 | 40 | 80 | 1000 |
| 99211 | 06 | Cardiology | 16 | 0 | 0 | 1 | 25 | 400 |
| 99212 | 06 | Cardiology | 17 | 0 | 8 | 20 | 120 | 2000 |
| 99213 | 06 | Cardiology | 22 | 10 | 101 | 300 | 516 | 1200 |
| 99214 | 06 | Cardiology | 22 | 10 | 163 | 270 | 575 | 1843 |
| 99215 | 06 | Cardiology | 22 | 0 | 11 | 45 | 98 | 500 |
| 99417 | 06 | Cardiology | 17 | 0 | 0 | 0 | 10 | 100 |
| 99202 | 07 | Dermatology | 46 | 0 | 56 | 291 | 395 | 3581 |
| 99203 | 07 | Dermatology | 47 | 2 | 91 | 426 | 782 | 2500 |
| 99204 | 07 | Dermatology | 37 | 0 | 1 | 10 | 100 | 1600 |
| 99205 | 07 | Dermatology | 25 | 0 | 0 | 0 | 5 | 50 |
| 99211 | 07 | Dermatology | 40 | 0 | 0 | 16 | 47 | 3183 |
| 99212 | 07 | Dermatology | 47 | 1 | 124 | 260 | 514 | 5150 |
| 99213 | 07 | Dermatology | 47 | 8 | 644 | 1345 | 2300 | 12688 |
| 99214 | 07 | Dermatology | 46 | 1 | 119 | 300 | 648 | 3000 |
| 99215 | 07 | Dermatology | 26 | 0 | 0 | 1 | 5 | 56 |
| 99417 | 07 | Dermatology | 22 | 0 | 0 | 0 | 1 | 100 |
| 99202 | 08 | Family Practice | 440 | 0 | 2 | 10 | 33 | 1250 |
| 99203 | 08 | Family Practice | 504 | 0 | 10 | 35 | 100 | 20000 |
| 99204 | 08 | Family Practice | 497 | 0 | 5 | 25 | 95 | 3000 |
| 99205 | 08 | Family Practice | 429 | 0 | 0 | 2 | 12 | 1250 |
| 99211 | 08 | Family Practice | 408 | 0 | 0 | 5 | 50 | 2000 |
| 99212 | 08 | Family Practice | 471 | 0 | 10 | 40 | 120 | 2000 |
| 99213 | 08 | Family Practice | 514 | 0 | 200 | 593 | 1133 | 20000 |
| 99214 | 08 | Family Practice | 515 | 0 | 300 | 779 | 1600 | 10000 |

| CPT | CMS | CMS | Exper | SURVEY EXPERIENCE | | | | |
|-------|------|-----------------|-------|-------------------|------|-----|------|------|
| | Code | Specialty_Name | "N" | MIN | 25th | MED | 75th | MAX |
| 99215 | 08 | Family Practice | 478 | 0 | 5 | 20 | 94 | 6000 |
| 99417 | 08 | Family Practice | 327 | 0 | 0 | 0 | 5 | 3600 |

| CPT | CMS Code | CMS Specialty_Name | Exper "N" | SURVEY EXPERIENCE | | | | |
|-------|----------|------------------------|-----------|-------------------|------|-----|------|------|
| | | | | MIN | 25th | MED | 75th | MAX |
| 99202 | 10 | Gastroenterology | 31 | 0 | 1 | 5 | 29 | 250 |
| 99203 | 10 | Gastroenterology | 42 | 0 | 16 | 50 | 200 | 1000 |
| 99204 | 10 | Gastroenterology | 43 | 0 | 58 | 130 | 300 | 800 |
| 99205 | 10 | Gastroenterology | 44 | 0 | 9 | 35 | 92 | 1000 |
| 99211 | 10 | Gastroenterology | 26 | 0 | 0 | 5 | 5 | 150 |
| 99212 | 10 | Gastroenterology | 35 | 0 | 6 | 11 | 50 | 350 |
| 99213 | 10 | Gastroenterology | 43 | 0 | 44 | 150 | 300 | 1200 |
| 99214 | 10 | Gastroenterology | 44 | 0 | 50 | 200 | 463 | 2000 |
| 99215 | 10 | Gastroenterology | 44 | 0 | 5 | 30 | 53 | 750 |
| 99417 | 10 | Gastroenterology | 31 | 0 | 0 | 3 | 9 | 200 |
| 99202 | 11 | Internal Medicine | 17 | 0 | 1 | 5 | 10 | 50 |
| 99203 | 11 | Internal Medicine | 19 | 0 | 5 | 12 | 30 | 100 |
| 99204 | 11 | Internal Medicine | 20 | 0 | 6 | 15 | 53 | 200 |
| 99205 | 11 | Internal Medicine | 15 | 0 | 1 | 6 | 15 | 150 |
| 99211 | 11 | Internal Medicine | 17 | 0 | 0 | 10 | 10 | 500 |
| 99212 | 11 | Internal Medicine | 19 | 0 | 4 | 20 | 49 | 500 |
| 99213 | 11 | Internal Medicine | 20 | 10 | 100 | 414 | 979 | 7200 |
| 99214 | 11 | Internal Medicine | 19 | 32 | 175 | 400 | 825 | 2257 |
| 99215 | 11 | Internal Medicine | 17 | 1 | 10 | 18 | 50 | 267 |
| 99417 | 11 | Internal Medicine | 13 | 0 | 0 | 0 | 2 | 25 |
| 99202 | 12 | Osteopathic Manipulati | 1 | | | | | |
| 99203 | 12 | Osteopathic Manipulati | 1 | | | | | |
| 99204 | 12 | Osteopathic Manipulati | 1 | | | | | |
| 99205 | 12 | Osteopathic Manipulati | 1 | | | | | |
| 99211 | 12 | Osteopathic Manipulati | 1 | | | | | |
| 99212 | 12 | Osteopathic Manipulati | 1 | | | | | |
| 99213 | 12 | Osteopathic Manipulati | 1 | | | | | |
| 99214 | 12 | Osteopathic Manipulati | 1 | | | | | |
| 99215 | 12 | Osteopathic Manipulati | 1 | | | | | |
| 99417 | 12 | Osteopathic Manipulati | 1 | | | | | |
| 99202 | 13 | Neurology | 29 | 0 | 0 | 0 | 4 | 100 |
| 99203 | 13 | Neurology | 49 | 0 | 5 | 20 | 35 | 1000 |
| 99204 | 13 | Neurology | 69 | 0 | 20 | 52 | 130 | 1500 |
| 99205 | 13 | Neurology | 71 | 0 | 40 | 75 | 175 | 1000 |
| 99211 | 13 | Neurology | 28 | 0 | 0 | 0 | 8 | 240 |
| 99212 | 13 | Neurology | 35 | 0 | 0 | 10 | 30 | 500 |
| 99213 | 13 | Neurology | 63 | 0 | 18 | 70 | 150 | 2000 |
| 99214 | 13 | Neurology | 73 | 0 | 50 | 238 | 465 | 3000 |
| 99215 | 13 | Neurology | 72 | 0 | 30 | 73 | 150 | 2500 |
| 99417 | 13 | Neurology | 60 | 0 | 0 | 1 | 10 | 525 |
| 99202 | 14 | Neurosurgery | 15 | 0 | 13 | 35 | 100 | 380 |
| 99203 | 14 | Neurosurgery | 21 | 0 | 40 | 150 | 500 | 1500 |
| 99204 | 14 | Neurosurgery | 23 | 20 | 75 | 150 | 225 | 1000 |
| 99205 | 14 | Neurosurgery | 22 | 0 | 40 | 50 | 115 | 500 |
| 99211 | 14 | Neurosurgery | 15 | 0 | 1 | 10 | 55 | 250 |
| 99212 | 14 | Neurosurgery | 18 | 20 | 50 | 88 | 200 | 1000 |
| 99213 | 14 | Neurosurgery | 25 | 40 | 100 | 300 | 600 | 2000 |
| 99214 | 14 | Neurosurgery | 23 | 20 | 50 | 100 | 225 | 1500 |

| CPT | CMS | CMS | Exper | SURVEY EXPERIENCE | | | | |
|-------|------|----------------|-------|-------------------|------|-----|------|-----|
| | Code | Specialty_Name | "N" | MIN | 25th | MED | 75th | MAX |
| 99215 | 14 | Neurosurgery | 19 | 0 | 10 | 25 | 100 | 500 |
| 99417 | 14 | Neurosurgery | 16 | 0 | 0 | 12 | 21 | 60 |

| CPT | CMS Code | CMS Specialty_Name | Exper "N" | SURVEY EXPERIENCE | | | | |
|-------|----------|-------------------------|-----------|-------------------|------|-----|------|------|
| | | | | MIN | 25th | MED | 75th | MAX |
| 99202 | 16 | Obstetrics/Gynecology | 13 | 0 | 0 | 9 | 10 | 40 |
| 99203 | 16 | Obstetrics/Gynecology | 19 | 5 | 20 | 50 | 93 | 200 |
| 99204 | 16 | Obstetrics/Gynecology | 22 | 15 | 126 | 263 | 400 | 900 |
| 99205 | 16 | Obstetrics/Gynecology | 19 | 4 | 9 | 20 | 63 | 800 |
| 99211 | 16 | Obstetrics/Gynecology | 11 | 0 | 1 | 10 | 55 | 200 |
| 99212 | 16 | Obstetrics/Gynecology | 1 | | | | | |
| 99213 | 16 | Obstetrics/Gynecology | 22 | 30 | 200 | 377 | 713 | 1843 |
| 99214 | 16 | Obstetrics/Gynecology | 22 | 20 | 200 | 300 | 575 | 1000 |
| 99215 | 16 | Obstetrics/Gynecology | 19 | 2 | 21 | 40 | 82 | 750 |
| 99417 | 16 | Obstetrics/Gynecology | 15 | 0 | 0 | 0 | 5 | 800 |
| 99202 | 17 | Hospice And Palliative | 6 | 0 | 0 | 1 | 2 | 80 |
| 99203 | 17 | Hospice And Palliative | 9 | 0 | 0 | 20 | 25 | 400 |
| 99204 | 17 | Hospice And Palliative | 15 | 5 | 20 | 45 | 90 | 400 |
| 99205 | 17 | Hospice And Palliative | 15 | 0 | 14 | 25 | 70 | 300 |
| 99211 | 17 | Hospice And Palliative | 6 | 0 | 0 | 10 | 20 | 50 |
| 99212 | 17 | Hospice And Palliative | 9 | 0 | 1 | 5 | 40 | 400 |
| 99213 | 17 | Hospice And Palliative | 11 | 0 | 20 | 45 | 100 | 2000 |
| 99214 | 17 | Hospice And Palliative | 16 | 0 | 24 | 59 | 225 | 3000 |
| 99215 | 17 | Hospice And Palliative | 16 | 0 | 18 | 20 | 75 | 600 |
| 99417 | 17 | Hospice And Palliative | 12 | 0 | 8 | 13 | 23 | 100 |
| 99202 | 18 | Ophthalmology | 27 | 0 | 10 | 20 | 50 | 500 |
| 99203 | 18 | Ophthalmology | 35 | 0 | 36 | 100 | 240 | 1000 |
| 99204 | 18 | Ophthalmology | 40 | 0 | 100 | 250 | 425 | 2000 |
| 99205 | 18 | Ophthalmology | 33 | 0 | 5 | 20 | 56 | 1512 |
| 99211 | 18 | Ophthalmology | 23 | 0 | 1 | 5 | 15 | 50 |
| 99212 | 18 | Ophthalmology | 30 | 0 | 25 | 56 | 238 | 1000 |
| 99213 | 18 | Ophthalmology | 38 | 0 | 100 | 313 | 900 | 3500 |
| 99214 | 18 | Ophthalmology | 39 | 0 | 75 | 275 | 900 | 4350 |
| 99215 | 18 | Ophthalmology | 33 | 0 | 5 | 12 | 65 | 2470 |
| 99417 | 18 | Ophthalmology | 22 | 0 | 0 | 0 | 10 | 1000 |
| 99202 | 20 | Orthopedic Surgery | 27 | 0 | 5 | 25 | 117 | 600 |
| 99203 | 20 | Orthopedic Surgery | 36 | 5 | 166 | 400 | 710 | 1200 |
| 99204 | 20 | Orthopedic Surgery | 37 | 0 | 35 | 150 | 346 | 1000 |
| 99205 | 20 | Orthopedic Surgery | 28 | 0 | 0 | 6 | 35 | 125 |
| 99211 | 20 | Orthopedic Surgery | 22 | 0 | 0 | 0 | 10 | 100 |
| 99212 | 20 | Orthopedic Surgery | 32 | 7 | 20 | 50 | 250 | 3000 |
| 99213 | 20 | Orthopedic Surgery | 36 | 25 | 338 | 809 | 1367 | 3753 |
| 99214 | 20 | Orthopedic Surgery | 37 | 0 | 200 | 400 | 550 | 2450 |
| 99215 | 20 | Orthopedic Surgery | 25 | 0 | 2 | 15 | 39 | 800 |
| 99417 | 20 | Orthopedic Surgery | 18 | 0 | 0 | 0 | 0 | 100 |
| 99202 | 21 | Cardiac Electrophysiolc | 3 | 10 | 23 | 35 | 68 | 100 |
| 99203 | 21 | Cardiac Electrophysiolc | 4 | 10 | 40 | 225 | 425 | 500 |
| 99204 | 21 | Cardiac Electrophysiolc | 5 | 180 | 200 | 300 | 600 | 1000 |
| 99205 | 21 | Cardiac Electrophysiolc | 5 | 0 | 100 | 220 | 300 | 600 |
| 99211 | 21 | Cardiac Electrophysiolc | 4 | 0 | 0 | 3 | 6 | 10 |
| 99212 | 21 | Cardiac Electrophysiolc | 4 | 0 | 8 | 20 | 30 | 30 |
| 99213 | 21 | Cardiac Electrophysiolc | 4 | 100 | 138 | 275 | 488 | 750 |
| 99214 | 21 | Cardiac Electrophysiolc | 5 | 400 | 400 | 400 | 600 | 750 |

| CPT | CMS | CMS | Exper | SURVEY EXPERIENCE | | | | |
|-------|------|-------------------------|-------|-------------------|------|-----|------|-----|
| | Code | Specialty_Name | "N" | MIN | 25th | MED | 75th | MAX |
| 99215 | 21 | Cardiac Electrophysiolo | 5 | 0 | 200 | 300 | 600 | 600 |
| 99417 | 21 | Cardiac Electrophysiolo | 5 | 0 | 10 | 15 | 20 | 100 |

| CPT | CMS Code | CMS Specialty_Name | Exper "N" | SURVEY EXPERIENCE | | | | |
|-------|----------|-------------------------|-----------|-------------------|------|-----|------|------|
| | | | | MIN | 25th | MED | 75th | MAX |
| 99202 | 23 | Sports Medicine | 2 | 1 | 13 | 26 | 38 | 50 |
| 99203 | 23 | Sports Medicine | 3 | 100 | 150 | 200 | 375 | 550 |
| 99204 | 23 | Sports Medicine | 3 | 100 | 450 | 800 | 850 | 900 |
| 99205 | 23 | Sports Medicine | 2 | 80 | 110 | 140 | 170 | 200 |
| 99211 | 23 | Sports Medicine | 2 | 1 | 3 | 6 | 8 | 10 |
| 99212 | 23 | Sports Medicine | 2 | 1 | 26 | 51 | 75 | 100 |
| 99213 | 23 | Sports Medicine | 3 | 50 | 150 | 250 | 275 | 300 |
| 99214 | 23 | Sports Medicine | 3 | 300 | 400 | 500 | 500 | 500 |
| 99215 | 23 | Sports Medicine | 2 | 100 | 125 | 150 | 175 | 200 |
| 99202 | 25 | Physical Medicine And | 8 | 0 | 8 | 11 | 50 | 100 |
| 99203 | 25 | Physical Medicine And | 21 | 4 | 30 | 100 | 300 | 1500 |
| 99204 | 25 | Physical Medicine And | 26 | 0 | 45 | 205 | 500 | 1500 |
| 99205 | 25 | Physical Medicine And | 20 | 0 | 5 | 18 | 100 | 220 |
| 99211 | 25 | Physical Medicine And | 6 | 0 | 0 | 0 | 8 | 10 |
| 99212 | 25 | Physical Medicine And | 17 | 0 | 10 | 25 | 100 | 400 |
| 99213 | 25 | Physical Medicine And | 26 | 8 | 120 | 250 | 700 | 2500 |
| 99214 | 25 | Physical Medicine And | 26 | 15 | 163 | 400 | 888 | 3000 |
| 99215 | 25 | Physical Medicine And | 20 | 0 | 10 | 25 | 150 | 300 |
| 99417 | 25 | Physical Medicine And | 12 | 0 | 0 | 5 | 15 | 200 |
| 99202 | 26 | Psychiatry | 10 | 0 | 0 | 0 | 2 | 12 |
| 99203 | 26 | Psychiatry | 16 | 0 | 0 | 2 | 10 | 500 |
| 99204 | 26 | Psychiatry | 22 | 0 | 5 | 11 | 29 | 400 |
| 99205 | 26 | Psychiatry | 29 | 0 | 2 | 35 | 55 | 200 |
| 99211 | 26 | Psychiatry | 11 | 0 | 0 | 0 | 15 | 143 |
| 99212 | 26 | Psychiatry | 25 | 0 | 0 | 10 | 67 | 240 |
| 99213 | 26 | Psychiatry | 38 | 10 | 85 | 251 | 500 | 1900 |
| 99214 | 26 | Psychiatry | 40 | 0 | 58 | 150 | 511 | 2000 |
| 99215 | 26 | Psychiatry | 37 | 0 | 4 | 10 | 200 | 1440 |
| 99417 | 26 | Psychiatry | 24 | 0 | 0 | 4 | 43 | 860 |
| 99202 | 28 | Colorectal Surgery (Prc | 3 | 5 | 8 | 10 | 10 | 10 |
| 99203 | 28 | Colorectal Surgery (Prc | 4 | 10 | 18 | 85 | 150 | 150 |
| 99204 | 28 | Colorectal Surgery (Prc | 4 | 10 | 10 | 105 | 200 | 200 |
| 99205 | 28 | Colorectal Surgery (Prc | 4 | 5 | 5 | 8 | 20 | 50 |
| 99211 | 28 | Colorectal Surgery (Prc | 3 | 0 | 5 | 10 | 18 | 25 |
| 99212 | 28 | Colorectal Surgery (Prc | 4 | 10 | 40 | 100 | 163 | 200 |
| 99213 | 28 | Colorectal Surgery (Prc | 4 | 10 | 115 | 175 | 275 | 500 |
| 99214 | 28 | Colorectal Surgery (Prc | 4 | 11 | 22 | 38 | 63 | 100 |
| 99215 | 28 | Colorectal Surgery (Prc | 4 | 5 | 9 | 11 | 14 | 20 |
| 99417 | 28 | Colorectal Surgery (Prc | 3 | 0 | 0 | 0 | 6 | 12 |
| 99202 | 29 | Pulmonary Disease | 18 | 0 | 0 | 6 | 21 | 50 |
| 99203 | 29 | Pulmonary Disease | 31 | 0 | 5 | 20 | 55 | 500 |
| 99204 | 29 | Pulmonary Disease | 34 | 0 | 36 | 110 | 157 | 500 |
| 99205 | 29 | Pulmonary Disease | 35 | 0 | 10 | 25 | 80 | 767 |
| 99211 | 29 | Pulmonary Disease | 17 | 0 | 0 | 1 | 10 | 1000 |
| 99212 | 29 | Pulmonary Disease | 25 | 0 | 10 | 24 | 50 | 350 |
| 99213 | 29 | Pulmonary Disease | 35 | 0 | 50 | 160 | 325 | 2000 |
| 99214 | 29 | Pulmonary Disease | 34 | 0 | 79 | 250 | 763 | 2000 |
| 99215 | 29 | Pulmonary Disease | 34 | 0 | 20 | 45 | 119 | 400 |

| CPT | CMS | CMS | Exper | SURVEY EXPERIENCE | | | | |
|-------|------|-------------------|-------|-------------------|------|-----|------|-----|
| | Code | Specialty_Name | "N" | MIN | 25th | MED | 75th | MAX |
| 99417 | 29 | Pulmonary Disease | 28 | 0 | 0 | 3 | 20 | 960 |

| CPT | CMS Code | CMS Specialty_Name | Exper "N" | SURVEY EXPERIENCE | | | | |
|-------|----------|--------------------|-----------|-------------------|------|-----|------|------|
| | | | | MIN | 25th | MED | 75th | MAX |
| 99202 | 33 | Thoracic Surgery | 9 | 0 | 0 | 10 | 50 | 62 |
| 99203 | 33 | Thoracic Surgery | 11 | 0 | 18 | 50 | 77 | 150 |
| 99204 | 33 | Thoracic Surgery | 12 | 20 | 47 | 79 | 113 | 300 |
| 99205 | 33 | Thoracic Surgery | 12 | 15 | 43 | 100 | 175 | 450 |
| 99211 | 33 | Thoracic Surgery | 8 | 0 | 9 | 15 | 26 | 122 |
| 99212 | 33 | Thoracic Surgery | 9 | 0 | 15 | 30 | 57 | 125 |
| 99213 | 33 | Thoracic Surgery | 12 | 12 | 23 | 75 | 148 | 500 |
| 99214 | 33 | Thoracic Surgery | 12 | 5 | 28 | 45 | 138 | 600 |
| 99215 | 33 | Thoracic Surgery | 12 | 2 | 13 | 25 | 55 | 400 |
| 99417 | 33 | Thoracic Surgery | 8 | 0 | 12 | 24 | 35 | 100 |
| 99202 | 34 | Urology | 26 | 0 | 11 | 30 | 99 | 450 |
| 99203 | 34 | Urology | 34 | 15 | 105 | 200 | 381 | 1000 |
| 99204 | 34 | Urology | 34 | 38 | 100 | 257 | 400 | 2500 |
| 99205 | 34 | Urology | 30 | 0 | 8 | 20 | 50 | 500 |
| 99211 | 34 | Urology | 26 | 0 | 0 | 50 | 100 | 250 |
| 99212 | 34 | Urology | 27 | 0 | 28 | 60 | 221 | 1000 |
| 99213 | 34 | Urology | 34 | 120 | 270 | 674 | 1170 | 4000 |
| 99214 | 34 | Urology | 34 | 2 | 205 | 400 | 847 | 2500 |
| 99215 | 34 | Urology | 31 | 6 | 16 | 31 | 78 | 250 |
| 99417 | 34 | Urology | 25 | 0 | 0 | 0 | 6 | 100 |
| 99202 | 37 | Pediatric Medicine | 37 | 0 | 0 | 4 | 18 | 250 |
| 99203 | 37 | Pediatric Medicine | 40 | 0 | 1 | 11 | 54 | 500 |
| 99204 | 37 | Pediatric Medicine | 45 | 0 | 4 | 12 | 100 | 700 |
| 99205 | 37 | Pediatric Medicine | 42 | 0 | 0 | 3 | 45 | 350 |
| 99211 | 37 | Pediatric Medicine | 35 | 0 | 0 | 0 | 16 | 625 |
| 99212 | 37 | Pediatric Medicine | 42 | 0 | 0 | 45 | 204 | 1500 |
| 99213 | 37 | Pediatric Medicine | 46 | 0 | 100 | 498 | 1358 | 5000 |
| 99214 | 37 | Pediatric Medicine | 46 | 0 | 113 | 450 | 805 | 3200 |
| 99215 | 37 | Pediatric Medicine | 45 | 0 | 8 | 29 | 100 | 600 |
| 99417 | 37 | Pediatric Medicine | 36 | 0 | 0 | 1 | 7 | 250 |
| 99202 | 38 | Geriatric Medicine | 24 | 0 | 0 | 0 | 2 | 500 |
| 99203 | 38 | Geriatric Medicine | 32 | 0 | 1 | 5 | 10 | 1000 |
| 99204 | 38 | Geriatric Medicine | 36 | 0 | 10 | 20 | 53 | 800 |
| 99205 | 38 | Geriatric Medicine | 40 | 0 | 12 | 30 | 63 | 1000 |
| 99211 | 38 | Geriatric Medicine | 29 | 0 | 0 | 0 | 30 | 1000 |
| 99212 | 38 | Geriatric Medicine | 31 | 0 | 1 | 10 | 25 | 1500 |
| 99213 | 38 | Geriatric Medicine | 37 | 0 | 30 | 50 | 200 | 1500 |
| 99214 | 38 | Geriatric Medicine | 40 | 0 | 100 | 200 | 500 | 2000 |
| 99215 | 38 | Geriatric Medicine | 41 | 0 | 30 | 100 | 220 | 1000 |
| 99417 | 38 | Geriatric Medicine | 36 | 0 | 1 | 8 | 50 | 1000 |
| 99202 | 39 | Nephrology | 16 | 0 | 0 | 4 | 6 | 20 |
| 99203 | 39 | Nephrology | 23 | 0 | 5 | 10 | 28 | 100 |
| 99204 | 39 | Nephrology | 28 | 3 | 20 | 56 | 100 | 2500 |
| 99205 | 39 | Nephrology | 27 | 0 | 10 | 30 | 50 | 90 |
| 99211 | 39 | Nephrology | 18 | 0 | 0 | 8 | 37 | 86 |
| 99212 | 39 | Nephrology | 17 | 0 | 5 | 10 | 22 | 151 |
| 99213 | 39 | Nephrology | 26 | 5 | 33 | 82 | 197 | 873 |
| 99214 | 39 | Nephrology | 28 | 5 | 192 | 453 | 804 | 3500 |

| CPT | CMS | CMS | Exper | SURVEY EXPERIENCE | | | | |
|-------|------|----------------|-------|-------------------|------|-----|------|------|
| | Code | Specialty_Name | "N" | MIN | 25th | MED | 75th | MAX |
| 99215 | 39 | Nephrology | 28 | 0 | 10 | 45 | 145 | 2500 |
| 99417 | 39 | Nephrology | 22 | 0 | 0 | 0 | 2 | 1000 |

| CPT | CMS Code | CMS Specialty_Name | Exper "N" | SURVEY EXPERIENCE | | | | |
|-------|----------|--------------------|-----------|-------------------|------|-----|------|------|
| | | | | MIN | 25th | MED | 75th | MAX |
| 99202 | 40 | Hand Surgery | 21 | 3 | 10 | 50 | 150 | 400 |
| 99203 | 40 | Hand Surgery | 22 | 10 | 390 | 525 | 788 | 1900 |
| 99204 | 40 | Hand Surgery | 22 | 0 | 18 | 144 | 200 | 572 |
| 99205 | 40 | Hand Surgery | 16 | 0 | 1 | 6 | 11 | 150 |
| 99211 | 40 | Hand Surgery | 16 | 0 | 0 | 1 | 14 | 100 |
| 99212 | 40 | Hand Surgery | 21 | 10 | 55 | 200 | 318 | 728 |
| 99213 | 40 | Hand Surgery | 22 | 15 | 572 | 726 | 1457 | 3000 |
| 99214 | 40 | Hand Surgery | 22 | 10 | 57 | 239 | 475 | 1650 |
| 99215 | 40 | Hand Surgery | 16 | 0 | 2 | 5 | 13 | 271 |
| 99417 | 40 | Hand Surgery | 7 | 0 | 0 | 0 | 0 | 5 |
| 99202 | 41 | Optometry | 3 | 0 | 10 | 20 | 60 | 100 |
| 99203 | 41 | Optometry | 3 | 0 | 25 | 50 | 250 | 450 |
| 99204 | 41 | Optometry | 2 | 45 | 46 | 48 | 49 | 50 |
| 99205 | 41 | Optometry | 1 | | | | | |
| 99211 | 41 | Optometry | 3 | 0 | 3 | 5 | 40 | 75 |
| 99212 | 41 | Optometry | 3 | 0 | 23 | 45 | 98 | 150 |
| 99213 | 41 | Optometry | 3 | 80 | 132 | 183 | 317 | 450 |
| 99214 | 41 | Optometry | 3 | 10 | 28 | 45 | 60 | 75 |
| 99215 | 41 | Optometry | 1 | | | | | |
| 99202 | 44 | Infectious Disease | 7 | 0 | 0 | 40 | 49 | 112 |
| 99203 | 44 | Infectious Disease | 18 | 0 | 16 | 44 | 100 | 500 |
| 99204 | 44 | Infectious Disease | 22 | 3 | 33 | 55 | 138 | 1500 |
| 99205 | 44 | Infectious Disease | 21 | 6 | 22 | 50 | 60 | 1000 |
| 99211 | 44 | Infectious Disease | 6 | 0 | 0 | 0 | 4 | 125 |
| 99212 | 44 | Infectious Disease | 10 | 0 | 11 | 38 | 60 | 300 |
| 99213 | 44 | Infectious Disease | 19 | 2 | 24 | 70 | 225 | 1000 |
| 99214 | 44 | Infectious Disease | 21 | 8 | 60 | 150 | 337 | 5000 |
| 99215 | 44 | Infectious Disease | 18 | 10 | 41 | 100 | 438 | 3000 |
| 99417 | 44 | Infectious Disease | 10 | 0 | 0 | 3 | 93 | 1000 |
| 99202 | 46 | Endocrinology | 26 | 0 | 0 | 0 | 9 | 50 |
| 99203 | 46 | Endocrinology | 57 | 0 | 15 | 50 | 100 | 960 |
| 99204 | 46 | Endocrinology | 74 | 0 | 58 | 135 | 333 | 1000 |
| 99205 | 46 | Endocrinology | 74 | 1 | 20 | 50 | 150 | 850 |
| 99211 | 46 | Endocrinology | 33 | 0 | 0 | 2 | 30 | 750 |
| 99212 | 46 | Endocrinology | 35 | 0 | 0 | 10 | 75 | 240 |
| 99213 | 46 | Endocrinology | 73 | 0 | 50 | 240 | 600 | 2500 |
| 99214 | 46 | Endocrinology | 76 | 0 | 200 | 600 | 1281 | 5760 |
| 99215 | 46 | Endocrinology | 74 | 0 | 26 | 100 | 300 | 3000 |
| 99417 | 46 | Endocrinology | 44 | 0 | 0 | 2 | 16 | 60 |
| 99202 | 48 | Podiatry | 20 | 0 | 61 | 110 | 225 | 1200 |
| 99203 | 48 | Podiatry | 23 | 0 | 150 | 360 | 598 | 2289 |
| 99204 | 48 | Podiatry | 21 | 0 | 12 | 50 | 100 | 200 |
| 99205 | 48 | Podiatry | 14 | 0 | 0 | 0 | 1 | 10 |
| 99211 | 48 | Podiatry | 16 | 0 | 0 | 5 | 14 | 100 |
| 99212 | 48 | Podiatry | 23 | 0 | 115 | 240 | 460 | 1254 |
| 99213 | 48 | Podiatry | 23 | 0 | 282 | 900 | 1375 | 6328 |
| 99214 | 48 | Podiatry | 22 | 0 | 26 | 88 | 313 | 2510 |
| 99215 | 48 | Podiatry | 16 | 0 | 0 | 0 | 7 | 400 |

| CPT | CMS | CMS | Exper | SURVEY EXPERIENCE | | | | |
|-------|------|----------------|-------|-------------------|------|-----|------|-----|
| | Code | Specialty_Name | "N" | MIN | 25th | MED | 75th | MAX |
| 99417 | 48 | Podiatry | 14 | 0 | 0 | 0 | 2 | 20 |

| CPT | CMS Code | CMS Specialty_Name | Exper "N" | SURVEY EXPERIENCE | | | | |
|-------|----------|--------------------|-----------|-------------------|------|------|------|------|
| | | | | MIN | 25th | MED | 75th | MAX |
| 99202 | 50 | Nurse Practitioner | 6 | 0 | 13 | 25 | 83 | 100 |
| 99203 | 50 | Nurse Practitioner | 10 | 0 | 23 | 75 | 116 | 3500 |
| 99204 | 50 | Nurse Practitioner | 13 | 0 | 30 | 102 | 500 | 2000 |
| 99205 | 50 | Nurse Practitioner | 12 | 0 | 5 | 44 | 185 | 900 |
| 99211 | 50 | Nurse Practitioner | 4 | 0 | 0 | 1 | 76 | 300 |
| 99212 | 50 | Nurse Practitioner | 8 | 0 | 12 | 63 | 163 | 200 |
| 99213 | 50 | Nurse Practitioner | 15 | 0 | 181 | 500 | 1000 | 3500 |
| 99214 | 50 | Nurse Practitioner | 15 | 20 | 500 | 732 | 1478 | 6525 |
| 99215 | 50 | Nurse Practitioner | 13 | 2 | 50 | 200 | 454 | 900 |
| 99417 | 50 | Nurse Practitioner | 11 | 0 | 0 | 2 | 93 | 400 |
| 99202 | 66 | Rheumatology | 7 | 1 | 1 | 1 | 45 | 100 |
| 99203 | 66 | Rheumatology | 10 | 1 | 23 | 45 | 138 | 1400 |
| 99204 | 66 | Rheumatology | 12 | 30 | 100 | 260 | 400 | 1200 |
| 99205 | 66 | Rheumatology | 12 | 9 | 53 | 100 | 225 | 320 |
| 99211 | 66 | Rheumatology | 7 | 0 | 11 | 50 | 100 | 200 |
| 99212 | 66 | Rheumatology | 8 | 1 | 8 | 30 | 213 | 600 |
| 99213 | 66 | Rheumatology | 12 | 10 | 50 | 300 | 600 | 1500 |
| 99214 | 66 | Rheumatology | 13 | 50 | 600 | 1000 | 1800 | 3000 |
| 99215 | 66 | Rheumatology | 12 | 5 | 62 | 175 | 225 | 600 |
| 99417 | 66 | Rheumatology | 7 | 0 | 5 | 25 | 113 | 200 |
| 99203 | 72 | Pain Management | 2 | 25 | 394 | 763 | 1131 | 1500 |
| 99204 | 72 | Pain Management | 3 | 100 | 300 | 500 | 625 | 750 |
| 99205 | 72 | Pain Management | 3 | 0 | 20 | 40 | 70 | 100 |
| 99213 | 72 | Pain Management | 3 | 300 | 500 | 700 | 1100 | 1500 |
| 99214 | 72 | Pain Management | 3 | 400 | 550 | 700 | 850 | 1000 |
| 99215 | 72 | Pain Management | 3 | 0 | 20 | 40 | 120 | 200 |
| 99417 | 72 | Pain Management | 2 | 0 | 0 | 0 | 0 | 0 |
| 99202 | 77 | Vascular Surgery | 14 | 0 | 10 | 40 | 50 | 100 |
| 99203 | 77 | Vascular Surgery | 18 | 10 | 30 | 93 | 150 | 400 |
| 99204 | 77 | Vascular Surgery | 18 | 20 | 50 | 150 | 200 | 500 |
| 99205 | 77 | Vascular Surgery | 18 | 1 | 20 | 40 | 88 | 400 |
| 99211 | 77 | Vascular Surgery | 14 | 0 | 0 | 5 | 12 | 100 |
| 99212 | 77 | Vascular Surgery | 18 | 0 | 13 | 28 | 50 | 250 |
| 99213 | 77 | Vascular Surgery | 18 | 25 | 100 | 200 | 288 | 1000 |
| 99214 | 77 | Vascular Surgery | 18 | 20 | 63 | 200 | 200 | 500 |
| 99215 | 77 | Vascular Surgery | 17 | 0 | 20 | 30 | 75 | 150 |
| 99417 | 77 | Vascular Surgery | 13 | 0 | 0 | 5 | 20 | 1000 |
| 99202 | 78 | Cardiac Surgery | 14 | 0 | 5 | 10 | 19 | 35 |
| 99203 | 78 | Cardiac Surgery | 16 | 0 | 14 | 25 | 50 | 200 |
| 99204 | 78 | Cardiac Surgery | 25 | 0 | 30 | 75 | 93 | 400 |
| 99205 | 78 | Cardiac Surgery | 23 | 0 | 25 | 70 | 100 | 400 |
| 99211 | 78 | Cardiac Surgery | 14 | 0 | 6 | 13 | 63 | 300 |
| 99212 | 78 | Cardiac Surgery | 15 | 0 | 8 | 20 | 40 | 80 |
| 99213 | 78 | Cardiac Surgery | 18 | 0 | 16 | 65 | 100 | 514 |
| 99214 | 78 | Cardiac Surgery | 20 | 0 | 20 | 28 | 64 | 233 |
| 99215 | 78 | Cardiac Surgery | 17 | 0 | 5 | 20 | 70 | 400 |
| 99417 | 78 | Cardiac Surgery | 14 | 0 | 0 | 3 | 18 | 25 |

| CPT | CMS Code | CMS Specialty_Name | Exper "N" | SURVEY EXPERIENCE | | | | |
|-------|----------|---------------------|-----------|-------------------|------|-----|------|------|
| | | | | MIN | 25th | MED | 75th | MAX |
| 99202 | 79 | Addiction Medicine | 6 | 0 | 1 | 6 | 18 | 50 |
| 99203 | 79 | Addiction Medicine | 10 | 2 | 13 | 20 | 88 | 345 |
| 99204 | 79 | Addiction Medicine | 15 | 5 | 18 | 25 | 100 | 250 |
| 99205 | 79 | Addiction Medicine | 15 | 0 | 12 | 50 | 88 | 300 |
| 99211 | 79 | Addiction Medicine | 7 | 0 | 3 | 30 | 75 | 400 |
| 99212 | 79 | Addiction Medicine | 12 | 0 | 10 | 33 | 63 | 175 |
| 99213 | 79 | Addiction Medicine | 16 | 0 | 41 | 110 | 557 | 2341 |
| 99214 | 79 | Addiction Medicine | 16 | 10 | 71 | 120 | 888 | 1751 |
| 99215 | 79 | Addiction Medicine | 15 | 3 | 8 | 25 | 50 | 300 |
| 99417 | 79 | Addiction Medicine | 11 | 0 | 0 | 2 | 11 | 300 |
| 99202 | 82 | Hematology | 4 | 0 | 1 | 2 | 4 | 10 |
| 99203 | 82 | Hematology | 3 | 5 | 13 | 20 | 60 | 100 |
| 99204 | 82 | Hematology | 5 | 30 | 50 | 80 | 80 | 300 |
| 99205 | 82 | Hematology | 5 | 50 | 100 | 130 | 240 | 300 |
| 99211 | 82 | Hematology | 3 | 0 | 3 | 5 | 28 | 50 |
| 99212 | 82 | Hematology | 4 | 5 | 39 | 50 | 63 | 100 |
| 99213 | 82 | Hematology | 5 | 5 | 48 | 100 | 100 | 300 |
| 99214 | 82 | Hematology | 5 | 60 | 75 | 200 | 200 | 800 |
| 99215 | 82 | Hematology | 5 | 120 | 150 | 400 | 600 | 800 |
| 99417 | 82 | Hematology | 5 | 12 | 20 | 20 | 30 | 50 |
| 99202 | 83 | Hematology/Oncology | 28 | 0 | 0 | 1 | 5 | 36 |
| 99203 | 83 | Hematology/Oncology | 33 | 0 | 4 | 15 | 40 | 174 |
| 99204 | 83 | Hematology/Oncology | 56 | 0 | 9 | 51 | 136 | 400 |
| 99205 | 83 | Hematology/Oncology | 55 | 1 | 38 | 72 | 165 | 364 |
| 99211 | 83 | Hematology/Oncology | 31 | 0 | 0 | 2 | 47 | 544 |
| 99212 | 83 | Hematology/Oncology | 35 | 0 | 1 | 20 | 55 | 800 |
| 99213 | 83 | Hematology/Oncology | 52 | 0 | 50 | 250 | 682 | 7620 |
| 99214 | 83 | Hematology/Oncology | 56 | 0 | 200 | 522 | 1064 | 4514 |
| 99215 | 83 | Hematology/Oncology | 55 | 1 | 73 | 150 | 300 | 3542 |
| 99417 | 83 | Hematology/Oncology | 42 | 0 | 0 | 1 | 10 | 75 |
| 99202 | 90 | Medical Oncology | 11 | 0 | 0 | 0 | 13 | 50 |
| 99203 | 90 | Medical Oncology | 15 | 0 | 2 | 10 | 27 | 250 |
| 99204 | 90 | Medical Oncology | 20 | 5 | 20 | 44 | 71 | 500 |
| 99205 | 90 | Medical Oncology | 23 | 15 | 83 | 120 | 150 | 1100 |
| 99211 | 90 | Medical Oncology | 12 | 0 | 0 | 7 | 22 | 242 |
| 99212 | 90 | Medical Oncology | 14 | 0 | 1 | 11 | 20 | 250 |
| 99213 | 90 | Medical Oncology | 21 | 5 | 40 | 100 | 200 | 1995 |
| 99214 | 90 | Medical Oncology | 24 | 10 | 100 | 442 | 987 | 3440 |
| 99215 | 90 | Medical Oncology | 24 | 10 | 50 | 125 | 705 | 2500 |
| 99417 | 90 | Medical Oncology | 22 | 0 | 0 | 6 | 18 | 250 |
| 99202 | 91 | Surgical Oncology | 1 | | | | | |
| 99203 | 91 | Surgical Oncology | 1 | | | | | |
| 99204 | 91 | Surgical Oncology | 4 | 20 | 43 | 100 | 200 | 350 |
| 99205 | 91 | Surgical Oncology | 4 | 20 | 24 | 38 | 100 | 250 |
| 99211 | 91 | Surgical Oncology | 1 | | | | | |
| 99212 | 91 | Surgical Oncology | 1 | | | | | |
| 99213 | 91 | Surgical Oncology | 3 | 20 | 20 | 20 | 235 | 450 |
| 99214 | 91 | Surgical Oncology | 4 | 20 | 28 | 40 | 113 | 300 |

| CPT | CMS | CMS | Exper | SURVEY EXPERIENCE | | | | |
|-------|------|-------------------|-------|-------------------|------|-----|------|-----|
| | Code | Specialty_Name | "N" | MIN | 25th | MED | 75th | MAX |
| 99215 | 91 | Surgical Oncology | 4 | 15 | 19 | 35 | 138 | 400 |
| 99417 | 91 | Surgical Oncology | 2 | 20 | 90 | 160 | 230 | 300 |

| CPT | CMS Code | CMS Specialty_Name | Exper "N" | SURVEY EXPERIENCE | | | | |
|-------|----------|--------------------------|-----------|-------------------|------|------|------|------|
| | | | | MIN | 25th | MED | 75th | MAX |
| 99202 | 94 | Interventional Radiolog | 5 | 6 | 25 | 30 | 30 | 100 |
| 99203 | 94 | Interventional Radiolog | 6 | 5 | 23 | 45 | 90 | 300 |
| 99204 | 94 | Interventional Radiolog | 6 | 1 | 13 | 25 | 83 | 200 |
| 99205 | 94 | Interventional Radiolog | 4 | 0 | 4 | 40 | 106 | 200 |
| 99211 | 94 | Interventional Radiolog | 5 | 0 | 5 | 8 | 50 | 100 |
| 99212 | 94 | Interventional Radiolog | 6 | 0 | 14 | 30 | 85 | 100 |
| 99213 | 94 | Interventional Radiolog | 6 | 1 | 6 | 60 | 100 | 200 |
| 99214 | 94 | Interventional Radiolog | 5 | 0 | 1 | 25 | 40 | 200 |
| 99215 | 94 | Interventional Radiolog | 4 | 0 | 1 | 6 | 33 | 100 |
| 99417 | 94 | Interventional Radiolog | 3 | 0 | 1 | 1 | 6 | 10 |
| 99202 | 97 | Physicians Assistant | 5 | 0 | 25 | 25 | 36 | 50 |
| 99203 | 97 | Physicians Assistant | 9 | 0 | 5 | 47 | 100 | 500 |
| 99204 | 97 | Physicians Assistant | 9 | 0 | 10 | 50 | 125 | 425 |
| 99205 | 97 | Physicians Assistant | 8 | 0 | 0 | 4 | 7 | 75 |
| 99211 | 97 | Physicians Assistant | 3 | 25 | 49 | 72 | 86 | 100 |
| 99212 | 97 | Physicians Assistant | 7 | 0 | 38 | 50 | 80 | 230 |
| 99213 | 97 | Physicians Assistant | 9 | 20 | 500 | 950 | 1140 | 2750 |
| 99214 | 97 | Physicians Assistant | 9 | 5 | 500 | 1300 | 2025 | 3000 |
| 99215 | 97 | Physicians Assistant | 8 | 0 | 12 | 18 | 56 | 720 |
| 99417 | 97 | Physicians Assistant | 3 | 0 | 25 | 50 | 150 | 250 |
| 99202 | 98 | Gynecological Oncolog | 8 | 0 | 1 | 5 | 11 | 20 |
| 99203 | 98 | Gynecological Oncolog | 10 | 0 | 10 | 23 | 39 | 50 |
| 99204 | 98 | Gynecological Oncolog | 11 | 1 | 28 | 63 | 100 | 120 |
| 99205 | 98 | Gynecological Oncolog | 11 | 5 | 17 | 63 | 244 | 500 |
| 99211 | 98 | Gynecological Oncolog | 8 | 0 | 0 | 6 | 13 | 20 |
| 99212 | 98 | Gynecological Oncolog | 10 | 0 | 10 | 20 | 23 | 56 |
| 99213 | 98 | Gynecological Oncolog | 11 | 2 | 26 | 50 | 282 | 675 |
| 99214 | 98 | Gynecological Oncolog | 11 | 20 | 72 | 350 | 475 | 1100 |
| 99215 | 98 | Gynecological Oncolog | 11 | 8 | 35 | 90 | 238 | 450 |
| 99417 | 98 | Gynecological Oncolog | 10 | 0 | 0 | 4 | 25 | 225 |
| 99202 | C3 | Interventional Cardioloc | 10 | 0 | 0 | 5 | 5 | 20 |
| 99203 | C3 | Interventional Cardioloc | 13 | 0 | 10 | 30 | 100 | 200 |
| 99204 | C3 | Interventional Cardioloc | 15 | 0 | 46 | 60 | 113 | 450 |
| 99205 | C3 | Interventional Cardioloc | 16 | 0 | 9 | 39 | 102 | 250 |
| 99211 | C3 | Interventional Cardioloc | 12 | 0 | 1 | 10 | 23 | 500 |
| 99212 | C3 | Interventional Cardioloc | 11 | 0 | 5 | 20 | 104 | 500 |
| 99213 | C3 | Interventional Cardioloc | 15 | 0 | 35 | 200 | 550 | 5000 |
| 99214 | C3 | Interventional Cardioloc | 16 | 0 | 128 | 375 | 1070 | 3500 |
| 99215 | C3 | Interventional Cardioloc | 14 | 0 | 10 | 60 | 211 | 847 |
| 99417 | C3 | Interventional Cardioloc | 13 | 0 | 0 | 5 | 20 | 250 |

Relativity Table (in SoR)

| Office Visits Relativity | | | | | | |
|--------------------------|-----------------------------|---|--|----------------------|--|-----------------------------|
| CPT Code | Survey Total Time (minutes) | Difference in Total Time From Next Lower Code | Percent Total Time Difference from Next Lower Code | Recommended Work RVU | Difference in Median Work RVU From Next Lower Code | Percent work RVU Difference |
| 99202 | 22 | | | 0.93 | | |
| 99203 | 40 | 18 | 82% | 1.60 | 0.67 | 72% |
| 99204 | 60 | 20 | 50% | 2.60 | 1.00 | 63% |
| 99205 | 85 | 25 | 42% | 3.50 | 0.90 | 35% |
| 99212 | 18 | | | 0.70 | | |
| 99213 | 30 | 12 | 67% | 1.30 | 0.60 | 86% |
| 99214 | 49 | 19 | 63% | 1.92 | 0.62 | 48% |
| 99215 | 70 | 21 | 43% | 2.80 | 0.88 | 46% |

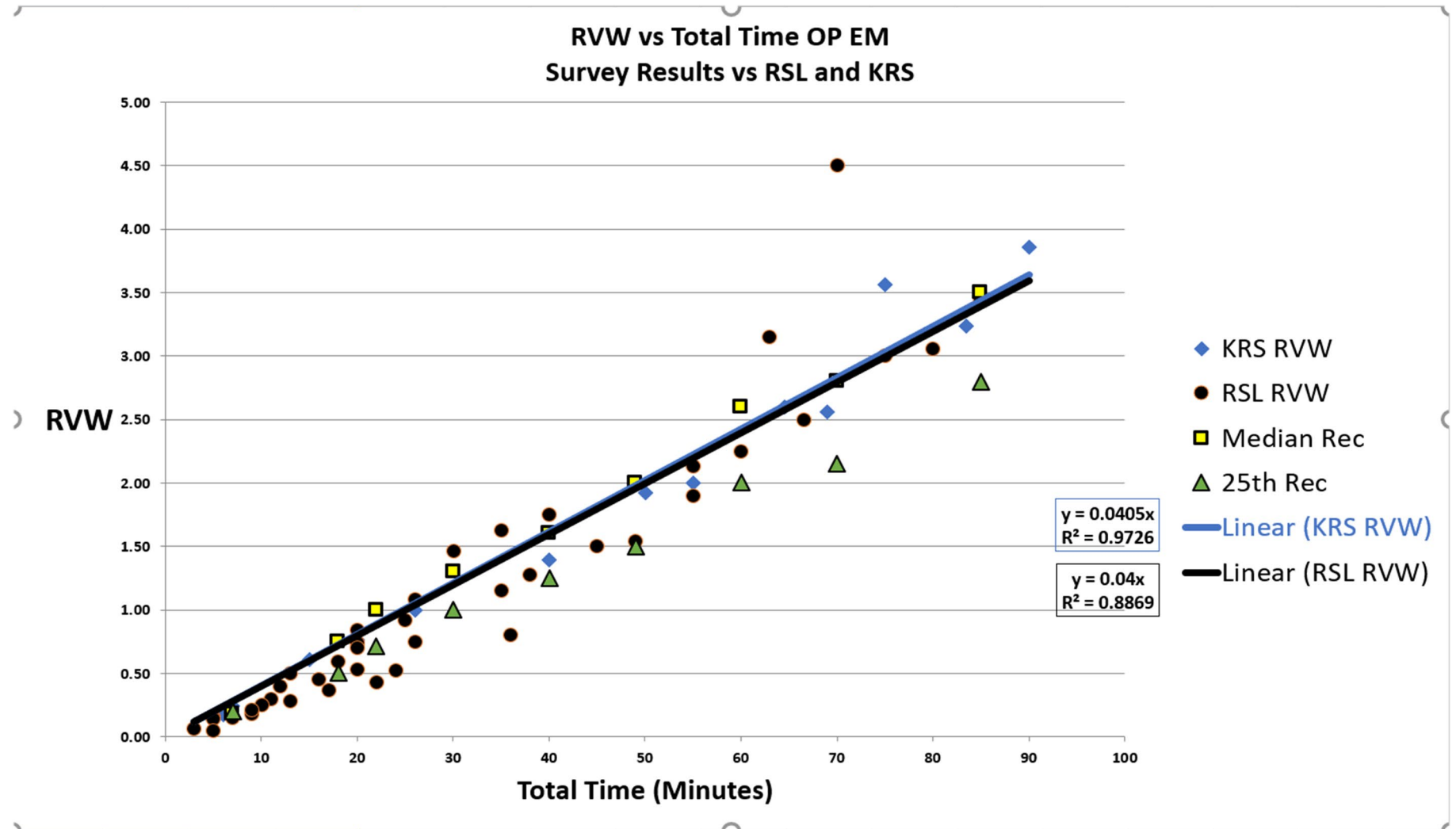
| CPT Code | Median Survey Total Time (minutes) | Difference in Total Time Between New and Established Visit Codes of Same Level | Percent Total Time Difference Between New and Established Codes of Same Level | Recommended Work RVU | Difference in work RVU Between New and Established Visit Codes of Same Level | Percent work RVU Difference |
|----------|------------------------------------|--|---|----------------------|--|-----------------------------|
| 99202 | 22 | 4 | 22% | 0.93 | 0.23 | 33% |
| 99212 | 18 | | | 0.70 | | |
| 99203 | 40 | 10 | 33% | 1.60 | 0.30 | 23% |
| 99213 | 30 | | | 1.30 | | |
| 99204 | 60 | 11 | 22% | 2.60 | 0.68 | 35% |
| 99214 | 49 | | | 1.92 | | |
| 99205 | 85 | 15 | 21% | 3.50 | 0.70 | 25% |
| 99215 | 70 | | | 2.80 | | |

Qualtrics CMS

| Code | Code | Grouping | CMS Specialty |
|-------------|-------------|-----------------|--------------------------------------|
| 12 | 42 | PCP | Certified Nurse Midwife |
| 20 | 08 | PCP | Family Practice |
| 22 | 01 | PCP | General Practice |
| 24 | 38 | PCP | Geriatric Medicine |
| 71 | 17 | PCP | Hospice And Palliative Care |
| 74 | 11 | PCP | Internal Medicine |
| 85 | 50 | PCP | Nurse Practitioner |
| 95 | 37 | PCP | Pediatric Medicine |
| 98 | 97 | PCP | Physicians Assistant |
| 101 | 84 | PCP | Preventive Medicine |
| 9 | 78 | Surgery | Cardiac Surgery |
| 14 | 28 | Surgery | Colorectal Surgery (Proctology) |
| 16 | 07 | Surgery | Dermatology |
| 23 | 02 | Surgery | General Surgery |
| 26 | 98 | Surgery | Gynecological Oncology |
| 27 | 40 | Surgery | Hand Surgery |
| 75 | C3 | Surgery | Interventional Cardiology |
| 76 | 09 | Surgery | Interventional Pain Management |
| 77 | 94 | Surgery | Interventional Radiology |
| 83 | 14 | Surgery | Neurosurgery |
| 86 | 16 | Surgery | Obstetrics/Gynecology |
| 87 | 18 | Surgery | Ophthalmology |
| 90 | 20 | Surgery | Orthopedic Surgery |
| 92 | 04 | Surgery | Otolaryngology |
| 99 | 24 | Surgery | Plastic And Reconstructive Surgery |
| 100 | 48 | Surgery | Podiatry |
| 108 | 91 | Surgery | Surgical Oncology |
| 109 | 33 | Surgery | Thoracic Surgery |
| 110 | 34 | Surgery | Urology |
| 111 | 77 | Surgery | Vascular Surgery |
| 5 | 79 | Medicine | Addiction Medicine |
| 8 | 21 | Medicine | Cardiac Electrophysiology |
| 10 | 06 | Medicine | Cardiology |
| 19 | 46 | Medicine | Endocrinology |
| 21 | 10 | Medicine | Gastroenterology |
| 28 | 82 | Medicine | Hematology |
| 29 | 83 | Medicine | Hematology/Oncology |
| 73 | 44 | Medicine | Infectious Disease |
| 79 | 90 | Medicine | Medical Oncology |
| 80 | 39 | Medicine | Nephrology |
| 81 | 13 | Medicine | Neurology |
| 88 | 41 | Medicine | Optometry |
| 91 | 12 | Medicine | Osteopathic Manipulative Medicine |
| 93 | 72 | Medicine | Pain Management |
| 94 | 22 | Medicine | Pathology |
| 97 | 25 | Medicine | Physical Medicine And Rehabilitation |
| 102 | 26 | Medicine | Psychiatry |
| 103 | 29 | Medicine | Pulmonary Disease |
| 105 | 66 | Medicine | Rheumatology |
| 107 | 23 | Medicine | Sports Medicine |

Office Visits

Similarity Between Survey Median Work RVUs and Reference Service List Codes



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

Global Period: XXX

Meeting Date: April 2019

CPT Long Descriptors:

CPT Code: 99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.

CPT Code: 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.

CPT Code: 99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

CPT Code: 99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.

CPT Code: 99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

CPT Code: 99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.

CPT Code: 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time of the reporting provider is spent on the date of the encounter.

CPT Code: 99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.

CPT Code: 99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

Global Period: ZZZ

Meeting Date: April 2019

CPT Long Descriptors:

CPT Code: 99417 Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

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

The practice expense survey tool was approved by the AMA research subcommittee. The joint societies listed in Attachment #1 surveyed members totaling 178,360. Responses by specialty designation are also included in Attachment #2.

The multispecialty groups discussed, at length, the potential practice expense implications of electronic health records. The consensus group recommends that the AMA practice expense subcommittee convene a workgroup to study the potential changes that should be made to appropriately capture all the direct expenses associated in evaluation and management codes (similar to the workgroup that was convened to study how to handle PACS).

Below is a summary of the number of completed responses to Part 2 “Direct Practice Expense Details” of the Office Visit Code RUC Survey.

| | |
|-------|------|
| 99202 | 784 |
| 99203 | 995 |
| 99204 | 1074 |
| 99205 | 974 |
| 99211 | 739 |
| 99212 | 905 |
| 99213 | 1091 |
| 99214 | 1115 |
| 99215 | 1022 |
| 99417 | 757 |

A consensus panel consisting of RUC advisors and subject matter experts from the surveying societies met via multiple conference calls to review the survey data and existing PE inputs to develop the final recommendations presented in the PE worksheet.

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

Current DPEI inputs were included on the PE spreadsheet for the existing evaluation and management codes (99201-99205, 99211-99215). CPT Code 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)* was included as the reference code for the new prolonged services code 99417.

3. **Is this code(s) 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)

N/A

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

| | Dominant Provider - Global | Dominant Provider in the Global AND NF Setting* | NF Percentage | | | | | | | |
|-------|----------------------------|---|----------------------|---------------|--------------|---------------|-------------|------------|---------------|-----------|
| 99201 | | Dermatology (30%) | PA's (9%) | NP's (8%) | GenSur (8%) | | | | | |
| 99202 | | Dermatology (26%) | Podiatry (13%) | PA's (10%) | NP's (8%) | | | | | |
| 99203 | | Orthopedic Surgery (14%) | Podiatry (12%) | Otolaryn (9%) | Derm (8%) | FamPrac (7%) | PA's (7%) | | | |
| 99204 | Cardiology | | Ophthalmology (8.2%) | Card (7.6%) | IntMed (7%) | Urology (6%) | GI (6%) | FP (5%) | OrthSurg (5%) | Neur (5%) |
| 99205 | | Neurology (14%) | Cardiology (9%) | IntMed (9%) | Hem/Onc (7%) | Pulm (6%) | GenSur (3%) | Rheum (3%) | | |
| 99211 | | Internal Medicine (24%) | FP (20%) | Card (19%) | | | | | | |
| 99212 | | Podiatry (16%) | Derm (15%) | OrthSur (8%) | IntMed (8%) | FP (7%) | | | | |
| 99213 | | Internal Medicine (16%) | FP (16%) | NP (7%) | Derm (6%) | OrthSurg (6%) | | | | |
| 99214 | | Internal Medicine (21%) | FP (20%) | Card (9%) | | | | | | |
| 99215 | | Internal Medicine (21%) | FP (13%) | Card (10%) | Neur (8%) | | | | | |

*percent notation is from NF data

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

N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

N/A

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

Original “Review/read x-ray, lab, pathology reports” time is now reported in new task “identify need for imaging, lab or other test (results) and ensure information has been obtained

Original CA035 “Review home care instructions, coordinate visits/prescriptions” is now reported in new task “Coordinate home or outpatient care”

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? (please use this time rather than 5 minutes in your reference code)

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:

| | 2000 | 2018 | Recommendation |
|-------|------|--------|----------------|
| 99202 | 4 | +1 = 5 | 5 |
| 99203 | 5 | | 5 |
| 99204 | 5 | | 5 |
| 99205 | 5 | | 5 |
| 99211 | 2 | +3 = 5 | 3 |
| 99212 | 4 | +1 = 5 | 5 |
| 99213 | 5 | | 5 |
| 99214 | 5 | | 5 |
| 99215 | 5 | | 5 |

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

Assist Physician – For CPT Codes 99204, 99205, 99214 and 99215

Level 4: 1 minute

Level 5: 2 minutes

Clinical staff presents summary of relevant history for physician. Repeat ambulatory O2 Sat or BP, perform monofilament exam, etc.

- 10. 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.**

The specialties believe there is no direct relationship between the physician intra-service work time and the “assist physician” clinical activity.

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

The research subcommittee created new clinical labor tasks prior to the survey entering the field. See below:

| | |
|-----|---|
| NEW | Identify need for imaging, lab or other test result(s) and ensure information has been obtained - three days prior (to be used with E/M only) |
| NEW | Identify need for imaging, lab or other test result(s) and ensure information has been obtained - day of (to be used with E/M only) |
| NEW | Review and document history, systems and medications (to be used with E/M only) |
| NEW | Education/instruction/counseling (to be used with E/M only) |
| NEW | Coordinate home or outpatient care (to be used with E/M only) |

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

N/A

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

N/A

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

Attached is a paid invoice for a portable scale. The scale, which includes a height gauge, is used to obtain vital signs (height and weight) for all codes in this tab with the exception of 99417.

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

The specialty societies recommend the “Office Visits” equipment formula for EQ189 otoscope-ophthalmoscope (wall unit) and EF023 table, exam.

The specialty societies recommend the “Other” equipment formula for ED021 computer, desktop, w-monitor. ED021 is used during both the pre-service and post-service periods, in addition to the service period.

The specialty societies recommend the “Other” equipment formula for new equipment item “portable scale”. The societies recommend 2 minutes for this new item.

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

Direct Practice Expense Inputs

Clinical Time

The office visit survey included practice expense questions about clinical staff times. Respondents were asked to indicate the typical clinical staff time spent for several specifically listed task items (i.e. CA009 greet patient, CA010 vital signs, CA013 prepare room, etc). Survey respondents were also allowed to recommend times for “other clinical activity” in all three service-periods (pre service, service period, post service) and include comments.

The specialty societies recommend using median survey respondent total times to start developing the practice expense recommendations. More specifically, the specialty societies recommend summing each respondents’ total time recommendation, including times written in for “other clinical activity”, and identifying the median total times. We acknowledge there is variation among specialties in how they perform E/M services; specifically, who performs the associated tasks, and in what order, however when you look at the aggregate data the total times are very similar, if not identical. As such we determined it made the most sense to use the median survey total time vs. the sum of individual task time from the write portion of the PE survey.

The specialty societies used the survey data as the guiding principal for the recommended times. The consensus panel also took into consideration:

- PE standards;
- current times (to not exceed existing times);
- inter-family relationships (new vs established);
- intra-family relationships (within new, within established);
- relationship of recommendations on the survey responses; and
- budget neutrality.

CPT Code(s): 99202-99215
Specialty Society: See Attachment #1 below

Below is a summary of the consensus panel recommendations by sub-group (new vs established):

| | 99202 | 99203 | 99204 | 99205 | | 99211 | 99212 | 99213 | 99214 | 99215 |
|---|-----------|-----------|-----------|-----------|--|-----------|-----------|-----------|-----------|-----------|
| PRE-SERVICE PERIOD | 2 | 4 | 6 | 10 | | 0 | 2 | 4 | 5 | 7 |
| Identify need for imaging, lab or other test result(s) and ensure information has been obtained - three days prior (to be used with E/M only) | 2 | 4 | 6 | 10 | | 0 | 2 | 4 | 5 | 7 |
| SERVICE PERIOD | 29 | 34 | 41 | 46 | | 16 | 24 | 27 | 40 | 45 |
| Identify need for imaging, lab or other test result(s) and ensure information has been obtained - day of (to be used with E/M only) | 1 | 2 | 3 | 5 | | 1 | 1 | 2 | 3 | 4 |
| Greet patient, provide gowning, ensure appropriate medical records are available | 3 | 3 | 3 | 3 | | 3 | 3 | 3 | 3 | 3 |
| Obtain vital signs | 5 | 5 | 5 | 5 | | 3 | 5 | 5 | 5 | 5 |
| Prepare room, equipment and supplies | 2 | 2 | 2 | 2 | | 2 | 2 | 2 | 2 | 2 |
| Prepare, set-up and start IV, initial positioning and monitoring of patient | 2 | 2 | 2 | 2 | | 1 | 2 | 2 | 2 | 2 |
| Review and document history, systems and medications (to be used with E/M only) | 10 | 12 | 14 | 14 | | 3 | 5 | 5 | 13 | 14 |
| Assist Physician | 0 | 0 | 1 | 2 | | 0 | 0 | 0 | 1 | 2 |
| Education/instruction/counseling (to be used with E/M only) | 3 | 3 | 5 | 5 | | 1 | 3 | 3 | 5 | 5 |
| Clean Room | 3 | 3 | 3 | 3 | | 2 | 3 | 3 | 3 | 3 |
| Coordinate home or outpatient care (to be used with E/M only) | 0 | 2 | 3 | 5 | | 0 | 0 | 2 | 3 | 5 |
| POST-SERVICE PERIOD | 3 | 5 | 7 | 11 | | 1 | 2 | 5 | 6 | 10 |
| Conduct patient communications | 3 | 5 | 7 | 11 | | 1 | 2 | 5 | 6 | 10 |

Below is a summary of the current times, recommended time and survey times:

| Surveyed CPT Code | Current Times | Recommended Times | Median of Total Time |
|-------------------|---------------|-------------------|----------------------|
| 99202 | 39 | 34 | 36 |
| 99203 | 51 | 43 | 44 |
| 99204 | 62 | 54 | 56 |
| 99205 | 71 | 67 | 67 |
| 99211 | 19 | 17 | 26 |
| 99212 | 28 | 28 | 31 |
| 99213 | 36 | 36 | 40 |
| 99214 | 53 | 51 | 52 |
| 99215 | 63 | 62 | 63 |

New Code 99417

The consensus panel used CPT Code 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)* as the reference code for the new prolonged services code 99417. The add-on code for prolonged services has 3 minutes of clinical staff time (for 30 minutes of physician work). The consensus panel is recommending 2 minutes of clinical staff time for new code 99417. The two minutes reflect the median total survey time. The societies note that the practice expense survey only allowed participants to enter time in “assist physician” or “other”. However, the consensus panel recommends the 2 minutes of time be allocated to “CA037 conduct patient communications” similar to the reference service code. In addition, the consensus panel recommends 15 minutes of time for equipment items EQ189 otoscope-ophthalmoscope (wall unit), EF023 table, exam and ED021 computer, desktop, w-monitor.

Supplies and Equipment (N=1141)

The office visit survey included practice expense questions about supplies and equipment. Respondents were asked to indicate whether they used the items included in SA047 E/M Pack. The survey results, included below, support maintaining all current items in supply code SA047. The survey also asked survey respondents to indicate whether they used an otoscope. They were also asked whether an exam table or a power table was typical in their practice. The survey results indicated that the otoscope was still being used and that an exam table is typically used. See results below.

Survey respondents were also asked about additional supply and equipment items used in their practices. The specialty societies looked not only at frequency of the suggested items, but how many varying specialty societies submitted that item. For example, if an item is only utilized by a single specialty, and considered a specialty specific item it would not be appropriate to include it in an E/M service provided by all specialties even if the survey response count was 1000. After reviewing the data, a “specialty society survey” was distributed to one advisor representative from each surveying society, including a list of potential supplies and equipment items that might be added to the E/M inputs. The “specialty society survey” results indicated that supply code SM022 *sanitizing cloth-wipe (surface, instruments, equipment)* would be appropriate to add to the E/M inputs. The “specialty society survey” results indicated that *blood pressure cuff* should be considered for addition to the E/M

inputs (however would not meet the CMS \$500 minimum threshold for inclusion. The “specialty society survey” results also indicated that equipment item *scale* was appropriate for inclusion, meet the CMS \$500 threshold. ED021 *computer, desktop, w-monitor* is an existing equipment input and both the main E/M survey and the follow-up ‘specialty society survey’ support the addition of ED021 to the E/M inputs.

Existing Supply

SA047 E/M Pack

- cover, thermometer probe – 69%
- drape, non-sterile, sheet 40in x 60in – 50%
- gloves, non-sterile – 87%
- Gown, patient – 59%
- paper, exam table – 86%
- patient education booklet – 72%
- pillow case – 63%
- specula tips, otoscope – 59%
- swab-pad, alcohol – 72%
- tongue depressor – 52%

Addition of Other Supplies

The specialty societies recommend the addition of SM022 *sanitizing cloth-wipe (surface, instruments, equipment)* to clean the computer and surfaces between patients.

Existing Equipment

Otoscope-ophthalmoscope (wall unit) – 66%
Exam Table – 91%

Addition of Other Equipment

The specialty societies recommend the addition of ED021 *computer, desktop, w-monitor* to document the encounter in the electronic medical record. The consensus panel also recommends the addition of new equipment item “portable scale”. The practice expense survey and the specialty society survey indicate it is typical for a scale to be used in these E/M services. The specialty societies have included a paid invoice and recommend the obtain vital signs time be allocated to the portable scale. The practice expense survey asked respondents to indicate whether they typically used a power table for E/M visits. The survey indicated that only 42% found the power table to be typical. As such, the consensus panel is not recommending the addition of the power table to the PE inputs for E/M.

CPT Code(s): 99202-99215
Specialty Society: See Attachment #1 below

Budget Neutrality

The consensus multispecialty panel conducted a budget neutrality analysis. The claims for deleted CPT Code 99201 were moved to CPT Code 99202. The utilization assumption for new code 99417 were 5% of reported 99205 claims and 10% of reported 99215 claims. These practice expense recommendations reflect budget savings of 0.88%.

| CPT Code | 2018 Medicare Data | NF Utilization | | Current | | Proposed | |
|----------|---------------------------------|----------------|------------|---------|-----------------|----------|-----------------|
| 99201 | 226,411 | 83.09% | 194,039 | \$13.97 | \$2,710,725 | | |
| 99202 | 2,564,511 | 84.66% | 2,282,518 | \$18.64 | \$42,546,136 | \$17.32 | \$42,254,079 |
| 99203 | 11,265,123 | 84.26% | 10,087,220 | \$23.39 | \$235,940,076 | \$20.77 | \$209,476,275 |
| 99204 | 10,381,133 | 82.45% | 8,913,893 | \$27.36 | \$243,884,112 | \$24.98 | \$222,663,532 |
| 99205 | 2,878,082 | 73.44% | 2,131,610 | \$30.92 | \$65,909,381 | \$29.94 | \$63,812,830 |
| | | | | | | | |
| 99211 | 3,227,768 | 95.09% | 3,079,779 | \$11.12 | \$34,247,142 | \$10.79 | \$33,226,467 |
| 99212 | 11,625,445 | 87.38% | 10,235,323 | \$14.77 | \$151,175,721 | \$15.02 | \$153,720,634 |
| 99213 | 94,306,421 | 87.80% | 83,756,488 | \$17.74 | \$1,485,840,097 | \$18.07 | \$1,513,365,012 |
| 99214 | 103,974,565 | 85.96% | 90,773,242 | \$24.08 | \$2,185,819,667 | \$23.84 | \$2,163,713,418 |
| 99215 | 10,160,971 | 76.02% | 7,792,272 | \$27.83 | \$216,858,930 | \$28.04 | \$218,464,369 |
| | | | | | | | |
| 99417 | 5% of 99205 and 10% of 99215 | | 885,808 | | | \$0.97 | \$859,233 |
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17. If there is any other item on your spreadsheet that needs further explanation please include here:

2000 Background

Methodology:

The current direct PE inputs were developed by a workgroup comprised of 9 RUC members. The Office Visit codes 99201-99205, 99211-99215, and 99241-99245 were the first E/M codes reviewed as they had Clinical Practice Expert Panel (CPEP) data and were frequently used. First the 2000 workgroup identified an anchor code from each group (99203, 99213, 99243) with the plan to extrapolate the data inputs for the remaining codes. The 2000 workgroup reviewed the clinical staff times from all CPEPs for the 15 codes and agreed to focus on CPEP 7 (E/M workgroup which had the most consistent times) as a basis of further refinement.

The 2000 workgroup reviewed 99203 and assigned clinical staff times, using standardized PEAC approved times as a starting point, with modifications made based on consensus of the workgroup. The 2000 workgroup considered if there was a standard ratio of clinical staff to physician time that could be applied to arrive at clinical staff time and reviewed the two times to check the relativity. In general, the 2000 workgroup concluded that the ratio of clinical staff time to physician time decreases as the level of code increases. Times were then collectively assigned to the remaining codes after review by the entire workgroup.

Staff type:

The 2000 workgroup discussed the variety of clinical staff types currently employed in physician practices and acknowledged a need to standardize the staff type. A goal was to agree upon an appropriate staff mix, recognizing that the actual staff varies among physicians and agreed upon a RN/LPN staff blend.

Medical supplies:

The standard basic visit package developed by the PEAC and the supplies assigned to the CPEP 7 E/M codes were considered by the workgroup. The final list of supplies was a combination of the two supply groups (with some quantity adjustments) and to be considered the standard supply package for E/M office visits.

Overhead Equipment:

The methodology used by the PEAC to develop the overhead equipment were not fully clear to the workgroup. However, they felt the CPEP 7 overhead equipment should be applied all 15 codes being reviewed.

18. Please include an explanation of each line item:

Clinical Labor

Pre Service Period

Identify need for imaging, lab or other test result(s) and ensure information has been obtained - *three days prior* (to be used with E/M only)

Service Period

Pre-Service

Identify need for imaging, lab or other test result(s) and ensure information has been obtained - *day of* (to be used with E/M only)

Greet patient, provide gowning, ensure appropriate medical records are available

Obtain vital signs

Prepare room, equipment and supplies

Prepare, set-up and start IV, initial positioning and monitoring of patient

Review and document history, systems and medications (to be used with E/M only)

Intra-service (of service period)

Perform procedure/service---NOT directly related to physician work time

Post-Service (of service period)

Education/instruction/counseling (to be used with E/M only)

Clean room/equipment by clinical staff

Coordinate home or outpatient care (to be used with E/M only)

Post Service Period

Conduct patient communications

Attachment #1: Surveying Specialty Societies

| Specialty Society | # of surveys distributed |
|--|---------------------------------|
| AMDA-The Society for Post-Acute and Long- Term Care Medicine (AMDA) | 2325 |
| American Academy of Dermatology (AAD) | 1000 |
| American Academy of Family Physicians (AAFP) | 53,268 |
| American Academy of Hospice and Palliative Medicine (AAHPM) | 3610 |
| American Academy of Neurology (AAN) | 1987 |
| American Academy of Ophthalmology (AAO) | 2455 |
| American Academy of Orthopaedic Surgeons (AAOS) | 1971 |
| American Academy of Otolaryngology - Head and Neck Surgery (AAOHNS) | 1745 |
| American Academy of PAs (AAPA) | 1300 |
| American Academy of Pediatrics (AAP) | 4957 |
| American Academy of Physical Medicine & Rehabilitation (AAPM&R) | 2490 |
| American Association for Thoracic Surgery (AATS) | 3988 |
| American Association of Clinical Endocrinologists (AACE) | 8513 |
| American Association of Clinical Urologists Inc. (AACU) | 1251 |
| American Association of Neurological Surgeons (AANS) | 1000 |
| American Clinical Neurophysiology Society (ACNS) | 623 |
| American College of Cardiology (ACC) | 2000 |
| American College of Chest Physicians (CHEST aka ACCP) | 1929 |
| American College of Gastroenterology (ACG) | Included with AGA |
| American College of Obstetricians and Gynecologists (ACOG) | 3355 |
| American College of Physicians (ACP) | 3000 |
| American College of Rheumatology (ACRrh) | 1459 |
| American College of Surgeons (ACS) | 5613 |
| American Gastroenterological Association (AGA) | 2924 |
| American Geriatrics Society (AGS) | 3186 |
| American Nurses Association (ANA) | 17,951 |
| American Optometric Association (AOA) | 976 |
| American Osteopathic Association (AOA) | 4829 |
| American Podiatric Medical Association (APMA) | 5613 |
| American Psychiatric Association (APA) | 3047 |
| American Society for Blood and Marrow Transplantation (ASBMT) | 848 |
| American Society for Gastrointestinal Endoscopy (ASGE) | Included with AGA |
| American Society for Surgery of the Hand (ASSH) | 1650 |
| American Society of Addiction Medicine (ASAM) | 2310 |
| American Society of Cataract and Refractive Surgery (ASCRS -Cataract and Refractive) | Included with AOA |
| American Society of Clinical Oncology (ASCO) | 6826 |
| American Society of Colon and Rectal Surgeons (ASCRS – Colon and Rectal Surgeons) | 1500 |
| American Society of Hematology (ASH) | 3120 |

CPT Code(s): 99202-99215
Specialty Society: See Attachment #1 below

| Specialty Society | # of surveys distributed |
|--|---------------------------------|
| American Society of Retina Specialists (ASRS) | Included with AOA |
| American Thoracic Society (ATS) | 1925 |
| American Urological Association (AUA) | 2998 |
| Congress of Neurological Surgeons (CNS) | Included with AANS |
| Infectious Diseases Society of America (IDSA) | 2694 |
| North American Spine Society (NASS) | 605 |
| Renal Physicians Association (RPA) | 2229 |
| Society for Vascular Surgery (SVS) | 2274 |
| Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) | 1325 |
| Society of Interventional Radiology (SIR) | 790 |
| Society of Thoracic Surgeons (STS) | Included with ATTS |
| The Endocrine Society (ES) | Included with AACE |
| The Society for Cardiovascular Angiography and Interventions (SCAI) | 2155 |
| Total | 178360 |

Attachment #2: Responses by Specialty

| CPT Code 99202 N=784 | | | |
|---------------------------|-----|--------------------------------------|---|
| Family Practice | 292 | Medical Oncology | 7 |
| Otolaryngology | 45 | Gynecological Oncology | 7 |
| Dermatology | 43 | Obstetrics/Gynecology | 6 |
| Pediatric Medicine | 26 | Thoracic Surgery | 6 |
| Neurology | 24 | Physical Medicine And Rehabilitation | 6 |
| Hematology/Oncology | 23 | Infectious Disease | 5 |
| Ophthalmology | 23 | Interventional Radiology | 4 |
| Gastroenterology | 23 | Hematology | 4 |
| Orthopedic Surgery | 19 | Rheumatology | 3 |
| General Surgery | 19 | Addiction Medicine | 3 |
| Urology | 19 | Physicians Assistant | 3 |
| Podiatry | 18 | Hospice And Palliative Care | 3 |
| Endocrinology | 18 | Nurse Practitioner | 2 |
| Geriatric Medicine | 18 | Cardiac Electrophysiology | 2 |
| Hand Surgery | 16 | Sports Medicine | 2 |
| Cardiac Surgery | 12 | Optometry | 2 |
| Nephrology | 12 | Colorectal Surgery (Proctology) | 2 |
| Cardiology | 11 | Surgical Oncology | 1 |
| Interventional Cardiology | 10 | Pain Management | 1 |
| Neurosurgery | 9 | Osteopathic Manipulative Medicine | 1 |
| Internal Medicine | 8 | Certified Nurse Midwife | 1 |
| Psychiatry | 8 | Pathology | 1 |
| Pulmonary Disease | 7 | General Practice | 1 |
| Vascular Surgery | 7 | Preventive Medicine | 1 |

CPT Code(s): 99202-99215
Specialty Society: See Attachment #1 below

| CPT Code 99203 N=996 | | | |
|--------------------------------------|-----|-----------------------------------|----|
| Family Practice | 338 | Cardiology | 11 |
| Otolaryngology | 53 | Gynecological Oncology | 9 |
| Dermatology | 44 | Internal Medicine | 9 |
| Endocrinology | 42 | Thoracic Surgery | 8 |
| Neurology | 40 | Obstetrics/Gynecology | 8 |
| Gastroenterology | 29 | Vascular Surgery | 8 |
| Pediatric Medicine | 28 | Addiction Medicine | 7 |
| Ophthalmology | 28 | Rheumatology | 6 |
| Hematology/Oncology | 27 | Hospice And Palliative Care | 6 |
| Geriatric Medicine | 26 | Physicians Assistant | 6 |
| Orthopedic Surgery | 25 | Interventional Radiology | 5 |
| General Surgery | 24 | Nurse Practitioner | 4 |
| Urology | 23 | Colorectal Surgery (Proctology) | 3 |
| Podiatry | 20 | Cardiac Electrophysiology | 3 |
| Nephrology | 19 | Hematology | 3 |
| Pulmonary Disease | 17 | Optometry | 2 |
| Hand Surgery | 17 | Sports Medicine | 2 |
| Physical Medicine And Rehabilitation | 14 | Pain Management | 1 |
| Cardiac Surgery | 14 | Osteopathic Manipulative Medicine | 1 |
| Psychiatry | 14 | Preventive Medicine | 1 |
| Neurosurgery | 13 | Certified Nurse Midwife | 1 |
| Interventional Cardiology | 13 | Surgical Oncology | 1 |
| Infectious Disease | 12 | General Practice | 1 |
| Medical Oncology | 11 | | |

| CPT Code 99204 N=1074 | | | |
|--------------------------------------|-----|-----------------------------------|----|
| Family Practice | 337 | Cardiology | 12 |
| Neurology | 54 | Obstetrics/Gynecology | 11 |
| Endocrinology | 52 | Hospice And Palliative Care | 10 |
| Otolaryngology | 52 | Addiction Medicine | 10 |
| Hematology/Oncology | 41 | Gynecological Oncology | 9 |
| Dermatology | 34 | Internal Medicine | 9 |
| Ophthalmology | 31 | Rheumatology | 8 |
| Pediatric Medicine | 31 | Thoracic Surgery | 8 |
| Gastroenterology | 29 | Vascular Surgery | 8 |
| Geriatric Medicine | 28 | Physicians Assistant | 6 |
| Orthopedic Surgery | 26 | Nurse Practitioner | 5 |
| General Surgery | 24 | Interventional Radiology | 5 |
| Urology | 23 | Hematology | 5 |
| Nephrology | 23 | Cardiac Electrophysiology | 4 |
| Podiatry | 18 | Colorectal Surgery (Proctology) | 3 |
| Psychiatry | 18 | Sports Medicine | 2 |
| Cardiac Surgery | 18 | Surgical Oncology | 2 |
| Pulmonary Disease | 18 | Pain Management | 2 |
| Hand Surgery | 17 | Osteopathic Manipulative Medicine | 1 |
| Physical Medicine And Rehabilitation | 17 | Certified Nurse Midwife | 1 |
| Medical Oncology | 16 | Preventive Medicine | 1 |
| Infectious Disease | 15 | Optometry | 1 |
| Interventional Cardiology | 15 | General Practice | 1 |
| Neurosurgery | 13 | | |

| CPT Code 99205 N=974 | | | |
|--------------------------------------|-----|-----------------------------------|----|
| Family Practice | 288 | Podiatry | 12 |
| Neurology | 57 | Hand Surgery | 11 |
| Endocrinology | 52 | Hospice And Palliative Care | 11 |
| Otolaryngology | 44 | Addiction Medicine | 10 |
| Hematology/Oncology | 41 | Obstetrics/Gynecology | 9 |
| Geriatric Medicine | 30 | Gynecological Oncology | 9 |
| Gastroenterology | 30 | Thoracic Surgery | 8 |
| Pediatric Medicine | 29 | Vascular Surgery | 8 |
| Ophthalmology | 25 | Rheumatology | 7 |
| Psychiatry | 24 | Internal Medicine | 7 |
| Nephrology | 22 | Physicians Assistant | 6 |
| Dermatology | 22 | Nurse Practitioner | 5 |
| General Surgery | 22 | Hematology | 5 |
| Urology | 21 | Interventional Radiology | 4 |
| Pulmonary Disease | 19 | Cardiac Electrophysiology | 4 |
| Orthopedic Surgery | 19 | Colorectal Surgery (Proctology) | 3 |
| Cardiac Surgery | 17 | Surgical Oncology | 2 |
| Medical Oncology | 17 | Pain Management | 2 |
| Interventional Cardiology | 16 | Sports Medicine | 1 |
| Infectious Disease | 14 | Osteopathic Manipulative Medicine | 1 |
| Physical Medicine And Rehabilitation | 13 | Certified Nurse Midwife | 1 |
| Cardiology | 12 | General Practice | 1 |
| Neurosurgery | 12 | Preventive Medicine | 1 |

CPT Code(s): 99202-99215
Specialty Society: See Attachment #1 below

| CPT Code 99211 N=739 | | | |
|-----------------------------|-----|--------------------------------------|---|
| Family Practice | 277 | Pulmonary Disease | 7 |
| Dermatology | 37 | Gynecological Oncology | 7 |
| Otolaryngology | 35 | Thoracic Surgery | 6 |
| Hematology/Oncology | 26 | Vascular Surgery | 6 |
| Neurology | 25 | Physical Medicine And Rehabilitation | 5 |
| Endocrinology | 25 | Obstetrics/Gynecology | 4 |
| Pediatric Medicine | 23 | Rheumatology | 4 |
| Geriatric Medicine | 23 | Interventional Radiology | 4 |
| Ophthalmology | 21 | Hospice And Palliative Care | 4 |
| Urology | 19 | Infectious Disease | 4 |
| Gastroenterology | 18 | Addiction Medicine | 4 |
| General Surgery | 17 | Cardiac Electrophysiology | 3 |
| Orthopedic Surgery | 15 | Hematology | 3 |
| Nephrology | 15 | Optometry | 2 |
| Podiatry | 14 | Physicians Assistant | 2 |
| Interventional Cardiology | 12 | Colorectal Surgery (Proctology) | 2 |
| Hand Surgery | 11 | Pain Management | 1 |
| Cardiac Surgery | 10 | Osteopathic Manipulative Medicine | 1 |
| Neurosurgery | 9 | Preventive Medicine | 1 |
| Cardiology | 9 | Certified Nurse Midwife | 1 |
| Psychiatry | 8 | General Practice | 1 |
| Internal Medicine | 8 | Sports Medicine | 1 |
| Medical Oncology | 8 | Surgical Oncology | 1 |

CPT Code(s): 99202-99215
Specialty Society: See Attachment #1 below

| CPT Code 99212 N=905 | | | |
|--------------------------------------|-----|-----------------------------------|---|
| Family Practice | 314 | Internal Medicine | 9 |
| Otolaryngology | 50 | Gynecological Oncology | 9 |
| Dermatology | 44 | Vascular Surgery | 8 |
| Neurology | 30 | Addiction Medicine | 8 |
| Hematology/Oncology | 29 | Obstetrics/Gynecology | 8 |
| Pediatric Medicine | 29 | Infectious Disease | 7 |
| Endocrinology | 26 | Thoracic Surgery | 6 |
| Gastroenterology | 26 | Hospice And Palliative Care | 6 |
| Ophthalmology | 25 | Interventional Radiology | 5 |
| Geriatric Medicine | 24 | Rheumatology | 5 |
| Orthopedic Surgery | 23 | Physicians Assistant | 5 |
| General Surgery | 20 | Hematology | 4 |
| Podiatry | 20 | Colorectal Surgery (Proctology) | 3 |
| Urology | 20 | Nurse Practitioner | 3 |
| Psychiatry | 19 | Cardiac Electrophysiology | 3 |
| Hand Surgery | 16 | Optometry | 2 |
| Nephrology | 14 | Surgical Oncology | 1 |
| Cardiac Surgery | 13 | Sports Medicine | 1 |
| Pulmonary Disease | 12 | Certified Nurse Midwife | 1 |
| Physical Medicine And Rehabilitation | 11 | Pain Management | 1 |
| Interventional Cardiology | 11 | General Practice | 1 |
| Neurosurgery | 11 | Preventive Medicine | 1 |
| Medical Oncology | 10 | Osteopathic Manipulative Medicine | 1 |
| Cardiology | 10 | | |

CPT Code(s): 99202-99215
Specialty Society: See Attachment #1 below

| CPT Code 99213 N=1091 | | | |
|--------------------------------------|-----|-----------------------------------|----|
| Family Practice | 343 | Cardiology | 12 |
| Neurology | 53 | Obstetrics/Gynecology | 11 |
| Otolaryngology | 53 | Addiction Medicine | 10 |
| Endocrinology | 50 | Internal Medicine | 9 |
| Dermatology | 44 | Gynecological Oncology | 9 |
| Hematology/Oncology | 39 | Vascular Surgery | 8 |
| Pediatric Medicine | 32 | Thoracic Surgery | 8 |
| Psychiatry | 31 | Rheumatology | 7 |
| Ophthalmology | 30 | Nurse Practitioner | 7 |
| Gastroenterology | 29 | Hospice And Palliative Care | 7 |
| Geriatric Medicine | 28 | Physicians Assistant | 6 |
| Orthopedic Surgery | 25 | Interventional Radiology | 5 |
| General Surgery | 24 | Hematology | 5 |
| Urology | 23 | Colorectal Surgery (Proctology) | 3 |
| Nephrology | 21 | Cardiac Electrophysiology | 3 |
| Podiatry | 20 | Optometry | 2 |
| Pulmonary Disease | 19 | Surgical Oncology | 2 |
| Physical Medicine And Rehabilitation | 17 | Pain Management | 2 |
| Hand Surgery | 17 | Sports Medicine | 2 |
| Interventional Cardiology | 15 | Osteopathic Manipulative Medicine | 1 |
| Medical Oncology | 15 | Certified Nurse Midwife | 1 |
| Cardiac Surgery | 14 | Preventive Medicine | 1 |
| Neurosurgery | 14 | General Practice | 1 |
| Infectious Disease | 13 | | |

| CPT Code 99214 N=1115 | | | |
|--------------------------------------|-----|-----------------------------------|----|
| Family Practice | 344 | Neurosurgery | 12 |
| Neurology | 59 | Obstetrics/Gynecology | 11 |
| Otolaryngology | 53 | Hospice And Palliative Care | 11 |
| Endocrinology | 52 | Addiction Medicine | 10 |
| Dermatology | 43 | Gynecological Oncology | 9 |
| Hematology/Oncology | 41 | Internal Medicine | 9 |
| Pediatric Medicine | 32 | Rheumatology | 8 |
| Psychiatry | 32 | Thoracic Surgery | 8 |
| Ophthalmology | 30 | Vascular Surgery | 8 |
| Gastroenterology | 30 | Nurse Practitioner | 7 |
| Geriatric Medicine | 30 | Physicians Assistant | 6 |
| Orthopedic Surgery | 26 | Hematology | 5 |
| General Surgery | 24 | Interventional Radiology | 4 |
| Urology | 23 | Cardiac Electrophysiology | 4 |
| Nephrology | 23 | Colorectal Surgery (Proctology) | 3 |
| Podiatry | 19 | Surgical Oncology | 2 |
| Pulmonary Disease | 18 | Pain Management | 2 |
| Physical Medicine And Rehabilitation | 17 | Optometry | 2 |
| Hand Surgery | 17 | Sports Medicine | 2 |
| Medical Oncology | 17 | Osteopathic Manipulative Medicine | 1 |
| Interventional Cardiology | 16 | Certified Nurse Midwife | 1 |
| Cardiac Surgery | 15 | Preventive Medicine | 1 |
| Infectious Disease | 15 | General Practice | 1 |
| Cardiology | 12 | | |

| CPT Code 99215 N=1022 | | | |
|--------------------------------------|-----|-----------------------------------|----|
| Family Practice | 327 | Hospice And Palliative Care | 11 |
| Neurology | 58 | Hand Surgery | 11 |
| Endocrinology | 52 | Addiction Medicine | 10 |
| Otolaryngology | 46 | Neurosurgery | 10 |
| Hematology/Oncology | 40 | Gynecological Oncology | 9 |
| Pediatric Medicine | 32 | Obstetrics/Gynecology | 9 |
| Geriatric Medicine | 31 | Internal Medicine | 8 |
| Psychiatry | 30 | Thoracic Surgery | 8 |
| Gastroenterology | 30 | Rheumatology | 7 |
| Ophthalmology | 25 | Vascular Surgery | 7 |
| Dermatology | 23 | Physicians Assistant | 6 |
| Nephrology | 23 | Nurse Practitioner | 6 |
| General Surgery | 23 | Hematology | 5 |
| Urology | 21 | Interventional Radiology | 4 |
| Pulmonary Disease | 19 | Cardiac Electrophysiology | 4 |
| Orthopedic Surgery | 18 | Colorectal Surgery (Proctology) | 3 |
| Medical Oncology | 17 | Surgical Oncology | 2 |
| Podiatry | 14 | Pain Management | 2 |
| Physical Medicine And Rehabilitation | 14 | Certified Nurse Midwife | 1 |
| Interventional Cardiology | 14 | Osteopathic Manipulative Medicine | 1 |
| Infectious Disease | 13 | Preventive Medicine | 1 |
| Cardiac Surgery | 13 | General Practice | 1 |
| Cardiology | 12 | Sports Medicine | 1 |

CPT Code(s): 99202-99215
Specialty Society: See Attachment #1 below

| CPT Code 99XX N=757 | | | |
|--------------------------------------|-----|-----------------------------------|---|
| Family Practice | 226 | Gynecological Oncology | 9 |
| Neurology | 49 | Infectious Disease | 8 |
| Endocrinology | 35 | Cardiology | 8 |
| Hematology/Oncology | 32 | Internal Medicine | 7 |
| Otolaryngology | 30 | Addiction Medicine | 7 |
| Geriatric Medicine | 28 | Thoracic Surgery | 6 |
| Pediatric Medicine | 24 | Obstetrics/Gynecology | 6 |
| Gastroenterology | 22 | Hematology | 5 |
| Dermatology | 20 | Vascular Surgery | 5 |
| Psychiatry | 20 | Rheumatology | 4 |
| Nephrology | 20 | Nurse Practitioner | 4 |
| General Surgery | 18 | Cardiac Electrophysiology | 4 |
| Urology | 18 | Hand Surgery | 4 |
| Pulmonary Disease | 16 | Interventional Radiology | 3 |
| Medical Oncology | 16 | Pain Management | 2 |
| Ophthalmology | 16 | Colorectal Surgery (Proctology) | 2 |
| Orthopedic Surgery | 14 | Preventive Medicine | 1 |
| Interventional Cardiology | 13 | Physicians Assistant | 1 |
| Podiatry | 12 | Osteopathic Manipulative Medicine | 1 |
| Cardiac Surgery | 11 | Sports Medicine | 1 |
| Physical Medicine And Rehabilitation | 9 | General Practice | 1 |
| Hospice And Palliative Care | 9 | Surgical Oncology | 1 |
| Neurosurgery | 9 | | |

| | A | B | D | E | F | I | J | K | L | M | N | O |
|----|---|--|--------------------------|-----------------------------------|-------------------------------------|---|----------|--|----------|---|----------|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | CURRENT (2019) | | CURRENT (2019) | | RECOMMENDED | | |
| 2 | | Meeting Date: April 2019 Tab: E/M Specialty: See Attachment | | | | 99201 | | 99211 | | 99211 | | |
| 3 | | RUC Collaboration Website | | PE SURVEY DATA: Total Time Median | | Office or other outpatient visit for the evaluation and management of a new patient, which requires 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 | | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. | | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. CPT CODE DESCRIPTOR | | |
| 4 | Clinical Activity Code | Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU measurement. # | Clinical Staff Type Code | Clinical Staff Type | Clinical Staff Type Rate Per Minute | | | | | | | |
| 5 | | LOCATION | | | | Non Fac | Facility | Non Fac | Facility | Non Fac | Facility | |
| 6 | | GLOBAL PERIOD | | | | XXX | XXX | XXX | XXX | XXX | XXX | |
| 7 | | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME | | | | \$ 13.97 | \$ - | \$ 11.12 | \$ - | \$ 10.78 | \$ - | |
| 8 | | TOTAL CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 26 | 0 | 19 | 0 | 17 | 0 | |
| 9 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 26 | 0 | 19 | 0 | 16 | 0 | |
| 11 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 0 | 0 | 0 | 0 | 1 | 0 | |
| 12 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | | | | \$ 9.62 | \$ - | \$ 6.85 | \$ - | \$ 6.29 | \$ - | |
| 13 | PRE-SERVICE PERIOD | | | | | | | | | | | |
| 14 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | | |
| 16 | CA002 | Coordinate pre-surgery services (including test results) | L037D | RN/LPN/MTA | 0.37 | | | | | | | |
| 23 | NEW | Identify need for imaging, lab or other test result(s) and ensure information has been obtained - three days prior (to be used with E/M only) | L037D | RN/LPN/MTA | 0.37 | | | | | | | |
| 24 | | Other clinical activity within three calendar days prior to the office visit (to be used with E/M only) | 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 | NEW | Identify need for imaging, lab or other test result(s) and ensure information has been obtained - day of (to be used with E/M only) | L037D | RN/LPN/MTA | 0.37 | | | | | 1 | | |
| 34 | CA009 | Greet patient, provide gowning, ensure appropriate medical records are | L037D | RN/LPN/MTA | 0.37 | 3 | | 2.5 | | 3 | | |
| 35 | CA010 | Obtain vital signs | L037D | RN/LPN/MTA | 0.37 | 5 | | 5 | | 3 | | |
| 38 | CA013 | Prepare room, equipment and supplies | L037D | RN/LPN/MTA | 0.37 | 2 | | 2 | | 2 | | |
| 41 | CA016 | Prepare, set-up and start IV, initial positioning and monitoring of patient | L037D | RN/LPN/MTA | 0.37 | 2 | | 0.5 | | 1 | | |
| 43 | NEW | Review and document history, systems and medications (to be used with E/M only) | L037D | RN/LPN/MTA | 0.37 | 5 | | 3.5 | | 3 | | |
| 50 | Intra-service (of service period) | | | | | | | | | | | |
| 53 | CA020 | Assist physician or other qualified healthcare professional---directly related to physician work time (other%) | L037D | RN/LPN/MTA | 0.37 | 1 | | 0 | | 0 | | |
| 54 | CA021 | Perform procedure/service---NOT directly related to physician work time | L037D | RN/LPN/MTA | 0.37 | | | | | | | |
| 61 | Post-Service (of service period) | | | | | | | | | | | |
| 62 | NEW | Education/instruction/counseling (to be used with E/M only) | L037D | RN/LPN/MTA | 0.37 | 4 | | 2.75 | | 1 | | |
| 65 | CA024 | Clean room/equipment by clinical staff | L037D | RN/LPN/MTA | 0.37 | 3 | | 1.5 | | 2 | | |
| 76 | CA035 | Review home care instructions, coordinate visits/prescriptions | L037D | RN/LPN/MTA | 0.37 | | | | | | | |
| 78 | CA037 | Conduct patient communications | L037D | RN/LPN/MTA | 0.37 | 1 | | 0.75 | | | | |
| 79 | NEW | Coordinate home or outpatient care (to be used with E/M only) | L037D | RN/LPN/MTA | 0.37 | | | | | | | |
| 80 | | Other clinical activity on the calendar day of the office visit: please include short clinical description here (to be used with E/M only) | L037D | RN/LPN/MTA | 0.37 | | | | | | | |
| 84 | | End: Patient leaves office/facility | | | | | | | | | | |
| 85 | POST-SERVICE PERIOD | | | | | | | | | | | |
| 86 | | Start: Patient leaves office/facility | | | | | | | | | | |
| 87 | CA037 | Conduct patient communications | L037D | RN/LPN/MTA | 0.37 | | | | | 1 | | |
| 89 | Office visits: List Number and Level of Office Visits | | MINUTES | | | # visits | # visits | # visits | # visits | # visits | # visits | |
| 95 | CA039 | Post-operative visits (total time) | L037D | RN/LPN/MTA | 0.37 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| 96 | | | L037D | RN/LPN/MTA | 0.37 | | | | | | | |

| | A | B | D | E | F | I | J | K | L | M | N | O |
|-----|----------------------------------|---|--------------------------|-----------------------------------|-------------------------------------|---|----------|--|----------|---|----------|---|
| 1 | RUC Practice Expense Spreadsheet | | | | | CURRENT (2019) | | CURRENT (2019) | | RECOMMENDED | | |
| 2 | | Meeting Date: April 2019 Tab: E/M Specialty: See Attachment | | | | 99201 | | 99211 | | 99211 | | |
| 3 | | RUC Collaboration Website | | PE SURVEY DATA: Total Time Median | | Office or other outpatient visit for the evaluation and management of a new patient, which requires 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 | | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. | | Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. CPT CODE DESCRIPTOR | | |
| 4 | Clinical Activity Code | Please see brief summaries of the standards/guidelines in column G. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU component." | Clinical Staff Type Code | Clinical Staff Type | Clinical Staff Type Rate Per Minute | | | | | | | |
| 5 | | LOCATION | | | | Non Fac | Facility | Non Fac | Facility | Non Fac | Facility | |
| 6 | | GLOBAL PERIOD | | | | XXX | XXX | XXX | XXX | XXX | XXX | |
| 7 | | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME | | | | \$ 13.97 | \$ - | \$ 11.12 | \$ - | \$ 10.78 | \$ - | |
| 8 | | TOTAL CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 26 | 0 | 19 | 0 | 17 | 0 | |
| 9 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 26 | 0 | 19 | 0 | 16 | 0 | |
| 11 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | L037D | RN/LPN/MTA | 0.37 | 0 | 0 | 0 | 0 | 1 | 0 | |
| 103 | Supply | MEDICAL SUPPLIES | PRICE | UNIT | | | | | | | | |
| 104 | | TOTAL COST OF SUPPLY QUANTITY x PRICE | | | | \$ 4.18 | \$ - | \$ 4.18 | \$ - | \$ 4.23 | \$ - | |
| 105 | SA047 | pack, EM visit | 4.1755 | pack | | 1 | | 1 | | 1 | | |
| 106 | SM022 | sanitizing cloth-wipe (surface, instruments, equipment) | 0.052 | item | | | | | | 1 | | |
| 113 | Equipment Code | EQUIPMENT | Purchase Price | Equipment Formula | Cost Per Minute | | | | | | | |
| 114 | | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE | | | | \$ 0.17 | \$ - | \$ 0.10 | \$ - | \$ 0.27 | \$ - | |
| 115 | EQ189 | otoscope-ophthalmoscope (wall unit) | 675.0232 | Office Visits | 0.001791327 | 26 | | 15 | | 16 | | |
| 116 | EF023 | table, exam | 2188.059 | Office Visits | 0.004867106 | 26 | | 15 | | 16 | | |
| 117 | ED021 | computer, desktop, w-monitor | 2208.833 | Other Formula | 0.008751831 | | | | | 17 | | |
| 118 | ES999 | scale | 1628.85 | Other Formula | 0.005257328 | | | | | 2 | | |

| | A | B | P | Q | R | S | T | U | V | W | X |
|-----|---|--|---|-----------------|--|-----------------|--|-----------------|---|-----------------|---|
| 1 | RUC Practice Expense Spreadsheet | | CURRENT (2019) | | RECOMMENDED | | CURRENT (2019) | | RECOMMENDED | | |
| 2 | | Meeting Date: April 2019 Tab: E/M Specialty: See Attachment | 99202 | | 99202 | | 99212 | | 99212 | | |
| 3 | | RUC Collaboration Website <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 component."</i> | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's | | 36 minutes 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. | | 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 | | 31 minutes 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. | | |
| 4 | Clinical Activity Code | | | | | | | | | | |
| 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 | \$ 18.64 | \$ - | \$ 17.31 | \$ - | \$ 14.77 | \$ - | \$ 15.00 | \$ - | |
| 8 | | TOTAL CLINICAL STAFF TIME | 39 | 0 | 34 | 0 | 28 | 0 | 28 | 0 | |
| 9 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | |
| 10 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 39 | 0 | 29 | 0 | 28 | 0 | 24 | 0 | |
| 11 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 0 | 0 | 3 | 0 | 0 | 0 | 2 | 0 | |
| 12 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | \$ 14.20 | \$ - | \$ 12.58 | \$ - | \$ 10.41 | \$ - | \$ 10.36 | \$ - | |
| 13 | | PRE-SERVICE PERIOD | | | | | | | | | |
| 14 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | |
| 16 | CA002 | Coordinate pre-surgery services (including test results) | | | | | | | | | |
| 23 | NEW | Identify need for imaging, lab or other test result(s) and ensure information has been obtained - three days prior (to be used with E/M only) | | | 2 | | | | 2 | | |
| 24 | | Other clinical activity within three calendar days prior to the office visit (to be used with E/M only) | | | | | | | | | |
| 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 | NEW | Identify need for imaging, lab or other test result(s) and ensure information has been obtained - day of (to be used with E/M only) | 1.25 | | 1 | | 0.5 | | 1 | | |
| 34 | CA009 | Greet patient, provide gowning, ensure appropriate medical records are | 3 | | 3 | | 2.75 | | 3 | | |
| 35 | CA010 | Obtain vital signs | 5 | | 5 | | 5 | | 5 | | |
| 38 | CA013 | Prepare room, equipment and supplies | 2 | | 2 | | 2 | | 2 | | |
| 41 | CA016 | Prepare, set-up and start IV, initial positioning and monitoring of patient | 2 | | 2 | | 1.75 | | 2 | | |
| 43 | NEW | Review and document history, systems and medications (to be used with E/M only) | 10 | | 10 | | 4.75 | | 5 | | |
| 50 | | Intra-service (of service period) | | | | | | | | | |
| 53 | CA020 | Assist physician or other qualified healthcare professional---directly related to physician work time (other%) | 3.25 | | 0 | | 1.75 | | 0 | | |
| 54 | CA021 | Perform procedure/service---NOT directly related to physician work time | | | | | | | | | |
| 61 | | Post-Service (of service period) | | | | | | | | | |
| 62 | NEW | Education/instruction/counseling (to be used with E/M only) | 5 | | 3 | | 3 | | 3 | | |
| 65 | CA024 | Clean room/equipment by clinical staff | 3 | | 3 | | 3 | | 3 | | |
| 76 | CA035 | Review home care instructions, coordinate visits/prescriptions | | | | | | | | | |
| 78 | CA037 | Conduct patient communications | 3.88 | | | | 3.63 | | | | |
| 79 | NEW | Coordinate home or outpatient care (to be used with E/M only) | | | | | | | | | |
| 80 | | Other clinical activity on the calendar day of the office visit: please include short clinical description here (to be used with E/M only) | | | | | | | | | |
| 84 | | End: Patient leaves office/facility | | | | | | | | | |
| 85 | | POST-SERVICE PERIOD | | | | | | | | | |
| 86 | | Start: Patient leaves office/facility | | | | | | | | | |
| 87 | CA037 | Conduct patient communications | | | 3 | | | | 2 | | |
| 89 | | Office visits: List Number and Level of Office Visits | # visits | # visits | # visits | # visits | # visits | # visits | # visits | # visits | |
| 95 | CA039 | Post-operative visits (total time) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| 96 | | | | | | | | | | | |
| 102 | | End: with last office visit before end of global period | | | | | | | | | |

| | A | B | P | Q | R | S | T | U | V | W | X |
|-----|----------------------------------|--|---|----------|--|----------|--|----------|---|----------|---|
| 1 | RUC Practice Expense Spreadsheet | | CURRENT (2019) | | RECOMMENDED | | CURRENT (2019) | | RECOMMENDED | | |
| 2 | | Meeting Date: April 2019 Tab: E/M Specialty: See Attachment | 99202 | | 99202 | | 99212 | | 99212 | | |
| 3 | | <u>RUC Collaboration Website</u> <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/encounter."</i> | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's | | 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. | | 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 | | 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. | | |
| 4 | Clinical Activity Code | | | | | | | | | | |
| 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 | \$ 18.64 | \$ - | \$ 17.31 | \$ - | \$ 14.77 | \$ - | \$ 15.00 | \$ - | |
| 8 | | TOTAL CLINICAL STAFF TIME | 39 | 0 | 34 | 0 | 28 | 0 | 28 | 0 | |
| 9 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | |
| 10 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 39 | 0 | 29 | 0 | 28 | 0 | 24 | 0 | |
| 11 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 0 | 0 | 3 | 0 | 0 | 0 | 2 | 0 | |
| 103 | Supply | MEDICAL SUPPLIES | | | | | | | | | |
| 104 | | TOTAL COST OF SUPPLY QUANTITY x PRICE | \$ 4.18 | \$ - | \$ 4.23 | \$ - | \$ 4.18 | \$ - | \$ 4.23 | \$ - | |
| 105 | SA047 | pack, EM visit | 1 | | 1 | | 1 | | 1 | | |
| 106 | SM022 | sanitizing cloth-wipe (surface, instruments, equipment) | | | 1 | | | | 1 | | |
| 113 | Equipment Code | EQUIPMENT | | | | | | | | | |
| 114 | | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE | \$ 0.26 | \$ - | \$ 0.50 | \$ - | \$ 0.19 | \$ - | \$ 0.42 | \$ - | |
| 115 | EQ189 | otoscope-ophthalmoscope (wall unit) | 39 | | 29 | | 28 | | 24 | | |
| 116 | EF023 | table, exam | 39 | | 29 | | 28 | | 24 | | |
| 117 | ED021 | computer, desktop, w-monitor | | | 34 | | | | 28 | | |
| 118 | ES999 | scale | | | 2 | | | | 2 | | |

| | A | B | Y | Z | AA | AB | AC | AD | AE | AF | AG |
|-----|----------------------------------|--|--|----------|--|----------|--|----------|---|----------|----|
| 1 | RUC Practice Expense Spreadsheet | | CURRENT (2019) | | RECOMMENDED | | CURRENT (2019) | | RECOMMENDED | | |
| 2 | | Meeting Date: April 2019 Tab: E/M Specialty: See Attachment | 99203 | | 99203 | | 99213 | | 99213 | | |
| 3 | | RUC Collaboration Website <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 component."</i> | 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. | | 44 minutes Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. | | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of | | 40 minutes Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter. | | |
| 4 | Clinical Activity Code | | | | | | | | | | |
| 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 | \$ 23.39 | \$ - | \$ 20.75 | \$ - | \$ 17.74 | \$ - | \$ 18.05 | \$ - | |
| 8 | | TOTAL CLINICAL STAFF TIME | 51 | 0 | 43 | 0 | 36 | 0 | 36 | 0 | |
| 9 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 0 | 0 | 4 | 0 | 0 | 0 | 4 | 0 | |
| 10 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 51 | 0 | 34 | 0 | 36 | 0 | 27 | 0 | |
| 11 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 0 | 0 | 5 | 0 | 0 | 0 | 5 | 0 | |
| 12 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | \$ 18.87 | \$ - | \$ 15.91 | \$ - | \$ 13.32 | \$ - | \$ 13.32 | \$ - | |
| 13 | | PRE-SERVICE PERIOD | | | | | | | | | |
| 14 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | |
| 16 | CA002 | Coordinate pre-surgery services (including test results) | | | | | | | | | |
| 23 | NEW | Identify need for imaging, lab or other test result(s) and ensure information has been obtained - three days prior (to be used with E/M only) | | | 4 | | | | 4 | | |
| 24 | | Other clinical activity within three calendar days prior to the office visit (to be used with E/M only) | | | | | | | | | |
| 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 | NEW | Identify need for imaging, lab or other test result(s) and ensure information has been obtained - day of (to be used with E/M only) | 2 | | 2 | | 2 | | 2 | | |
| 34 | CA009 | Greet patient, provide gowning, ensure appropriate medical records are | 3 | | 3 | | 3 | | 3 | | |
| 35 | CA010 | Obtain vital signs | 5 | | 5 | | 5 | | 5 | | |
| 38 | CA013 | Prepare room, equipment and supplies | 2 | | 2 | | 2 | | 2 | | |
| 41 | CA016 | Prepare, set-up and start IV, initial positioning and monitoring of patient | 2 | | 2 | | 2 | | 2 | | |
| 43 | NEW | Review and document history, systems and medications (to be used with E/M only) | 12 | | 12 | | 6 | | 5 | | |
| 50 | | Intra-service (of service period) | | | | | | | | | |
| 53 | CA020 | Assist physician or other qualified healthcare professional---directly related to physician work time (other%) | 5 | | 0 | | 3 | | 0 | | |
| 54 | CA021 | Perform procedure/service---NOT directly related to physician work time | | | | | | | | | |
| 61 | | Post-Service (of service period) | | | | | | | | | |
| 62 | NEW | Education/instruction/counseling (to be used with E/M only) | 9 | | 3 | | 5 | | 3 | | |
| 65 | CA024 | Clean room/equipment by clinical staff | 3 | | 3 | | 3 | | 3 | | |
| 76 | CA035 | Review home care instructions, coordinate visits/prescriptions | 2 | | | | | | | | |
| 78 | CA037 | Conduct patient communications | 6 | | | | 5 | | | | |
| 79 | NEW | Coordinate home or outpatient care (to be used with E/M only) | | | 2 | | | | 2 | | |
| 80 | | Other clinical activity on the calendar day of the office visit: please include short clinical description here (to be used with E/M only) | | | | | | | | | |
| 84 | | End: Patient leaves office/facility | | | | | | | | | |
| 85 | | POST-SERVICE PERIOD | | | | | | | | | |
| 86 | | Start: Patient leaves office/facility | | | | | | | | | |
| 87 | CA037 | Conduct patient communications | | | 5 | | | | 5 | | |
| 89 | | Office visits: List Number and Level of Office Visits | # visits | # visits | # visits | # visits | # visits | # visits | # visits | # visits | |
| 95 | CA039 | Post-operative visits (total time) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| 96 | | | | | | | | | | | |
| 102 | | End: with last office visit before end of global period | | | | | | | | | |

| | A | B | Y | Z | AA | AB | AC | AD | AE | AF | AG |
|-----|----------------------------------|--|--|----------|--|----------|--|----------|---|----------|----|
| 1 | RUC Practice Expense Spreadsheet | | CURRENT (2019) | | RECOMMENDED | | CURRENT (2019) | | RECOMMENDED | | |
| 2 | | Meeting Date: April 2019 Tab: E/M Specialty: See Attachment | 99203 | | 99203 | | 99213 | | 99213 | | |
| 3 | | <u>RUC Collaboration Website</u> <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 component."</i> | 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. | | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. | | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of | | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter. | | |
| 4 | Clinical Activity Code | | | | | | | | | | |
| 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 | \$ 23.39 | \$ - | \$ 20.75 | \$ - | \$ 17.74 | \$ - | \$ 18.05 | \$ - | |
| 8 | | TOTAL CLINICAL STAFF TIME | 51 | 0 | 43 | 0 | 36 | 0 | 36 | 0 | |
| 9 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 0 | 0 | 4 | 0 | 0 | 0 | 4 | 0 | |
| 10 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 51 | 0 | 34 | 0 | 36 | 0 | 27 | 0 | |
| 11 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 0 | 0 | 5 | 0 | 0 | 0 | 5 | 0 | |
| 103 | Supply | MEDICAL SUPPLIES | | | | | | | | | |
| 104 | | TOTAL COST OF SUPPLY QUANTITY x PRICE | \$ 4.18 | \$ - | \$ 4.23 | \$ - | \$ 4.18 | \$ - | \$ 4.23 | \$ - | |
| 105 | SA047 | pack, EM visit | 1 | | 1 | | 1 | | 1 | | |
| 106 | SM022 | sanitizing cloth-wipe (surface, instruments, equipment) | | | 1 | | | | 1 | | |
| 113 | Equipment Code | EQUIPMENT | | | | | | | | | |
| 114 | | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE | \$ 0.34 | \$ - | \$ 0.61 | \$ - | \$ 0.24 | \$ - | \$ 0.51 | \$ - | |
| 115 | EQ189 | otoscope-ophthalmoscope (wall unit) | 51 | | 34 | | 36 | | 27 | | |
| 116 | EF023 | table, exam | 51 | | 34 | | 36 | | 27 | | |
| 117 | ED021 | computer, desktop, w-monitor | | | 43 | | | | 36 | | |
| 118 | ES999 | scale | | | 2 | | | | 2 | | |

| A | B | AH | AI | AJ | AK | AL | AM | AN | AO | AP |
|-----|----------------------------------|---|--|----------|--|----------|---|----------|---|----------|
| 1 | RUC Practice Expense Spreadsheet | | CURRENT (2019) | | RECOMMENDED | | CURRENT (2019) | | RECOMMENDED | |
| 2 | | Meeting Date: April 2019 Tab: E/M Specialty: See Attachment | 99204 | | 99204 | | 99214 | | 99214 | |
| 3 | | RUC Collaboration Website | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's | | 56 minutes | | 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 | | 52 minutes | |
| 4 | Clinical Activity Code | Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in CPT/HCPCS measurement. | | | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. | | | | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. | |
| 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 | \$ 27.36 | \$ - | \$ 24.96 | \$ - | \$ 24.08 | \$ - | \$ 23.82 | \$ - |
| 8 | | TOTAL CLINICAL STAFF TIME | 62 | 0 | 54 | 0 | 53 | 0 | 51 | 0 |
| 9 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 3 | 0 | 6 | 0 | 3 | 0 | 5 | 0 |
| 10 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 51 | 0 | 41 | 0 | 44 | 0 | 40 | 0 |
| 11 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 8 | 0 | 7 | 0 | 6 | 0 | 6 | 0 |
| 12 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | \$ 22.85 | \$ - | \$ 19.98 | \$ - | \$ 19.61 | \$ - | \$ 18.87 | \$ - |
| 13 | | PRE-SERVICE PERIOD | | | | | | | | |
| 14 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | |
| 16 | CA002 | Coordinate pre-surgery services (including test results) | | | | | | | | |
| 23 | NEW | Identify need for imaging, lab or other test result(s) and ensure information has been obtained - three days prior (to be used with E/M only) | 3 | | 6 | | 3 | | 5 | |
| 24 | | Other clinical activity within three calendar days prior to the office visit (to be used with E/M only) | | | | | | | | |
| 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 | NEW | Identify need for imaging, lab or other test result(s) and ensure information has been obtained - day of (to be used with E/M only) | 0.75 | | 3 | | | | 3 | |
| 34 | CA009 | Greet patient, provide gowning, ensure appropriate medical records are | 3 | | 3 | | 3 | | 3 | |
| 35 | CA010 | Obtain vital signs | 5 | | 5 | | 5 | | 5 | |
| 38 | CA013 | Prepare room, equipment and supplies | 2 | | 2 | | 2 | | 2 | |
| 41 | CA016 | Prepare, set-up and start IV, initial positioning and monitoring of patient | 2 | | 2 | | 2 | | 2 | |
| 43 | NEW | Review and document history, systems and medications (to be used with E/M only) | 15 | | 14 | | 13 | | 13 | |
| 50 | | Intra-service (of service period) | | | | | | | | |
| 53 | CA020 | Assist physician or other qualified healthcare professional---directly related to physician work time (other%) | 6 | | 1 | | 5 | | 1 | |
| 54 | CA021 | Perform procedure/service---NOT directly related to physician work time | | | | | | | | |
| 61 | | Post-Service (of service period) | | | | | | | | |
| 62 | NEW | Education/instruction/counseling (to be used with E/M only) | 11 | | 5 | | 9 | | 5 | |
| 65 | CA024 | Clean room/equipment by clinical staff | 3 | | 3 | | 3 | | 3 | |
| 76 | CA035 | Review home care instructions, coordinate visits/prescriptions | 3 | | | | 2 | | | |
| 78 | CA037 | Conduct patient communications | | | | | | | | |
| 79 | NEW | Coordinate home or outpatient care (to be used with E/M only) | | | 3 | | | | 3 | |
| 80 | | Other clinical activity on the calendar day of the office visit: please include short clinical description here (to be used with E/M only) | | | | | | | | |
| 84 | | End: Patient leaves office/facility | | | | | | | | |
| 85 | | POST-SERVICE PERIOD | | | | | | | | |
| 86 | | Start: Patient leaves office/facility | | | | | | | | |
| 87 | CA037 | Conduct patient communications | 8 | | 7 | | 6 | | 6 | |
| 89 | | Office visits: List Number and Level of Office Visits | # visits | # visits | # visits | # visits | # visits | # visits | # visits | # visits |
| 95 | CA039 | Post-operative visits (total time) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 96 | | | | | | | | | | |
| 102 | | End: with last office visit before end of global period | | | | | | | | |

| | A | B | AH | AI | AJ | AK | AL | AM | AN | AO | AP |
|-----|----------------------------------|--|--|----------|---|----------|---|----------|--|----------|----|
| 1 | RUC Practice Expense Spreadsheet | | CURRENT (2019) | | RECOMMENDED | | CURRENT (2019) | | RECOMMENDED | | |
| 2 | | Meeting Date: April 2019 Tab: E/M Specialty: See Attachment | 99204 | | 99204 | | 99214 | | 99214 | | |
| 3 | | <u>RUC Collaboration Website</u> <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/encounter."</i> | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's | | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. | | 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 | | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. | | |
| 4 | Clinical Activity Code | | | | | | | | | | |
| 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 | \$ 27.36 | \$ - | \$ 24.96 | \$ - | \$ 24.08 | \$ - | \$ 23.82 | \$ - | |
| 8 | | TOTAL CLINICAL STAFF TIME | 62 | 0 | 54 | 0 | 53 | 0 | 51 | 0 | |
| 9 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 3 | 0 | 6 | 0 | 3 | 0 | 5 | 0 | |
| 10 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 51 | 0 | 41 | 0 | 44 | 0 | 40 | 0 | |
| 11 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 8 | 0 | 7 | 0 | 6 | 0 | 6 | 0 | |
| 103 | Supply | MEDICAL SUPPLIES | | | | | | | | | |
| 104 | | TOTAL COST OF SUPPLY QUANTITY x PRICE | \$ 4.18 | \$ - | \$ 4.23 | \$ - | \$ 4.18 | \$ - | \$ 4.23 | \$ - | |
| 105 | SA047 | pack, EM visit | 1 | | 1 | | 1 | | 1 | | |
| 106 | SM022 | sanitizing cloth-wipe (surface, instruments, equipment) | | | 1 | | | | 1 | | |
| 113 | Equipment Code | EQUIPMENT | | | | | | | | | |
| 114 | | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE | \$ 0.34 | \$ - | \$ 0.76 | \$ - | \$ 0.29 | \$ - | \$ 0.72 | \$ - | |
| 115 | EQ189 | otoscope-ophthalmoscope (wall unit) | 51 | | 41 | | 44 | | 40 | | |
| 116 | EF023 | table, exam | 51 | | 41 | | 44 | | 40 | | |
| 117 | ED021 | computer, desktop, w-monitor | | | 54 | | | | 51 | | |
| 118 | ES999 | scale | | | 2 | | | | 2 | | |

| | A | B | AQ | AR | AS | AT | AU | AV | AW | AX | AY |
|-----|---|--|--|-----------------|--|-----------------|---|-----------------|---|-----------------|----|
| 1 | RUC Practice Expense Spreadsheet | | CURRENT (2019) | | RECOMMENDED | | CURRENT (2019) | | RECOMMENDED | | |
| 2 | | Meeting Date: April 2019 Tab: E/M Specialty: See Attachment | 99205 | | 99205 | | 99215 | | 99215 | | |
| 3 | | RUC Collaboration Website <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 component."</i> | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's | | 67 minutes Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter. | | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the | | 63 minutes Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. | | |
| 4 | Clinical Activity Code | | | | | | | | | | |
| 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 | \$ 30.92 | \$ - | \$ 29.92 | \$ - | \$ 27.83 | \$ - | \$ 28.02 | \$ - | |
| 8 | | TOTAL CLINICAL STAFF TIME | 71 | 0 | 67 | 0 | 63 | 0 | 62 | 0 | |
| 9 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 0 | 0 | 10 | 0 | 4 | 0 | 7 | 0 | |
| 10 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 71 | 0 | 46 | 0 | 51 | 0 | 45 | 0 | |
| 11 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 0 | 0 | 11 | 0 | 8 | 0 | 10 | 0 | |
| 12 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | \$ 26.27 | \$ - | \$ 24.79 | \$ - | \$ 23.31 | \$ - | \$ 22.94 | \$ - | |
| 13 | | PRE-SERVICE PERIOD | | | | | | | | | |
| 14 | | Start: Following visit when decision for surgery/procedure made | | | | | | | | | |
| 16 | CA002 | Coordinate pre-surgery services (including test results) | | | | | | | | | |
| 23 | NEW | Identify need for imaging, lab or other test result(s) and ensure information has been obtained - three days prior (to be used with E/M only) | | | 10 | | 4 | | 7 | | |
| 24 | | Other clinical activity within three calendar days prior to the office visit (to be used with E/M only) | | | | | | | | | |
| 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 | NEW | Identify need for imaging, lab or other test result(s) and ensure information has been obtained - day of (to be used with E/M only) | 4.25 | | 5 | | | | 4 | | |
| 34 | CA009 | Greet patient, provide gowning, ensure appropriate medical records are | 3 | | 3 | | 3 | | 3 | | |
| 35 | CA010 | Obtain vital signs | 5 | | 5 | | 5 | | 5 | | |
| 38 | CA013 | Prepare room, equipment and supplies | 2 | | 2 | | 2 | | 2 | | |
| 41 | CA016 | Prepare, set-up and start IV, initial positioning and monitoring of patient | 2 | | 2 | | 2 | | 2 | | |
| 43 | NEW | Review and document history, systems and medications (to be used with E/M only) | 15 | | 14 | | 15 | | 14 | | |
| 50 | | Intra-service (of service period) | | | | | | | | | |
| 53 | CA020 | Assist physician or other qualified healthcare professional---directly related to physician work time (other%) | 7.5 | | 2 | | 6 | | 2 | | |
| 54 | CA021 | Perform procedure/service---NOT directly related to physician work time | | | | | | | | | |
| 61 | | Post-Service (of service period) | | | | | | | | | |
| 62 | NEW | Education/instruction/counseling (to be used with E/M only) | 11.75 | | 5 | | 9 | | 5 | | |
| 65 | CA024 | Clean room/equipment by clinical staff | 3 | | 3 | | 3 | | 3 | | |
| 76 | CA035 | Review home care instructions, coordinate visits/prescriptions | 9 | | | | 6 | | | | |
| 78 | CA037 | Conduct patient communications | 8.5 | | | | | | | | |
| 79 | NEW | Coordinate home or outpatient care (to be used with E/M only) | | | 5 | | | | 5 | | |
| 80 | | Other clinical activity on the calendar day of the office visit: please include short clinical description here (to be used with E/M only) | | | | | | | | | |
| 84 | | End: Patient leaves office/facility | | | | | | | | | |
| 85 | | POST-SERVICE PERIOD | | | | | | | | | |
| 86 | | Start: Patient leaves office/facility | | | | | | | | | |
| 87 | CA037 | Conduct patient communications | | | 11 | | 8 | | 10 | | |
| 89 | | Office visits: List Number and Level of Office Visits | # visits | # visits | # visits | # visits | # visits | # visits | # visits | # visits | |
| 95 | CA039 | Post-operative visits (total time) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| 96 | | | | | | | | | | | |
| 102 | | End: with last office visit before end of global period | | | | | | | | | |

| | A | B | AQ | AR | AS | AT | AU | AV | AW | AX | AY |
|-----|----------------------------------|--|--|----------|---|----------|---|----------|--|----------|----|
| 1 | RUC Practice Expense Spreadsheet | | CURRENT (2019) | | RECOMMENDED | | CURRENT (2019) | | RECOMMENDED | | |
| 2 | | Meeting Date: April 2019 Tab: E/M Specialty: See Attachment | 99205 | | 99205 | | 99215 | | 99215 | | |
| 3 | | <u>RUC Collaboration Website</u> <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/encounter."</i> | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's | | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter. | | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the | | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. | | |
| 4 | Clinical Activity Code | | | | | | | | | | |
| 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 | \$ 30.92 | \$ - | \$ 29.92 | \$ - | \$ 27.83 | \$ - | \$ 28.02 | \$ - | |
| 8 | | TOTAL CLINICAL STAFF TIME | 71 | 0 | 67 | 0 | 63 | 0 | 62 | 0 | |
| 9 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 0 | 0 | 10 | 0 | 4 | 0 | 7 | 0 | |
| 10 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 71 | 0 | 46 | 0 | 51 | 0 | 45 | 0 | |
| 11 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 0 | 0 | 11 | 0 | 8 | 0 | 10 | 0 | |
| 103 | Supply | MEDICAL SUPPLIES | | | | | | | | | |
| 104 | | TOTAL COST OF SUPPLY QUANTITY x PRICE | \$ 4.18 | \$ - | \$ 4.23 | \$ - | \$ 4.18 | \$ - | \$ 4.23 | \$ - | |
| 105 | SA047 | pack, EM visit | 1 | | 1 | | 1 | | 1 | | |
| 106 | SM022 | sanitizing cloth-wipe (surface, instruments, equipment) | | | 1 | | | | 1 | | |
| 113 | Equipment Code | EQUIPMENT | | | | | | | | | |
| 114 | | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE | \$ 0.47 | \$ - | \$ 0.90 | \$ - | \$ 0.34 | \$ - | \$ 0.85 | \$ - | |
| 115 | EQ189 | otoscope-ophthalmoscope (wall unit) | 71 | | 46 | | 51 | | 45 | | |
| 116 | EF023 | table, exam | 71 | | 46 | | 51 | | 45 | | |
| 117 | ED021 | computer, desktop, w-monitor | | | 67 | | | | 62 | | |
| 118 | ES999 | scale | | | 2 | | | | 2 | | |

| | A | B | AZ | BA | BB | BC |
|-----|---|--|---|----------|--|----------|
| 1 | RUC Practice Expense Spreadsheet | | REFERENCE CODE | | RECOMMENDED | |
| 2 | | Meeting Date: April 2019 Tab: E/M Specialty: See Attachment | 99359 | | 99417 | |
| 3 | | RUC Collaboration Website | 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) | | 2 minutes | |
| 4 | Clinical Activity Code | Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU measurement. | | | Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services) | |
| 5 | | LOCATION | Non Fac | Facility | Non Fac | Facility |
| 6 | | GLOBAL PERIOD | ZZZ | ZZZ | ZZZ | ZZZ |
| 7 | | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME | \$ 0.20 | \$ - | \$ 0.97 | \$ - |
| 8 | | TOTAL CLINICAL STAFF TIME | 0 | 0 | 2 | 0 |
| 9 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 0 | 0 | 0 | 0 |
| 10 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 0 | 0 | 0 | 0 |
| 11 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 0 | 0 | 2 | 0 |
| 12 | | TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE | \$ - | \$ - | \$ 0.74 | \$ - |
| 13 | | PRE-SERVICE PERIOD | | | | |
| 14 | | Start: Following visit when decision for surgery/procedure made | | | | |
| 16 | CA002 | Coordinate pre-surgery services (including test results) | | | | |
| 23 | NEW | Identify need for imaging, lab or other test result(s) and ensure information has been obtained - three days prior (to be used with E/M only) | | | | |
| 24 | | Other clinical activity within three calendar days prior to the office visit (to be used with E/M only) | | | | |
| 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 | NEW | Identify need for imaging, lab or other test result(s) and ensure information has been obtained - day of (to be used with E/M only) | | | | |
| 34 | CA009 | Greet patient, provide gowning, ensure appropriate medical records are | | | | |
| 35 | CA010 | Obtain vital signs | | | | |
| 38 | CA013 | Prepare room, equipment and supplies | | | | |
| 41 | CA016 | Prepare, set-up and start IV, initial positioning and monitoring of patient | | | | |
| 43 | NEW | Review and document history, systems and medications (to be used with E/M only) | | | | |
| 50 | | Intra-service (of service period) | | | | |
| 53 | CA020 | Assist physician or other qualified healthcare professional---directly related to physician work time (other%) | | | | |
| 54 | CA021 | Perform procedure/service---NOT directly related to physician work time | | | | |
| 61 | | Post-Service (of service period) | | | | |
| 62 | NEW | Education/instruction/counseling (to be used with E/M only) | | | | |
| 65 | CA024 | Clean room/equipment by clinical staff | | | | |
| 76 | CA035 | Review home care instructions, coordinate visits/prescriptions | | | | |
| 78 | CA037 | Conduct patient communications | | | | |
| 79 | NEW | Coordinate home or outpatient care (to be used with E/M only) | | | | |
| 80 | | Other clinical activity on the calendar day of the office visit: please include short clinical description here (to be used with E/M only) | | | | |
| 84 | | End: Patient leaves office/facility | | | | |
| 85 | | POST-SERVICE PERIOD | | | | |
| 86 | | Start: Patient leaves office/facility | | | | |
| 87 | CA037 | Conduct patient communications | | | 2 | |
| 89 | | Office visits: List Number and Level of Office Visits | # visits | # visits | # visits | # visits |
| 95 | CA039 | Post-operative visits (total time) | 0.0 | 0.0 | 0.0 | 0.0 |
| 96 | | | | | | |
| 102 | | End: with last office visit before end of global period | | | | |

| | | | | | | |
|-----|----------------------------------|--|---|----------|--|----------|
| | A | B | AZ | BA | BB | BC |
| 1 | RUC Practice Expense Spreadsheet | | REFERENCE CODE | | RECOMMENDED | |
| 2 | | Meeting Date: April 2019 Tab: E/M Specialty: See Attachment | 99359 | | 99417 | |
| 3 | | <u>RUC Collaboration Website</u> | 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) | | 2 minutes | |
| 4 | Clinical Activity Code | Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU component. " | | | Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services) | |
| 5 | | LOCATION | Non Fac | Facility | Non Fac | Facility |
| 6 | | GLOBAL PERIOD | ZZZ | ZZZ | ZZZ | ZZZ |
| 7 | | TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME | \$ 0.20 | \$ - | \$ 0.97 | \$ - |
| 8 | | TOTAL CLINICAL STAFF TIME | 0 | 0 | 2 | 0 |
| 9 | | TOTAL PRE-SERVICE CLINICAL STAFF TIME | 0 | 0 | 0 | 0 |
| 10 | | TOTAL SERVICE PERIOD CLINICAL STAFF TIME | 0 | 0 | 0 | 0 |
| 11 | | TOTAL POST-SERVICE CLINICAL STAFF TIME | 0 | 0 | 2 | 0 |
| 103 | Supply | MEDICAL SUPPLIES | | | | |
| 104 | | TOTAL COST OF SUPPLY QUANTITY x PRICE | \$ - | \$ - | \$ - | \$ - |
| 105 | SA047 | pack, EM visit | | | | |
| 106 | SM022 | sanitizing cloth-wipe (surface, instruments, equipment) | | | | |
| 113 | Equipment Code | EQUIPMENT | | | | |
| 114 | | TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE | \$ 0.20 | \$ - | \$ 0.23 | \$ - |
| 115 | EQ189 | otoscope-ophthalmoscope (wall unit) | 30 | | 15 | |
| 116 | EF023 | table, exam | 30 | | 15 | |
| 117 | ED021 | computer, desktop, w-monitor | | | 15 | |
| 118 | ES999 | scale | | | | |

Reference Service List for 99202-99215

| CPT Code | 2019 CPT Long Descriptor | 2019 Work RVU | 2019 Global |
|----------|--|---------------|-------------|
| 92285 | External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography) | 0.05 | XXX |
| 95165 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses) | 0.06 | XXX |
| 76514 | Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness) | 0.14 | XXX |
| 93042 | Rhythm ECG, 1-3 leads; interpretation and report only | 0.15 | XXX |
| 73620 | Radiologic examination, foot; 2 views | 0.16 | XXX |
| 93010 | Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only | 0.17 | XXX |
| 96374 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug | 0.18 | XXX |
| 96401 | Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic | 0.21 | XXX |
| 99406 | Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes | 0.24 | XXX |
| 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) | 0.25 | XXX |
| 96413 | Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug | 0.28 | XXX |
| 93018 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only | 0.30 | XXX |
| 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 | 0.37 | XXX |
| 92250 | Fundus photography with interpretation and report | 0.40 | XXX |
| 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 | 0.43 | XXX |
| 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) | 0.45 | XXX |
| 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) | 0.50 | XXX |
| 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 | 0.52 | XXX |
| 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study | 0.53 | XXX |
| 76705 | Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up) | 0.59 | XXX |

Reference Service List for 99202-99215

| CPT Code | 2019 CPT Long Descriptor | 2019 Work RVU | 2019 Global |
|----------|--|---------------|-------------|
| 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. | 0.61 | XXX |
| 95251 | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report | 0.70 | XXX |
| 76770 | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete | 0.74 | XXX |
| 93015 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report | 0.75 | XXX |
| 99231 | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit. | 0.76 | XXX |
| 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 | 0.80 | XXX |
| 99462 | Subsequent hospital care, per day, for evaluation and management of normal newborn | 0.84 | XXX |
| 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | 0.92 | XXX |
| 99487 | Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, 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.; | 1.00 | XXX |
| 95819 | Electroencephalogram (EEG); including recording awake and asleep | 1.08 | XXX |
| 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 | 1.15 | XXX |
| 99238 | Hospital discharge day management; 30 minutes or less | 1.28 | XXX |
| 99232 | Subsequent hospital 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 moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit. | 1.39 | XXX |
| 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; | 1.46 | XXX |
| 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 | 1.50 | XXX |
| 95861 | Needle electromyography; 2 extremities with or without related paraspinal areas | 1.54 | XXX |

Reference Service List for 99202-99215

| CPT Code | 2019 CPT Long Descriptor | 2019 Work RVU | 2019 Global |
|----------|--|---------------|-------------|
| 95813 | Electroencephalogram (EEG) extended monitoring; greater than 1 hour | 1.63 | XXX |
| 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 | 1.75 | XXX |
| 99239 | Hospital discharge day management; more than 30 minutes | 1.90 | XXX |
| 99221 | Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit. | 1.92 | XXX |
| 99233 | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit. | 2.00 | XXX |
| 99463 | Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date | 2.13 | XXX |
| 95939 | Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs | 2.25 | XXX |
| 95810 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist | 2.50 | XXX |
| 99234 | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit. | 2.56 | XXX |
| 99219 | Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit. | 2.60 | XXX |
| 90837 | Psychotherapy, 60 minutes with patient | 3.00 | XXX |
| 99306 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of 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 problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit. | 3.06 | XXX |
| 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 | 3.15 | XXX |

Reference Service List for 99202-99215

| CPT Code | 2019 CPT Long Descriptor | 2019 Work RVU | 2019 Global |
|----------|---|---------------|-------------|
| 99235 | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit. | 3.24 | XXX |
| 99483 | Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver. | 3.44 | XXX |
| 99220 | Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of 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 problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit. | 3.56 | XXX |
| 99223 | Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of 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 problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit. | 3.86 | XXX |
| 99291 | Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes | 4.50 | XXX |

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Reference Service List for Add-on Code 99XXX

| CPT Code | 2019 CPT Long Descriptor | 2019 Work RVU | 2019 Global |
|----------|---|---------------|-------------|
| 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography) | 0.07 | ZZZ |
| 96361 | Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure) | 0.09 | ZZZ |
| 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) | 0.10 | ZZZ |
| 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) | 0.15 | ZZZ |
| 96366 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure) | 0.18 | ZZZ |
| 94729 | Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure) | 0.19 | ZZZ |
| 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) | 0.35 | ZZZ |
| 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete | 0.38 | ZZZ |
| 88177 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure) | 0.42 | ZZZ |
| 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) | 0.50 | ZZZ |
| 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) | 0.54 | ZZZ |
| 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. | 0.61 | XXX |
| 88334 | Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure) | 0.73 | ZZZ |
| 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) | 0.80 | ZZZ |
| 93567 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravulvar aortography (List separately in addition to code for primary procedure) | 0.97 | ZZZ |
| 64484 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure) | 1.00 | ZZZ |
| 64480 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure) | 1.20 | ZZZ |
| 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) | 1.32 | ZZZ |

Reference Service List for Add-on Code 99XXX

| CPT Code | 2019 CPT Long Descriptor | 2019 Work RVU | 2019 Global |
|----------|--|---------------|-------------|
| 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) | 1.38 | ZZZ |

CPT® five-digit codes, two-digit number modifiers, and descriptions only are copyright by the American Medical Association. No payment schedules, fee schedules, relative value units, scales, conversion factors, or components thereof are included in CPT®. The AMA is not recommending that any specific relative values, fees, payment schedules, or related listings be attached to CPT®. Any relative value scales or relative listings assigned to CPT® codes are not those of the AMA, and the AMA is not recommending use of these relative values.

The American Medical
Association/Specialty Society
RVS Update Committee

**Physician Work and Direct Practice Expense
RVS Update Survey**

For **CPT 2021**, the CPT Editorial Panel has approved extensive changes to the office visit codes, including: (1) deletion of code 99201 and revisions to the descriptors for codes 99202-99205 and 99211-99215; (2) revisions to the office visit introductory guidelines; and (3) creation of a new add-on code for prolonged office visit services. You have been selected to participate in an AMA/Specialty Society RVS Update Committee (RUC) survey to review both physician work and practice expense details for this set of codes. As you may know, the components of the Medicare physician payment schedule are physician work, practice expense and professional liability insurance. This survey will help our society, in concert with the RUC, recommend accurate physician work relative value units (RVUs) and direct practice expense details to the Centers for Medicare and Medicaid Services for these services.

There are two parts to this survey: (1) physician work; and (2) office-related direct practice expense. When you get to the practice expense section of this survey, please be prepared to work with your clinical staff and practice manager. Keep in mind that you can stop this survey at any time and come back to it at a later time to continue. All information that you provide is maintained – you do not need to start over again.

[Click here to review a preview of the content of this survey](#)

Important: All references to "physician" in this survey include both "physician" and "other qualified health care professional" (ie, advanced practice nurse or physician assistant).

Please indicate the specialty society that selected you for this survey. If two or more societies invited you to participate, choose only one primary specialty society from the list below and only complete this survey once:

The following information must be provided by the physician responsible for completing the questionnaire:

Contact information:

Physician name:

Business name:

Business phone (e.g.; xxx-xxx-xxxx)

Please provide your Email address:

Please re-enter your same Email address for verification:

Physician Specialty:

Primary geographic practice setting:

- ☐ Rural
- ☐ Suburban
- ☐ Urban

Primary type of practice:

- ☐ Solo practice
- ☐ Single specialty group
- ☐ Multispecialty group
- ☐ Medical school faculty practice plan
-

Has anyone other than a specialty society or American Medical Association representative contacted you about this survey?

SURVEY PART 1 - PHYSICIAN WORK

General Background for Questions 1-6

IMPORTANT: Please review the new code descriptors and introductory language for the office visit services (codes 99202-99205, 99211-99215,99417 prior to completing this survey. Based on coding changes, the code level selection will either be based solely on: (1) Medical Decision Making (MDM) or (2) Total Time on the date of the encounter. The extent of history obtained and physical examination will no longer be an element in the selection of office visit code level (99202-99205, 99211-99215). A link to the new office visit CPT guidelines and code descriptors is located throughout the survey and was also sent in your email invitation. It is important that you review all the new guidelines to fully understand the coding changes prior to completing this survey. It may be helpful to print out this information for reference as you complete the survey.

[Click here to view the new CPT guidelines and code descriptors for office visit CPT codes 99202-99205, 99211-99215,99417](#) These codes have substantial revisions; it is critical that you review the full language in detail before completing the survey and refer back to it while completing this survey.

Beginning in 2021, either MDM or Total Time may be used to report office visit codes. **HOWEVER, when total time on the date of encounter** is used to select the appropriate level of office visit service code, both the face-to-face and non-face-to-face time personally spent by the physician (or other qualified health care professional that is reporting the office visit) assessing and managing the patient are summed to select the appropriate code.

In addition, for this survey, your physician time and physician work estimates **SHOULD ALSO** incorporate your typical work and time on the date of the encounter **AND** within three calendar days prior to the office visit and within seven calendar days after the day of the visit, but do not include time or work for services that are separately reportable.

Please note that Part 2 of this survey is intended to capture practice expense in the physician office. When you get to the practice expense

section of this survey please be prepared to work with your clinical staff and practice manager.

Have you reviewed the new CPT guidelines and code descriptors for office visit CPT codes 99202-99205, 99211-99215, 99417 in detail? Understanding this information is necessary to correctly complete this survey.

☐ **I confirm that I have reviewed the new CPT guidelines and code descriptors in detail.**

IMPORTANT: Please check CPT codes for office visit services that you have experience performing or are familiar with. You will be surveyed about each code you select. (*Note, by default, all codes are already selected and you will need to deselect any code you do not wish to survey.*)

Note: If you think the typical patient described for each code does not represent your typical patient, please do the following:

1) Complete the survey using the typical patient described rather than your typical patient

AND

2) Explain for our information, how your typical patient differs in the space provided.

Even if your typical patient is different you may still complete the survey, as long as you are able to consider the time and work for using the typical patient we provided.

Once you have made your selection(s), please click the "Next" button below to continue.

☒ **CPT code: 99202**

Descriptor: 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.

Global: XXX

Typical Patient: Office visit for a new patient with a small subdermal mass that does not require treatment.

☒ **CPT code: 99203**

Descriptor: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.

Global: XXX

Typical Patient: Office visit for a new patient with a stable chronic illness or acute uncomplicated injury.

☒ **CPT code: 99204**

Descriptor: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

Global: XXX

Typical Patient: Office visit for a new patient with a progressing illness or acute

injury that requires medical management or potential surgical treatment.

✓ CPT code: 99205

Descriptor: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.

Global: XXX

Typical Patient: Office visit for a new patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute illness/injury that poses a threat to life or bodily function.

✓ CPT code: 99211

Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

Global: XXX

Typical Patient: Office visit for an established patient for a blood pressure check not requiring the presence of a physician

✓ CPT code: 99212

Descriptor: 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.

Global: XXX

Typical Patient: Office visit for an established patient with a self-limited problem that is treated with an OTC medication.

✓ CPT code: 99213

Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

Global: XXX

Typical Patient: Office visit for an established patient with a stable chronic illness or acute uncomplicated injury.

✓ CPT code: 99214

Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.

Global: XXX

Typical Patient: Office visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

✓ CPT code: 99215

Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

Global: XXX

Typical Patient: Office visit for an established patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute illness/injury that poses a threat to life or bodily function.

☒ **CPT code: 99417**

Descriptor: Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

Global: ZZZ

Typical Patient: Office visit for a patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute injury that poses a threat to life or bodily function.

Is your typical patient for the following service similar to the typical patient described?

CPT Code: 99202

Descriptor: 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.

Vignette/Typical Patient: Office visit for a new patient with a small subdermal mass that does not require treatment.

☐ Yes

☐ No

Is your typical patient for the following service similar to the typical patient described?

CPT Code: 99203

Descriptor: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.

Vignette/Typical Patient: Office visit for a new patient with a stable chronic illness or acute uncomplicated injury.

☐ Yes

☐ No

Is your typical patient for the following service similar to the typical patient described?

CPT Code: 99204

Descriptor: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

Vignette/Typical Patient: Office visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

☐ Yes

☐ No

Is your typical patient for the following service similar to the typical patient described?

CPT Code: 99205

Descriptor: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.

Vignette/Typical Patient: Office visit for a new patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute illness/injury that poses a threat to life or bodily function.

☐ Yes

☐ No

Is your typical patient for the following service similar to the typical patient described?

CPT Code: 99211

Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

Vignette/Typical Patient: Office visit for an established patient for a blood pressure check not requiring the presence of a physician

☐ Yes

☐ No

Is your typical patient for the following service similar to the typical patient described?

CPT Code: 99212

Descriptor: 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.

Vignette/Typical Patient: Office visit for an established patient with a self-limited problem that is treated with an OTC medication.

☐ Yes

☐ No

Is your typical patient for the following service similar to the typical patient described?

CPT Code: 99213

Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

Vignette/Typical Patient: Office visit for an established patient with a stable chronic illness or acute uncomplicated injury.

☐ Yes

☐ No

Is your typical patient for the following service similar to the typical patient described?

CPT Code: 99214

Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.

Vignette/Typical Patient: Office visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

☐ Yes

☐ No

Is your typical patient for the following service similar to the typical patient described?

CPT Code: 99215

Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

Vignette/Typical Patient: Office visit for an established patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute illness/injury that poses a threat to life or bodily function.

☐ Yes

☐ No

Is your typical patient for the following service similar to the typical patient described?

CPT Code: 99417

Descriptor: Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

Vignette/Typical Patient: Office visit for a patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute injury that poses a threat to life or bodily function.

☐ Yes

☐ No

Please keep in mind that all references to "physician" in this survey include both "physician" and "other qualified health care professional" (ie, advanced practice nurse or physician assistant).

PHYSICIAN WORK

“Physician work” includes the following elements:

- **Physician time it takes to perform the service**
- **Physician mental effort and judgment**
- **Physician technical skill and physical effort, and**
- **Physician psychological stress that occurs when an adverse outcome has serious consequences**

These elements will be explained in greater detail as you complete this survey.

“Physician work” does not include the services provided by support staff who are employed by your practice and cannot bill separately, including registered nurses, licensed practical nurses, medical assistants, receptionists, or technicians. Clinical staff activities are included in Part 2 of this survey (practice expense). Questions 1-6 only pertain to physician work.

Background for Question 1A: 99202-99205, 99211-99215 Reference Service List

Below is a list of reference services that have been selected for use as comparison services for this survey because their relative values are sufficiently accurate and stable to compare with other services. The "Work RVU" column presents current Medicare RBRVS work RVUs (relative value units). Select one code that is most similar to the survey CPT code and typical patient described at the beginning of the survey.

XXX A global period does not apply to the code and other diagnostic tests or minor services performed, may be reported separately on the same day

[Please click here and print a pdf version of the XXX reference service list for codes 99202-99205, 99212-99215](#)

| CPT Code | 2019 CPT Long Descriptor | 2019 Work RVU | 2019 Global |
|----------|--|---------------|-------------|
| 92285 | External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography) | 0.05 | XXX |
| 95165 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses) | 0.06 | XXX |
| 76514 | Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness) | 0.14 | XXX |
| 93042 | Rhythm ECG, 1-3 leads; interpretation and report only | 0.15 | XXX |
| 73620 | Radiologic examination, foot; 2 views | 0.16 | XXX |
| 93010 | Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only | 0.17 | XXX |
| 96374 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug | 0.18 | XXX |
| 96401 | Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic | 0.21 | XXX |
| 99406 | Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes | 0.24 | XXX |
| 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) | 0.25 | XXX |
| 96413 | Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug | 0.28 | XXX |
| 93018 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only | 0.30 | XXX |
| 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 | 0.37 | XXX |
| 92250 | Fundus photography with interpretation and report | 0.40 | XXX |
| 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 | 0.43 | XXX |
| 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) | 0.45 | XXX |
| | Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann | | |

| | | | |
|-------|--|------|-----|
| 92083 | 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) | 0.50 | XXX |
| 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 | 0.52 | XXX |
| 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study | 0.53 | XXX |
| 76705 | Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up) | 0.59 | XXX |
| 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. | 0.61 | XXX |
| 95251 | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report | 0.70 | XXX |
| 76770 | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete | 0.74 | XXX |
| 93015 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report | 0.75 | XXX |
| 99231 | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit. | 0.76 | XXX |
| 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 | 0.80 | XXX |
| 99462 | Subsequent hospital care, per day, for evaluation and management of normal newborn | 0.84 | XXX |
| 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | 0.92 | XXX |
| 99487 | Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, 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.; | 1.00 | XXX |
| 95819 | Electroencephalogram (EEG); including recording awake and asleep | 1.08 | XXX |
| 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 | 1.15 | XXX |
| 99238 | Hospital discharge day management; 30 minutes or less | 1.28 | XXX |
| 99232 | Subsequent hospital 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 moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit. | 1.39 | XXX |
| 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; | 1.46 | XXX |
| 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 | 1.50 | XXX |
| 95861 | Needle electromyography; 2 extremities with or without related paraspinal areas | 1.54 | XXX |
| 95813 | Electroencephalogram (EEG) extended monitoring; greater than 1 hour | 1.63 | XXX |
| 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 | 1.75 | XXX |
| 99239 | Hospital discharge day management; more than 30 minutes | 1.90 | XXX |
| 99221 | Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit. | 1.92 | XXX |

| | | | |
|-------|---|------|-----|
| | at the bedside and on the patient's hospital floor or unit. | | |
| 99233 | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit. | 2.00 | XXX |
| 99463 | Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date | 2.13 | XXX |
| 95939 | Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs | 2.25 | XXX |
| 95810 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist | 2.50 | XXX |
| 99234 | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit. | 2.56 | XXX |
| 99219 | Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit. | 2.60 | XXX |
| 90837 | Psychotherapy, 60 minutes with patient | 3.00 | XXX |
| 99306 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of 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 problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit. | 3.06 | XXX |
| 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 | 3.15 | XXX |
| 99235 | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit. | 3.24 | XXX |
| 99483 | Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver. | 3.44 | XXX |
| 99220 | Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of 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 problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit. | 3.56 | XXX |
| 99223 | Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of 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 problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit. | 3.86 | XXX |
| 99291 | Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes | 4.50 | XXX |

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Question 1A

When considering physician work, which of the reference services on the list above is most similar to the Survey CPT code(s) and typical patient(s)?

Select your answer(s) in the dropdown box(es) below.

Survey Code: 99202

Descriptor: 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.

Typical Patient: Office visit for a new patient with a small subdermal mass that does not require treatment.

Survey Code: 99203

Descriptor: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.

Typical Patient: Office visit for a new patient with a stable chronic illness or acute uncomplicated injury.

Survey Code: 99204

Descriptor: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

Typical Patient: Office visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Survey Code: 99205

Descriptor: Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.

Typical Patient: Office visit for a new patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute illness/injury that poses a threat to life or bodily function.

Survey Code: 99211

Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.

Typical Patient: Office visit for an established patient for a blood pressure check not requiring the presence of a physician

Survey Code: 99212

Descriptor: 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.

Typical Patient: Office visit for an established patient with a self-limited problem that is treated with an OTC medication.

Survey Code: 99213

Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, which requires a

medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.

Typical Patient: Office visit for an established patient with a stable chronic illness or acute uncomplicated injury.

Survey Code: 99214

Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.

Typical Patient: Office visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Survey Code: 99215

Descriptor: Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.

Typical Patient: Office visit for an established patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute illness/injury that poses a threat to life or bodily function.

Background for Question 1B: ZZZ Add-on Code Reference Service List

Below is a list of reference services that have been selected for use as comparison services for this survey because their relative values are sufficiently accurate and stable to compare with other services. The "Work RVU" column presents current Medicare RBRVS work RVUs (relative value units). Select one code that is most similar to the survey CPT code and typical patient described at the beginning of the survey.

ZZZ Code is related to another service and is always included in the global period of the other service

XXX A global period does not apply to the code and other diagnostic tests or minor services performed, may be reported separately on the same day

[Please click here and print a pdf version of the ZZZ add on code reference service list for code 99417](#)

| CPT Code | 2019 CPT Long Descriptor | 2019 Work RVU | 2019 Global |
|----------|--|---------------|-------------|
| 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography) | 0.07 | ZZZ |
| 96361 | Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure) | 0.09 | ZZZ |
| 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) | 0.10 | ZZZ |
| 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) | 0.15 | ZZZ |
| 96366 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure) | 0.18 | ZZZ |
| 94729 | Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure) | 0.19 | ZZZ |
| 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) | 0.35 | ZZZ |
| 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete | 0.38 | ZZZ |
| 88177 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure) | 0.42 | ZZZ |
| 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; at least one additional 20-minute clinical staff time | 0.50 | ZZZ |

| | | | |
|-------|---|------|-----|
| | 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) | | |
| 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) | 0.54 | ZZZ |
| 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. | 0.61 | XXX |
| 88334 | Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure) | 0.73 | ZZZ |
| 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) | 0.80 | ZZZ |
| 93567 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure) | 0.97 | ZZZ |
| 64484 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure) | 1.00 | ZZZ |
| 64480 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure) | 1.20 | ZZZ |
| 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) | 1.32 | ZZZ |
| 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) | 1.38 | ZZZ |

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Question 1B

When considering physician work, which of the reference services on the list above is most similar to the survey CPT code and typical patient?

Select your answer in the dropdown box below.

Survey Code: 99417

Descriptor: Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)

Typical Patient: Office visit for a patient with a chronic illness in a severe exacerbation that poses a threat to life or bodily function or an acute injury that poses a threat to life or bodily function.

Background for Question 2

Physician/other qualified health care professional time includes the following activities, when performed:

- preparing to see the patient (eg, review of data)
- obtaining history
- performing examination and/or evaluation
- counseling and educating the patient/family/caregiver
- ordering medications, tests or procedures
- referring and communicating to other health care professionals
- documenting clinical information in the electronic or other health record
- interpreting results and communicating to the patient/family/caregiver care coordination

Note: DO NOT include time for work related to another service, procedure, or evaluation and management code that is separately reportable. Also, DO NOT include the time provided by clinical staff, such as RNs, LPNs, MAs and technicians, as their time is measured in a separate section of this survey. For established patients do not count time spent completing a previous visit as part of the time preparing for the current visit.

Question 2

How much physician time is required per patient treated for each of the following steps in patient care related to the survey code(s)? 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. Type in your answers (in minutes) in each box below.

Please refer to the definitions of physician time above.

To view the descriptor for the survey code(s), place your cursor over the symbol located above the code.

IMPORTANT: Beginning in 2021, when total time on the date of encounter is used to select the appropriate level of office visit service code, both the face-to-face and non-face-to-face time personally spent by the physician (or other qualified health care professional that is reporting the office visit) assessing and managing the patient are summed to select the appropriate code.

HOWEVER, for this survey, your physician time estimates should also incorporate time you typically perform within three calendar days prior to the office visit and within seven calendar days after the day of the visit if the time is not included in a separately reportable service.

[*Click here to view the new CPT guidelines and code descriptors for these office visit codes.*](#)

Question 2a) Physician/Qualified Health Care Professional time directly related to this office visit within three calendar days prior to the office visit (in minutes) *If not performed for this typical patient, enter 0 minutes. (Also, DO NOT include the time provided by clinical staff, such as RNs, LPNs, MAs and technicians, as their time is measured in a separate section of this survey.)*

 Survey Code: 99202  Survey Code: 99203  Survey Code: 99204  Survey Code: 9920

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 Survey Code: 99211  Survey Code: 99212  Survey Code: 99213  Survey Code: 9921

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 Survey Code: 99215

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Question 2b) Physician/Qualified Health Care Professional time on the calendar day of the office visit (in minutes) (*DO NOT include the time provided by clinical staff, such as RNs, LPNs, MAs and technicians, as their time is measured in a separate section of this survey.*)

 Survey Code: 99202  Survey Code: 99203  Survey Code: 99204  Survey Code: 9920

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 Survey Code: 99211  Survey Code: 99212  Survey Code: 99213  Survey Code: 9921

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 Survey Code: 99215

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Question 2c) Physician/Qualified Health Care Professional time directly related to this office visit within seven calendar days after the day of the office visit (in minutes) , *not performed for this typical patient, enter 0 minutes. (Also, DO NOT include the time provided by clinical staff, such as RNs, LPNs, MAs and technicians, as their time is measured in a separate section of this survey.)*

 Survey Code: 99202  Survey Code: 99203  Survey Code: 99204  Survey Code: 9920

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 Survey Code: 99211  Survey Code: 99212  Survey Code: 99213  Survey Code: 9921

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 Survey Code: 99215

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Question 2D) Physician/Qualified Health Care Professional at the total MINIMUM time on the calendar day for codes 99201 (99201 minimum time = 15 minutes) or 99215 (99215 minimum time = 40 minutes) (DC provided by clinical staff, such as RNs, LPNs, MAs and technicians measured in a separate section of this survey.)

Total Additional Time on the Date of Service for ONE UNIT of 99417

|||

Background for Question 3

In evaluating the work of a service, it is helpful to identify and think about each of the components of a particular service. Focus only on the work that you perform during each of the identified components. The descriptions below are general in nature. Within the broad outlines presented, please think about the specific services that you provide.

Physician work includes the following:

Time it takes to perform the service.

Mental effort and judgment necessary with respect to the amount of clinical data that needs to be considered, the fund of knowledge required, the range of possible decisions, the number of factors considered in making a decision, and the degree of complexity of the interaction of these factors.

Technical Skill required with respect to knowledge, training and actual experience necessary to perform the service.

Physical effort can be compared by dividing services into tasks and making the direct comparison of tasks. In making the comparison, it is necessary to show that the differences in physical effort are not reflected accurately by differences in the time involved; if they are, considerations of physical effort amount to double counting of physician work in the service.

Psychological stress – Two kinds of psychological stress are usually associated with physician work. The first is the pressure involved when the outcome is heavily dependent upon skill and judgment and an adverse outcome has serious consequences. The second is related to unpleasant conditions connected with the work that are not affected by skill or judgment. These circumstances would include situations with high rates of mortality or morbidity regardless of the physician's skill or judgment, difficult patients or families, or physician physical discomfort. Of the two forms of stress, only the former is fully accepted as an aspect of work; many consider the latter to be a highly variable function of physician personality.

Question









3

Compare INTENSITY COMPONENTS of the survey code(s) relative to the code selected in Question 1. Using your expertise, consider how each survey code compares to the corresponding reference code. For example, if you find the mental effort a is identical when compared to the corresponding reference code you chose, select the identical dropdown box below.

[Click here to see background information for Question 3.](#)

To view the descriptor for the survey code(s) and your chosen reference code, click the magnifying glass symbol located next to the code number.

You may have to scroll to the right in order to see all of the questions on this page.







| | Survey Code 99202  | Survey Code 99203  | Survey Code 99204  | Survey Code 99205  | Survey Code 99211  | Survey Code 99212  |
|--|---|---|---|---|---|---|
| | <u>Relative to</u> | <u>Relative to</u> | <u>Relative to</u> | <u>Relative to</u> | <u>Relative to</u> | <u>Relative to</u> |
| | Selected Reference Code | Selected Reference Code | Selected Reference Code | Selected Reference Code | Selected Reference Code | Selected Reference Code |
| Mental Effort and Judgment  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Technical skill required | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Physical effort required | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Psychological Stress  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Question 4

Compare **OVERALL** intensity/complexity of all physician work you perform corresponding reference code(s) you selected in Question 1. Using your ex compares directly to the corresponding reference code.

To view the descriptor for the survey code(s) and reference code(s), place next to the code number.

You may have to scroll to the right in order to see all of the questions on t

| | Survey Code 99202  | Survey Code 99203  | Survey Code 99204  | Survey Code 99205  | Survey Code 99211  | Survey Code 99212  |
|---|--|--|--|--|--|--|
| | <u>Relative to</u> | <u>Relative to</u> | <u>Relative to</u> | <u>Relative to</u> | <u>Relative to</u> | <u>Relative to</u> |
| | Selected Reference Code | Selected Reference Code | Selected Reference Code | Selected Reference Code | Selected Reference Code | Selected Reference Code |
| Overall Intensity/Complexity for all physician work you perform for the service | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



Question 5

VERY IMPORTANT: Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the survey code(s) below.

For example, if the survey code involves the same amount of physician work as the reference service you choose, you would assign the same work RVU. If the survey code involves less work than the reference service you would estimate a work RVU that is less than the work RVU of the reference service and vice versa. This methodology attempts to set the work RVU of the survey service “relative” to the work RVU of comparable and established reference services. Please keep in mind the range of work RVUs in the reference service list when providing your estimate.

IMPORTANT: Beginning in 2021, when total time on the date of encounter is used to select the appropriate level of office visit service code, both the face-to-face and non-face-to-face time personally spent by the physician (or other qualified health care professional that is reporting the office visit) assessing and managing the patient are summed to select the appropriate code.

HOWEVER, for this survey, when you are estimating the work RVU for the revised codes, you should also consider the physician work and time directly related to the office visit within three calendar days prior to the office visit and within seven calendar days after the day of the office visit if the work is not included in a separately reportable service.


DO NOT include work related to another service, procedure, or evaluation and management code that is separately reportable when you estimate the work RVU for the office visit code(s). Also, **DO NOT** include clinical staff time, (eg, RN, LPN, MA and technician), as clinical staff time is captured in Part 2 (practice expense) of this survey.

[Click here to view the new CPT guidelines and code descriptors for office visit CPT codes 99202-99205, 99211-99215, 99417](#)

To view the RVU for your chosen reference code(s), please view the PDFs of the reference service lists below.

[Click here for a pdf version of the XXX reference service list for codes 99202-99205, 99212-99215](#)

[Click here for a pdf version of the ZZZ add on code reference service list for code 99417](#)

To view the descriptor for the survey code(s) and your chosen reference code(s), place your cursor over the  symbol located next to the code number.

New Patient Office Visit Code(s)



Survey Code: 99202



Survey Code: 99203



Survey Code: 99204

Your Physician
Time Estimates:
3 days prior:

Your Physician
Time Estimates:
3 days prior:

Your Physician
Time Estimates:
3 days prior:

Day of:

Day of:

Day of:

7 days after:

7 days after:

7 days after:

**Selected Reference
Code:**

**Selected Reference
Code:**

**Selected Reference
Code:**

**Estimated
Work RVU for
Survey
Code(s):**

| | | |
|--|--|--|
| | | |
|--|--|--|

*Answer format
should be #.##*



Survey Code: 99205

Your Physician Time Estimates:
3 days prior:

Day of:

7 days after:

Selected Reference Code:

**Estimated Work RVU for Survey
Code(s):**

| |
|--|
| |
|--|

Answer format should be #.##

Established Patient Office Visit Code(s)



Survey Code: 99211



Survey Code: 99212



Survey Code: 99213

**Your Physician
Time Estimates:**
3 days prior:

**Your Physician
Time Estimates:**
3 days prior:

**Your Physician
Time Estimates:**
3 days prior:

Day of:

Day of:

Day of:

7 days after:

7 days after:

7 days after:

**Selected Reference
Code:**

**Selected Reference
Code:**

**Selected Reference
Code:**

**Estimated
Work RVU for
Survey
Code(s):**

| | | |
|--|--|--|
| | | |
|--|--|--|

*Answer format
should be #.##*



Survey Code: 99214



Survey Code: 99215

**Your Physician Time
Estimates:**
3 days prior:

**Your Physician Time
Estimates:**
3 days prior:

Day of:

Day of:

7 days after:

7 days after:

**Selected Reference
Code:**

**Selected Reference
Code:**

**Estimated Work RVU
for Survey Code(s):**

| | |
|--|--|
| | |
|--|--|

Answer format should be #.##

Prolonged Service Office Visit Code

Survey Code: 99417  Your

Physician Time Estimates:
Day of:


Selected Reference Code:

**Estimated Work
RVU for Survey
Code:**

*Answer format
should be #.##*

Question 6

How many times have you personally performed each service in the past 12 months? Please enter a numerical value (whole number) on each line.

To view the descriptor for the survey code(s) and your chosen reference code(s), place your cursor over the  symbol located next to the code number.

You may have to scroll to the right in order to see all of the questions on this page.

New Patient Office Visit Code(s) and Reference Code(s)

Survey Code
99202

Selected Reference Code

Survey Code
99203

Selected Reference Code

Survey Code
99204

Selected Reference Code

How many times have you performed this service in the past 12 months?

Survey Code
99205

Selected Reference Code

How many times have you performed this service in the past 12 months?

Established Patient Office Visit Code(s) and Reference Code(s)

Survey Code
99211

Selected Reference Code

Survey Code
99212

Selected Reference Code

Survey Code
99213

Selected Reference Code

How many times have you performed this service in the past 12 months?

Survey Code
99214

Selected Reference Code

Survey Code
99215

Selected Reference Code

How many times have you performed this service in the past 12 months?

Prolonged Service Office Visit Code and Reference Code

Survey Code 99417

Selected Reference Code

How many times have you performed this service in the past 12 months?

SURVEY PART 2 - DIRECT PRACTICE EXPENSE DETAILS

IMPORTANT: This survey is intended to capture practice expense in the physician office. In answering these practice expense questions, it is strongly recommended that you jointly complete this section of the survey with your clinical staff and practice manager. Keep in mind that you can stop at any time and come back to the survey at a later time on the same computer to continue. All information that you provide is maintained - you do not need start over again.

This section of the survey pertains to **Direct Practice Expense** which includes the following:

- Time spent by the physician's/qualified healthcare professional's clinical staff providing clinical activities,
- Disposable medical supplies used to perform the service, and
- Medical equipment used to perform the service.

Please provide the name and title for the clinical staff and/or practice manager you worked with to complete this section of the survey, if applicable:

| | Employee Name | Employee Title |
|------------|---------------|----------------|
| Employee 1 | | |
| Employee 2 | | |

Background for Question 7: Office Visit 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. It is important to include the time associated with clinical activities regardless of the type of staff providing the service, since it is most important to capture the time related to clinical functions.

NOTE: Do not count the clinical staff time for any separately reported services performed on the same date or other dates {eg, a procedure performed on the same date, or chronic care management services performed during the month)

Clinical staff activities for an office visit may include:

- **Identify need for imaging, lab or other test result{s) and ensure information has been obtained**
- **Greet patient, provide gowning, ensure appropriate medical records are available**
- **Obtain vital signs**
- **Prep and position patient**
- **Review and document history, systems, and medications**
- **Prepare room, equipment, supplies**
- **Assist physician during exam**
- **Education/instruction/counseling**
- **Coordinate home or outpatient care**
- **Clean room/equipment by clinical staff**
- **Conduct patient communications {i.e. calls, texts, emails, other electronic communication w/patient, pharmacy etc,)**

Clinical staff activities for an office visit DOES 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 E&M services**
- **Conduct billing and collection activities**

Question 7: How much time in minutes does the clinical staff in your office spend providing the following clinical activities. Base estimates on a typical patient for the office visit service specified in each column. 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. Type in your answer (in minutes).

99202 99203 99204 99205 99211 99212 99213 99214 99215 99417

Clinical staff activity time within three calendar days prior to the office visit

Identify need for imaging, lab or other test result(s) and ensure information has been obtained

Other clinical activity within three calendars days prior to the office visit:
please include short clinical description here

[illegible]

Clinical staff activity time on the calendar day of the office visit

Identify need for imaging, lab or other test result(s) and ensure information has been obtained

Greet patient, provide gowning, ensure appropriate medical records are available

Obtain vital signs

Prepare room, equipment, supplies

Prep and position patient

Review and document history, systems, and medications

Assist physician during exam

Education/instruction/counseling

Coordinate home or outpatient care

Clean room/equipment by clinical staff

Other clinical activity on the calendar day of the office visit: please include short clinical description here

[illegible]

Clinical staff activity time within seven calendar days after the office visit

Conduct patient communications (i.e. calls, texts, emails, other electronic communication w/patient, pharmacy etc,)

Other clinical activity within seven calendar days after the office visit:
please include short clinical description here

[illegible]

Question 8: Office Visit Medical Supplies

Question 8A:

Please indicate whether or not you use this supply item for a typical office visit with a typical patient.

| | Yes | No |
|--|--------------------------|--------------------------|
| Paper, exam table (7 feet) | <input type="checkbox"/> | <input type="checkbox"/> |
| Pillow case (1 item) | <input type="checkbox"/> | <input type="checkbox"/> |
| Gown, patient (1 item) | <input type="checkbox"/> | <input type="checkbox"/> |
| Drape, non-sterile, sheet 40in x 60in (1 item) | <input type="checkbox"/> | <input type="checkbox"/> |
| Swab-pad, alcohol (2 items) | <input type="checkbox"/> | <input type="checkbox"/> |
| Cover, thermometer probe (1 item) | <input type="checkbox"/> | <input type="checkbox"/> |
| Specula tips, otoscope (1 item) | <input type="checkbox"/> | <input type="checkbox"/> |
| Tongue depressor (1 item) | <input type="checkbox"/> | <input type="checkbox"/> |
| Gloves, non-sterile (2 pair) | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient education booklet (1 item) | <input type="checkbox"/> | <input type="checkbox"/> |

Question 8B:

If there are any additional medical supply items that you typically use for an office visit for the typical patient please list it below. Provide only supplies that are **NOT** separately reimbursable and are disposable {eg, disposable speculum). Include the units in which supplies are purchased {eg, ml, ounce, foot)

| Disposable Medical Supply Description | UNIT {e.g., ml, ounce, foot) | Office Setting Quantity used per patient |
|---------------------------------------|------------------------------|--|
| | | |
| | | |
| | | |
| | | |

Question 9: Office Visit Medical Equipment

Question 9A:

Please indicate below whether or not each item is necessary for your typical office visit with a typical patient.

| | Yes | No |
|-------------------------------------|--------------------------|--------------------------|
| otoscope-ophthalmoscope (wall unit) | <input type="checkbox"/> | <input type="checkbox"/> |
| exam table | <input type="checkbox"/> | <input type="checkbox"/> |

Question 9B:

Does your office typically use power tables instead of exam tables for office visits?

Yes / No

Question 9C:

If there are any additional medical equipment items that you typically use for an office visit for the typical patient, please list it below. Include only equipment with a purchase price of \$500 or more that is easily attributable to this service for this patient. Do not include general office equipment, such as computers, phones, or furniture as these items are factored into the overhead expenses of running a medical practice.

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 10040 | ACNE SURGERY | 010 | A | | | 1 | | | | 34 | 36 | 2 | 0.91 | 1.13 | 0.22 | 0 |
| 10060 | DRAINAGE OF SKIN ABSCESS | 010 | A | | | 1 | | | | 57 | 59 | 2 | 1.22 | 1.44 | 0.22 | 0 |
| 10061 | DRAINAGE OF SKIN ABSCESS | 010 | A | | | 2 | | | | 83 | 87 | 4 | 2.45 | 2.89 | 0.44 | 0 |
| 10080 | DRAINAGE OF PILONIDAL CYST | 010 | A | | | 1 | | | | 47 | 49 | 2 | 1.22 | 1.44 | 0.22 | 0 |
| 10081 | DRAINAGE OF PILONIDAL CYST | 010 | A | | | 1 | | | | 61 | 63 | 2 | 2.50 | 2.72 | 0.22 | 0 |
| 10120 | REMOVE FOREIGN BODY | 010 | A | | | 1 | | | | 48 | 50 | 2 | 1.22 | 1.44 | 0.22 | 0 |
| 10121 | REMOVE FOREIGN BODY | 010 | A | | | 1 | | | | 88 | 90 | 2 | 2.74 | 2.96 | 0.22 | 0 |
| 10140 | DRAINAGE OF HEMATOMA/FLUID | 010 | A | | | 1 | | | | 66 | 68 | 2 | 1.58 | 1.80 | 0.22 | 0 |
| 10160 | PUNCTURE DRAINAGE OF LESIO | 010 | A | | | 1 | | | | 61 | 63 | 2 | 1.25 | 1.47 | 0.22 | 0 |
| 10180 | COMPLEX DRAINAGE WOUND | 010 | A | | | 1 | | | | 52 | 54 | 2 | 2.30 | 2.52 | 0.22 | 0 |
| 11200 | REMOVAL OF SKIN TAGS <W/15 | 010 | A | | | 1 | | | | 29 | 31 | 2 | 0.82 | 1.04 | 0.22 | 0 |
| 11400 | EXC TR-EXT B9+MARG 0.5 CM< | 010 | A | | | 1 | | | | 36 | 38 | 2 | 0.90 | 1.12 | 0.22 | 0 |
| 11401 | EXC TR-EXT B9+MARG 0.6-1 C | 010 | A | | | 1 | | | | 51 | 53 | 2 | 1.28 | 1.50 | 0.22 | 0 |
| 11402 | EXC TR-EXT B9+MARG 1.1-2 C | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.45 | 1.67 | 0.22 | 0 |
| 11403 | EXC TR-EXT B9+MARG 2.1-3CM | 010 | A | | | 1 | | | | 76 | 78 | 2 | 1.84 | 2.06 | 0.22 | 0 |
| 11404 | EXC TR-EXT B9+MARG 3.1-4 C | 010 | A | | | 1 | | | | 86 | 88 | 2 | 2.11 | 2.33 | 0.22 | 0 |
| 11406 | EXC TR-EXT B9+MARG >4.0 CM | 010 | A | | | | 1 | | | 113 | 120 | 7 | 3.52 | 3.85 | 0.33 | 0 |
| 11420 | EXC H-F-NK-SP B9+MARG 0.5/ | 010 | A | | | 1 | | | | 36 | 38 | 2 | 1.03 | 1.25 | 0.22 | 0 |
| 11421 | EXC H-F-NK-SP B9+MARG 0.6- | 010 | A | | | 1 | | | | 51 | 53 | 2 | 1.47 | 1.69 | 0.22 | 0 |
| 11422 | EXC H-F-NK-SP B9+MARG 1.1- | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.68 | 1.90 | 0.22 | 0 |
| 11423 | EXC H-F-NK-SP B9+MARG 2.1- | 010 | A | | | 1 | | | | 76 | 78 | 2 | 2.06 | 2.28 | 0.22 | 0 |
| 11424 | EXC H-F-NK-SP B9+MARG 3.1- | 010 | A | | | 1 | | | | 86 | 88 | 2 | 2.48 | 2.70 | 0.22 | 0 |
| 11426 | EXC H-F-NK-SP B9+MARG >4 C | 010 | A | | | | 1 | | | 113 | 120 | 7 | 4.09 | 4.42 | 0.33 | 0 |
| 11440 | EXC FACE-MM B9+MARG 0.5 CM | 010 | A | | | 1 | | | | 36 | 38 | 2 | 1.05 | 1.27 | 0.22 | 0 |
| 11441 | EXC FACE-MM B9+MARG 0.6-1 | 010 | A | | | 1 | | | | 51 | 53 | 2 | 1.53 | 1.75 | 0.22 | 0 |
| 11442 | EXC FACE-MM B9+MARG 1.1-2 | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.77 | 1.99 | 0.22 | 0 |
| 11443 | EXC FACE-MM B9+MARG 2.1-3 | 010 | A | | | 1 | | | | 76 | 78 | 2 | 2.34 | 2.56 | 0.22 | 0 |
| 11444 | EXC FACE-MM B9+MARG 3.1-4 | 010 | A | | | 1 | | | | 86 | 88 | 2 | 3.19 | 3.41 | 0.22 | 0 |
| 11446 | EXC FACE-MM B9+MARG >4 CM | 010 | A | | | | 1 | | | 113 | 120 | 7 | 4.80 | 5.13 | 0.33 | 0 |
| 11450 | REMOVAL SWEAT GLAND LESION | 090 | A | | | | 1.5 | | | 93.5 | 104 | 10.5 | 3.22 | 3.72 | 0.50 | 0 |
| 11451 | REMOVAL SWEAT GLAND LESION | 090 | A | | | | 1.5 | | | 99.5 | 110 | 10.5 | 4.43 | 4.92 | 0.50 | 0 |
| 11462 | REMOVAL SWEAT GLAND LESION | 090 | A | | | | 1.5 | | | 98.5 | 109 | 10.5 | 3.00 | 3.50 | 0.50 | 0 |
| 11463 | REMOVAL SWEAT GLAND LESION | 090 | A | | | | 1.5 | | | 109.5 | 120 | 10.5 | 4.43 | 4.92 | 0.50 | 0 |
| 11470 | REMOVAL SWEAT GLAND LESION | 090 | A | | | | 1.5 | | | 100.5 | 111 | 10.5 | 3.74 | 4.24 | 0.50 | 0 |
| 11471 | REMOVAL SWEAT GLAND LESION | 090 | A | | | | 1.5 | | | 107.5 | 118 | 10.5 | 4.89 | 5.38 | 0.50 | 0 |
| 11600 | EXC TR-EXT MAL+MARG 0.5 CM | 010 | A | | | | 1 | | | 48 | 55 | 7 | 1.63 | 1.96 | 0.33 | 0 |
| 11601 | EXC TR-EXT MAL+MARG 0.6-1 | 010 | A | | | | 1 | | | 63 | 70 | 7 | 2.07 | 2.40 | 0.33 | 0 |
| 11602 | EXC TR-EXT MAL+MARG 1.1-2 | 010 | A | | | | 1 | | | 68 | 75 | 7 | 2.27 | 2.60 | 0.33 | 0 |
| 11603 | EXC TR-EXT MAL+MARG 2.1-3 | 010 | A | | | | 1 | | | 93 | 100 | 7 | 2.82 | 3.15 | 0.33 | 0 |
| 11604 | EXC TR-EXT MAL+MARG 3.1-4 | 010 | A | | | | 1 | | | 103 | 110 | 7 | 3.17 | 3.50 | 0.33 | 0 |
| 11606 | EXC TR-EXT MAL+MARG >4 CM | 010 | A | | | | 1 | | | 153 | 160 | 7 | 5.02 | 5.35 | 0.33 | 0 |
| 11620 | EXC H-F-NK-SP MAL+MARG 0.5 | 010 | A | | | | 1 | | | 48 | 55 | 7 | 1.64 | 1.97 | 0.33 | 0 |
| 11621 | EXC S/N/H/F/G MAL+MRG 0.6- | 010 | A | | | | 1 | | | 63 | 70 | 7 | 2.08 | 2.41 | 0.33 | 0 |
| 11622 | EXC S/N/H/F/G MAL+MRG 1.1- | 010 | A | | | | 1 | | | 68 | 75 | 7 | 2.41 | 2.74 | 0.33 | 0 |
| 11623 | EXC S/N/H/F/G MAL+MRG 2.1- | 010 | A | | | | 1 | | | 93 | 100 | 7 | 3.11 | 3.44 | 0.33 | 0 |
| 11624 | EXC S/N/H/F/G MAL+MRG 3.1- | 010 | A | | | | 1 | | | 103 | 110 | 7 | 3.62 | 3.95 | 0.33 | 0 |
| 11626 | EXC S/N/H/F/G MAL+MRG >4 C | 010 | A | | | | 1 | | | 123 | 130 | 7 | 4.61 | 4.94 | 0.33 | 0 |
| 11640 | EXC F/E/E/N/L MAL+MRG 0.5C | 010 | A | | | | 1 | | | 48 | 55 | 7 | 1.67 | 2.00 | 0.33 | 0 |
| 11641 | EXC F/E/E/N/L MAL+MRG 0.6- | 010 | A | | | | 1 | | | 63 | 70 | 7 | 2.17 | 2.50 | 0.33 | 0 |
| 11642 | EXC F/E/E/N/L MAL+MRG 1.1- | 010 | A | | | | 1 | | | 68 | 75 | 7 | 2.62 | 2.95 | 0.33 | 0 |

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|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 11643 | EXC F/E/E/N/L MAL+MRG 2.1- | 010 | A | | | | 1 | | | 93 | 100 | 7 | 3.42 | 3.75 | 0.33 | 0 |
| 11644 | EXC F/E/E/N/L MAL+MRG 3.1- | 010 | A | | | | 1 | | | 108 | 115 | 7 | 4.34 | 4.67 | 0.33 | 0 |
| 11646 | EXC F/E/E/N/L MAL+MRG >4 C | 010 | A | | | | 1 | | | 128 | 135 | 7 | 6.26 | 6.59 | 0.33 | 0 |
| 11750 | REMOVAL OF NAIL BED | 010 | A | | | 1 | | | | 63 | 65 | 2 | 1.58 | 1.80 | 0.22 | 0 |
| 11760 | REPAIR OF NAIL BED | 010 | A | | | 1 | | | | 63 | 65 | 2 | 1.63 | 1.85 | 0.22 | 0 |
| 11762 | RECONSTRUCTION OF NAIL BED | 010 | A | | | 1 | | | | 111 | 113 | 2 | 2.94 | 3.16 | 0.22 | 0 |
| 11765 | EXCISION OF NAIL FOLD TOE | 010 | A | | | 1 | | | | 59 | 61 | 2 | 1.22 | 1.44 | 0.22 | 0 |
| 11770 | REMOVE PILONIDAL CYST SIMP | 010 | A | | | 1 | | | | 71 | 73 | 2 | 2.66 | 2.88 | 0.22 | 0 |
| 11771 | REMOVE PILONIDAL CYST EXTE | 090 | A | | | 3.5 | | | | 236 | 243 | 7 | 6.09 | 6.86 | 0.77 | 0 |
| 11772 | REMOVE PILONIDAL CYST COMP | 090 | A | | | 4 | | | | 269 | 277 | 8 | 7.35 | 8.23 | 0.88 | 0 |
| 11960 | INSERT TISSUE EXPANDER(S) | 090 | A | | | 2 | 2 | 4 | | 444 | 498 | 54 | 11.49 | 14.27 | 2.78 | -8 |
| 11970 | REPLACE TISSUE EXPANDER | 090 | A | | | | 3 | | | 231 | 252 | 21 | 8.01 | 9.00 | 0.99 | 0 |
| 11971 | REMOVE TISSUE EXPANDER(S) | 090 | A | | | | 4 | | | 303 | 331 | 28 | 3.41 | 4.73 | 1.32 | 0 |
| 12020 | CLOSURE OF SPLIT WOUND | 010 | A | | | 1 | | | | 64 | 66 | 2 | 2.67 | 2.89 | 0.22 | 0 |
| 12021 | CLOSURE OF SPLIT WOUND | 010 | A | | | 1 | | | | 51 | 53 | 2 | 1.89 | 2.11 | 0.22 | 0 |
| 12031 | INTMD RPR S/A/T/EXT 2.5 CM | 010 | A | | | 1 | | | | 56 | 58 | 2 | 2.00 | 2.22 | 0.22 | 0 |
| 12032 | INTMD RPR S/A/T/EXT 2.6-7. | 010 | A | | | 1 | | | | 68 | 70 | 2 | 2.52 | 2.74 | 0.22 | 0 |
| 12034 | INTMD RPR S/TR/EXT 7.6-12. | 010 | A | | | 1 | | | | 85 | 87 | 2 | 2.97 | 3.19 | 0.22 | 0 |
| 12035 | INTMD RPR S/A/T/EXT 12.6-2 | 010 | A | | | 1 | | | | 124 | 126 | 2 | 3.50 | 3.72 | 0.22 | 0 |
| 12036 | INTMD RPR S/A/T/EXT 20.1-3 | 010 | A | | | 1 | | | | 138 | 140 | 2 | 4.23 | 4.45 | 0.22 | 0 |
| 12037 | INTMD RPR S/TR/EXT >30.0 C | 010 | A | | | 1 | | | | 158 | 160 | 2 | 5.00 | 5.22 | 0.22 | 0 |
| 12041 | INTMD RPR N-HF/GENIT 2.5CM | 010 | A | | | 1 | | | | 59 | 61 | 2 | 2.10 | 2.32 | 0.22 | 0 |
| 12042 | INTMD RPR N-HF/GENIT2.6-7. | 010 | A | | | 1 | | | | 69 | 71 | 2 | 2.79 | 3.01 | 0.22 | 0 |
| 12044 | INTMD RPR N-HF/GENIT7.6-12 | 010 | A | | | 1 | | | | 85 | 87 | 2 | 3.19 | 3.41 | 0.22 | 0 |
| 12045 | INTMD RPR N-HF/GENIT12.6-2 | 010 | A | | | 1 | 1 | | | 146 | 155 | 9 | 3.75 | 4.30 | 0.55 | 0 |
| 12046 | INTMD RPR N-HF/GENIT20.1-3 | 010 | A | | | 1 | 1 | | | 164 | 173 | 9 | 4.30 | 4.85 | 0.55 | 0 |
| 12047 | INTMD RPR N-HF/GENIT >30.0 | 010 | A | | | 1 | 1 | | | 185 | 194 | 9 | 4.95 | 5.50 | 0.55 | 0 |
| 12051 | INTMD RPR FACE/MM 2.5 CM/< | 010 | A | | | 1 | | | | 58 | 60 | 2 | 2.33 | 2.55 | 0.22 | 0 |
| 12052 | INTMD RPR FACE/MM 2.6-5.0 | 010 | A | | | 1 | | | | 70 | 72 | 2 | 2.87 | 3.09 | 0.22 | 0 |
| 12053 | INTMD RPR FACE/MM 5.1-7.5 | 010 | A | | | 1 | | | | 80 | 82 | 2 | 3.17 | 3.39 | 0.22 | 0 |
| 12054 | INTMD RPR FACE/MM 7.6-12.5 | 010 | A | | | 1 | | | | 96 | 98 | 2 | 3.50 | 3.72 | 0.22 | 0 |
| 12055 | INTMD RPR FACE/MM 12.6-20 | 010 | A | | | 1 | 1 | | | 152 | 161 | 9 | 4.50 | 5.05 | 0.55 | 0 |
| 12056 | INTMD RPR FACE/MM 20.1-30. | 010 | A | | | 1 | 1 | | | 162 | 171 | 9 | 5.30 | 5.85 | 0.55 | 0 |
| 12057 | INTMD RPR FACE/MM >30.0 CM | 010 | A | | | 1 | 1 | | | 184 | 193 | 9 | 6.00 | 6.55 | 0.55 | 0 |
| 13100 | CMPLX RPR TRUNK 1.1-2.5 CM | 010 | A | | | 1 | | | | 69 | 71 | 2 | 3.00 | 3.22 | 0.22 | 0 |
| 13101 | CMPLX RPR TRUNK 2.6-7.5 CM | 010 | A | | | 1 | | | | 82 | 84 | 2 | 3.50 | 3.72 | 0.22 | 0 |
| 13120 | CMPLX RPR S/A/L 1.1-2.5 CM | 010 | A | | | 1 | | | | 74 | 76 | 2 | 3.23 | 3.45 | 0.22 | 0 |
| 13121 | CMPLX RPR S/A/L 2.6-7.5 CM | 010 | A | | | 1 | | | | 85 | 87 | 2 | 4.00 | 4.22 | 0.22 | 0 |
| 13131 | CMPLX RPR F/C/C/M/N/AX/G/H | 010 | A | | | 1 | | | | 92 | 94 | 2 | 3.73 | 3.95 | 0.22 | 0 |
| 13132 | CMPLX RPR F/C/C/M/N/AX/G/H | 010 | A | | | 1 | | | | 97 | 99 | 2 | 4.78 | 5.00 | 0.22 | 0 |
| 13151 | CMPLX RPR E/N/E/L 1.1-2.5 | 010 | A | | | 1 | | | | 95 | 97 | 2 | 4.34 | 4.56 | 0.22 | 0 |
| 13152 | CMPLX RPR E/N/E/L 2.6-7.5 | 010 | A | | | 1 | | | | 100 | 102 | 2 | 5.34 | 5.56 | 0.22 | 0 |
| 13160 | LATE CLOSURE OF WOUND | 090 | A | | | | 4 | | | 363 | 391 | 28 | 12.04 | 13.36 | 1.32 | 0 |
| 14000 | TIS TRNFR TRUNK 10 SQ CM/< | 090 | A | | | | 3.5 | | | 191.5 | 216 | 24.5 | 6.37 | 7.52 | 1.16 | 0 |
| 14001 | TIS TRNFR TRUNK 10.1-30SQ | 090 | A | | | | 4 | | | 291 | 319 | 28 | 8.78 | 10.10 | 1.32 | 0 |
| 14020 | TIS TRNFR S/A/L 10 SQ CM/< | 090 | A | | | | 4 | | | 223 | 251 | 28 | 7.22 | 8.54 | 1.32 | 0 |
| 14021 | TIS TRNFR S/A/L 10.1-30 SQ | 090 | A | | | | 4 | | | 288 | 316 | 28 | 9.72 | 11.04 | 1.32 | 0 |
| 14040 | TIS TRNFR F/C/C/M/N/A/G/H/ | 090 | A | | | 2 | 2 | | | 223 | 241 | 18 | 8.60 | 9.70 | 1.10 | 0 |
| 14041 | TIS TRNFR F/C/C/M/N/A/G/H/ | 090 | A | | | | 4 | | | 303 | 331 | 28 | 10.83 | 12.15 | 1.32 | 0 |
| 14060 | TIS TRNFR E/N/E/L 10 SQ CM | 090 | A | | | 2 | 2 | | | 183 | 201 | 18 | 9.23 | 10.33 | 1.10 | 0 |

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| 14061 | TIS TRNFR E/N/E/L10.1-30SQ | 090 | A | | | | 4.5 | | | 341.5 | 373 | 31.5 | 11.48 | 12.96 | 1.49 | 0 |
| 14301 | TIS TRNFR ANY 30.1-60 SQ C | 090 | A | | | 1 | 3 | | | 287 | 310 | 23 | 12.65 | 13.86 | 1.21 | 0 |
| 14350 | FILLETED FINGER/TOE FLAP | 090 | A | | | | 4.5 | | | 318.5 | 350 | 31.5 | 11.05 | 12.54 | 1.49 | 0 |
| 15050 | SKIN PINCH GRAFT | 090 | A | | | | 4 | | | 190 | 218 | 28 | 5.57 | 6.89 | 1.32 | 0 |
| 15100 | SKIN SPLT GRFT TRNK/ARM/LE | 090 | A | | | 2 | 2 | | | 281 | 299 | 18 | 9.90 | 11.00 | 1.10 | 0 |
| 15110 | EPIDRM AUTOGRFT TRNK/ARM/L | 090 | A | | | 3 | | | | 306 | 312 | 6 | 10.97 | 11.63 | 0.66 | 0 |
| 15115 | EPIDRM A-GRFT FACE/NCK/HF/ | 090 | A | | | 3 | | | | 356 | 362 | 6 | 11.28 | 11.94 | 0.66 | 0 |
| 15120 | SKN SPLT A-GRFT FAC/NCK/HF | 090 | A | | | 1 | 2 | | | 258 | 274 | 16 | 10.15 | 11.03 | 0.88 | 0 |
| 15130 | DERM AUTOGRAFT TRNK/ARM/LE | 090 | A | | | 4 | | | | 215 | 223 | 8 | 7.53 | 8.41 | 0.88 | 0 |
| 15135 | DERM AUTOGRAFT FACE/NCK/HF | 090 | A | | | 4 | | | | 223 | 231 | 8 | 11.03 | 11.91 | 0.88 | 0 |
| 15150 | CULT SKIN GRFT T/ARM/LEG | 090 | A | | | 3 | | | | 326 | 332 | 6 | 9.39 | 10.05 | 0.66 | 0 |
| 15155 | CULT SKIN GRAFT F/N/HF/G | 090 | A | | | 3 | | | | 336 | 342 | 6 | 10.14 | 10.80 | 0.66 | 0 |
| 15200 | SKIN FULL GRAFT TRUNK | 090 | A | | | | 3.5 | | | 287.5 | 312 | 24.5 | 9.15 | 10.30 | 1.16 | 0 |
| 15220 | SKIN FULL GRAFT SCLP/ARM/L | 090 | A | | | 4.5 | | | | 250 | 259 | 9 | 8.09 | 9.08 | 0.99 | 0 |
| 15240 | SKIN FULL GRFT FACE/GENIT/ | 090 | A | | | 2 | 4 | | | 288 | 320 | 32 | 10.41 | 12.17 | 1.76 | 0 |
| 15260 | SKIN FULL GRAFT EEN & LIPS | 090 | A | | | | 5 | | | 273 | 308 | 35 | 11.64 | 13.29 | 1.65 | 0 |
| 15570 | SKIN PEDICLE FLAP TRUNK | 090 | A | | | 1 | 2 | 1 | | 363 | 388 | 25 | 10.21 | 11.51 | 1.30 | -2 |
| 15572 | SKIN PEDICLE FLAP ARMS/LEG | 090 | A | | | 1 | 3 | | | 297 | 320 | 23 | 10.12 | 11.33 | 1.21 | 0 |
| 15574 | PEDCLE FH/CH/CH/M/N/AX/G/H | 090 | A | | | 1 | 3 | | | 314 | 337 | 23 | 10.70 | 11.91 | 1.21 | 0 |
| 15576 | PEDICLE E/N/E/L/NTRORAL | 090 | A | | | 1 | 2 | | | 271 | 287 | 16 | 9.37 | 10.25 | 0.88 | 0 |
| 15600 | DELAY FLAP TRUNK | 090 | A | | | 2 | | | | 179 | 183 | 4 | 2.01 | 2.45 | 0.44 | 0 |
| 15610 | DELAY FLAP ARMS/LEGS | 090 | A | | | 2 | | | | 179 | 183 | 4 | 2.52 | 2.96 | 0.44 | 0 |
| 15620 | DELAY FLAP F/C/C/N/AX/G/H/ | 090 | A | | | | 2.5 | | | 175.5 | 193 | 17.5 | 3.75 | 4.58 | 0.83 | 0 |
| 15630 | DELAY FLAP EYE/NOS/EAR/LIP | 090 | A | | | | 2.5 | | | 181.5 | 199 | 17.5 | 4.08 | 4.90 | 0.83 | 0 |
| 15650 | TRANSFER SKIN PEDICLE FLAP | 090 | A | | | | 2.5 | | | 221.5 | 239 | 17.5 | 4.77 | 5.59 | 0.83 | 0 |
| 15730 | MDFC FLAP W/PRSRV VASC PED | 090 | A | | | 3 | 1 | | | 255.5 | 268.5 | 13 | 13.50 | 14.49 | 0.99 | 0 |
| 15731 | FOREHEAD FLAP W/VASC PEDIC | 090 | A | | | 1 | 3 | 1 | | 369 | 401 | 32 | 14.38 | 16.01 | 1.63 | -2 |
| 15733 | MUSC MYOQ/FSCQ FLP H&N PED | 090 | A | | | 2 | 2 | | | 305 | 323 | 18 | 15.68 | 16.78 | 1.10 | 0 |
| 15734 | MUSCLE-SKIN GRAFT TRUNK | 090 | A | | | 2 | 2 | 1 | | 596 | 623 | 27 | 23.00 | 24.52 | 1.52 | -2 |
| 15736 | MUSCLE-SKIN GRAFT ARM | 090 | A | | | 1 | 3 | 1 | | 396 | 428 | 32 | 17.04 | 18.67 | 1.63 | -2 |
| 15738 | MUSCLE-SKIN GRAFT LEG | 090 | A | | | 1 | 4 | | | 516 | 546 | 30 | 19.04 | 20.58 | 1.54 | 0 |
| 15740 | ISLAND PEDICLE FLAP GRAFT | 090 | A | | | | 4.5 | | | 365.5 | 397 | 31.5 | 11.80 | 13.29 | 1.49 | 0 |
| 15750 | NEUROVASCULAR PEDICLE FLAP | 090 | A | | | | 4.5 | | | 400.5 | 432 | 31.5 | 12.96 | 14.45 | 1.49 | 0 |
| 15756 | FREE MYO/SKIN FLAP MICROVA | 090 | A | | 1 | 3 | 2 | | | 809 | 829 | 20 | 36.94 | 38.26 | 1.32 | -2 |
| 15757 | FREE SKIN FLAP MICROVASC | 090 | A | | 1 | 3 | 2 | | | 829 | 849 | 20 | 37.15 | 38.47 | 1.32 | -2 |
| 15758 | FREE FASCIAL FLAP MICROVAS | 090 | A | | 1 | 3 | 2 | | | 809 | 829 | 20 | 36.90 | 38.22 | 1.32 | -2 |
| 15760 | COMPOSITE SKIN GRAFT | 090 | A | | | | 3.5 | | | 278.5 | 303 | 24.5 | 9.86 | 11.01 | 1.16 | 0 |
| 15770 | DERMA-FAT-FASCIA GRAFT | 090 | A | | | | 4.5 | | | 302.5 | 334 | 31.5 | 8.96 | 10.45 | 1.49 | 0 |
| 15780 | DERMABRASION TOTAL FACE | 090 | A | | | | 4.5 | | | 244.5 | 276 | 31.5 | 8.73 | 10.21 | 1.49 | 0 |
| 15781 | DERMABRASION SEGMENTAL FAC | 090 | A | | | 3.5 | | | | 144 | 151 | 7 | 5.02 | 5.79 | 0.77 | 0 |
| 15782 | DERMABRASION OTHER THAN FA | 090 | A | | | 2.5 | | | | 123 | 128 | 5 | 4.44 | 4.99 | 0.55 | 0 |
| 15783 | DERMABRASION SUPRFL ANY SI | 090 | A | | | 2.5 | | | | 117 | 122 | 5 | 4.41 | 4.96 | 0.55 | 0 |
| 15786 | ABRASION LESION SINGLE | 010 | A | | | 1 | | | | 53 | 55 | 2 | 2.08 | 2.30 | 0.22 | 0 |
| 15793 | CHEMICAL PEEL NONFACIAL | 090 | A | | | 4.5 | | | | 175 | 184 | 9 | 3.96 | 4.95 | 0.99 | 0 |
| 15819 | PLASTIC SURGERY NECK | 090 | A | | | | 4 | | | 316 | 344 | 28 | 10.65 | 11.97 | 1.32 | 0 |
| 15820 | REVISION OF LOWER EYELID | 090 | A | | | | 3.5 | | | 178.5 | 203 | 24.5 | 6.27 | 7.42 | 1.16 | 0 |
| 15821 | REVISION OF LOWER EYELID | 090 | A | | | | 3.5 | | | 191.5 | 216 | 24.5 | 6.84 | 8.00 | 1.16 | 0 |
| 15822 | REVISION OF UPPER EYELID | 090 | A | | | 3.5 | | | | 151 | 158 | 7 | 4.62 | 5.39 | 0.77 | 0 |
| 15823 | REVISION OF UPPER EYELID | 090 | A | | | 3 | 1 | | | 161 | 174 | 13 | 6.81 | 7.80 | 0.99 | 0 |
| 15830 | EXC SKIN ABD | 090 | R | | | 2 | 3 | | | 429 | 454 | 25 | 17.11 | 18.54 | 1.43 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 15832 | EXCISE EXCESSIVE SKIN THIG | 090 | A | | | | 4 | | | 364 | 392 | 28 | 12.85 | 14.17 | 1.32 | 0 |
| 15833 | EXCISE EXCESSIVE SKIN LEG | 090 | A | | | | 4 | | | 342 | 370 | 28 | 11.90 | 13.22 | 1.32 | 0 |
| 15834 | EXCISE EXCESSIVE SKIN HIP | 090 | A | | | | 4 | | | 352 | 380 | 28 | 12.17 | 13.49 | 1.32 | 0 |
| 15835 | EXCISE EXCESSIVE SKIN BUTT | 090 | A | | | | 4 | | | 344 | 372 | 28 | 12.99 | 14.31 | 1.32 | 0 |
| 15836 | EXCISE EXCESSIVE SKIN ARM | 090 | A | | | | 4 | | | 302 | 330 | 28 | 10.61 | 11.93 | 1.32 | 0 |
| 15837 | EXCISE EXCESS SKIN ARM/HAN | 090 | A | | | | 3.5 | | | 239.5 | 264 | 24.5 | 9.55 | 10.71 | 1.16 | 0 |
| 15838 | EXCISE EXCESS SKIN FAT PAD | 090 | A | | | | 3.5 | | | 205.5 | 230 | 24.5 | 8.25 | 9.41 | 1.16 | 0 |
| 15839 | EXCISE EXCESS SKIN & TISSU | 090 | A | | | | 3.5 | | | 274.5 | 299 | 24.5 | 10.50 | 11.66 | 1.16 | 0 |
| 15840 | NERVE PALSY FASCIAL GRAFT | 090 | A | | | | 4.5 | | | 443.5 | 475 | 31.5 | 14.99 | 16.47 | 1.49 | 0 |
| 15841 | NERVE PALSY MUSCLE GRAFT | 090 | A | | | | 6 | | | 769 | 811 | 42 | 25.99 | 27.97 | 1.98 | 0 |
| 15842 | NERVE PALSY MICROSURG GRAF | 090 | A | | | | 6.5 | | | 963.5 | 1009 | 45.5 | 41.01 | 43.15 | 2.15 | 0 |
| 15845 | SKIN AND MUSCLE REPAIR FAC | 090 | A | | | | 5.5 | | | 460.5 | 499 | 38.5 | 14.32 | 16.13 | 1.82 | 0 |
| 15920 | REMOVAL OF TAIL BONE ULCER | 090 | A | | | 4.5 | | | | 294 | 303 | 9 | 8.29 | 9.28 | 0.99 | 0 |
| 15922 | REMOVAL OF TAIL BONE ULCER | 090 | A | | | 5 | | | | 354 | 364 | 10 | 10.38 | 11.48 | 1.10 | 0 |
| 15931 | REMOVE SACRUM PRESSURE SOR | 090 | A | | | 3.5 | | | | 334 | 341 | 7 | 10.07 | 10.84 | 0.77 | 0 |
| 15933 | REMOVE SACRUM PRESSURE SOR | 090 | A | | | 5.5 | | | | 403 | 414 | 11 | 11.77 | 12.98 | 1.21 | 0 |
| 15934 | REMOVE SACRUM PRESSURE SOR | 090 | A | | | 4.5 | | | | 441 | 450 | 9 | 13.68 | 14.67 | 0.99 | 0 |
| 15935 | REMOVE SACRUM PRESSURE SOR | 090 | A | | | 6.5 | | | | 524 | 537 | 13 | 15.78 | 17.21 | 1.43 | 0 |
| 15936 | REMOVE SACRUM PRESSURE SOR | 090 | A | | | 4 | | | | 399 | 407 | 8 | 13.16 | 14.04 | 0.88 | 0 |
| 15937 | REMOVE SACRUM PRESSURE SOR | 090 | A | | | 4.5 | | | | 466 | 475 | 9 | 15.14 | 16.13 | 0.99 | 0 |
| 15940 | REMOVE HIP PRESSURE SORE | 090 | A | | | 3 | | | | 340 | 346 | 6 | 10.20 | 10.86 | 0.66 | 0 |
| 15941 | REMOVE HIP PRESSURE SORE | 090 | A | | | 5.5 | | | | 418 | 429 | 11 | 12.41 | 13.62 | 1.21 | 0 |
| 15944 | REMOVE HIP PRESSURE SORE | 090 | A | | | 5.5 | | | | 441 | 452 | 11 | 12.44 | 13.65 | 1.21 | 0 |
| 15945 | REMOVE HIP PRESSURE SORE | 090 | A | | | 6 | | | | 473 | 485 | 12 | 13.75 | 15.07 | 1.32 | 0 |
| 15946 | REMOVE HIP PRESSURE SORE | 090 | A | | | | | 4 | | 650 | 686 | 36 | 24.12 | 25.80 | 1.68 | -8 |
| 15950 | REMOVE THIGH PRESSURE SORE | 090 | A | | | 4 | | | | 282 | 290 | 8 | 8.03 | 8.91 | 0.88 | 0 |
| 15951 | REMOVE THIGH PRESSURE SORE | 090 | A | | | 5.5 | | | | 389 | 400 | 11 | 11.58 | 12.79 | 1.21 | 0 |
| 15952 | REMOVE THIGH PRESSURE SORE | 090 | A | | | 5.5 | | | | 430 | 441 | 11 | 12.31 | 13.52 | 1.21 | 0 |
| 15953 | REMOVE THIGH PRESSURE SORE | 090 | A | | | 6 | | | | 454 | 466 | 12 | 13.57 | 14.89 | 1.32 | 0 |
| 15956 | REMOVE THIGH PRESSURE SORE | 090 | A | | | 6.5 | | | | 568 | 581 | 13 | 16.79 | 18.22 | 1.43 | 0 |
| 15958 | REMOVE THIGH PRESSURE SORE | 090 | A | | | 6.5 | | | | 572 | 585 | 13 | 16.75 | 18.18 | 1.43 | 0 |
| 17000 | DESTRUCT PREMALG LESION | 010 | A | | | 1 | | | | 23 | 25 | 2 | 0.61 | 0.83 | 0.22 | 0 |
| 17004 | DESTROY PREMAL LESIONS 15/ | 010 | A | | | 1 | | | | 35 | 37 | 2 | 1.37 | 1.59 | 0.22 | 0 |
| 17106 | DESTRUCTION OF SKIN LESION | 090 | A | | | 1 | 1 | | | 86 | 95 | 9 | 3.69 | 4.24 | 0.55 | 0 |
| 17107 | DESTRUCTION OF SKIN LESION | 090 | A | | | 2 | 1 | | | 112 | 123 | 11 | 4.79 | 5.56 | 0.77 | 0 |
| 17108 | DESTRUCTION OF SKIN LESION | 090 | A | | | 3 | 1 | | | 148 | 161 | 13 | 7.49 | 8.48 | 0.99 | 0 |
| 17110 | DESTRUCT B9 LESION 1-14 | 010 | A | | | 1 | | | | 29 | 31 | 2 | 0.70 | 0.92 | 0.22 | 0 |
| 17111 | DESTRUCT LESION 15 OR MORE | 010 | A | | | 1 | | | | 31 | 33 | 2 | 0.97 | 1.19 | 0.22 | 0 |
| 17260 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 46 | 48 | 2 | 0.96 | 1.18 | 0.22 | 0 |
| 17261 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 47 | 49 | 2 | 1.22 | 1.44 | 0.22 | 0 |
| 17262 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 50 | 52 | 2 | 1.63 | 1.85 | 0.22 | 0 |
| 17263 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.84 | 2.06 | 0.22 | 0 |
| 17264 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 64 | 66 | 2 | 1.99 | 2.21 | 0.22 | 0 |
| 17266 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 67 | 69 | 2 | 2.39 | 2.61 | 0.22 | 0 |
| 17270 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 45 | 47 | 2 | 1.37 | 1.59 | 0.22 | 0 |
| 17271 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 49 | 51 | 2 | 1.54 | 1.76 | 0.22 | 0 |
| 17272 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 52 | 54 | 2 | 1.82 | 2.04 | 0.22 | 0 |
| 17273 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 56 | 58 | 2 | 2.10 | 2.32 | 0.22 | 0 |
| 17274 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 62 | 64 | 2 | 2.64 | 2.86 | 0.22 | 0 |
| 17276 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 70 | 72 | 2 | 3.25 | 3.47 | 0.22 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 17280 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 45 | 47 | 2 | 1.22 | 1.44 | 0.22 | 0 |
| 17281 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 47 | 49 | 2 | 1.77 | 1.99 | 0.22 | 0 |
| 17282 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 55 | 57 | 2 | 2.09 | 2.31 | 0.22 | 0 |
| 17283 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 60 | 62 | 2 | 2.69 | 2.91 | 0.22 | 0 |
| 17284 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 66 | 68 | 2 | 3.20 | 3.42 | 0.22 | 0 |
| 17286 | DESTRUCTION OF SKIN LESION | 010 | A | | | 1 | | | | 78 | 80 | 2 | 4.48 | 4.70 | 0.22 | 0 |
| 17340 | CRYOTHERAPY OF SKIN | 010 | A | | 0.5 | | | | | 16.5 | 16.5 | 0 | 0.77 | 0.77 | 0.00 | -1 |
| 17360 | SKIN PEEL THERAPY | 010 | A | | | 0.5 | | | | 29 | 30 | 1 | 1.46 | 1.57 | 0.11 | 0 |
| 19020 | INCISION OF BREAST LESION | 090 | A | | | 3 | | | | 177 | 183 | 6 | 3.83 | 4.49 | 0.66 | 0 |
| 19101 | BIOPSY OF BREAST OPEN | 010 | A | | | 1 | | | | 116 | 118 | 2 | 3.23 | 3.45 | 0.22 | 0 |
| 19110 | NIPPLE EXPLORATION | 090 | A | | | 3 | | | | 144 | 150 | 6 | 4.44 | 5.10 | 0.66 | 0 |
| 19112 | EXCISE BREAST DUCT FISTULA | 090 | A | | | 3 | | | | 137 | 143 | 6 | 3.81 | 4.47 | 0.66 | 0 |
| 19120 | REMOVAL OF BREAST LESION | 090 | A | | | 1 | 1 | | | 136 | 145 | 9 | 5.92 | 6.47 | 0.55 | 0 |
| 19125 | EXCISION BREAST LESION | 090 | A | | | | 2 | | | 196 | 210 | 14 | 6.69 | 7.35 | 0.66 | 0 |
| 19260 | REMOVAL OF CHEST WALL LESI | 090 | A | | | | 3.5 | | | 510.5 | 535 | 24.5 | 17.78 | 18.94 | 1.16 | 0 |
| 19271 | REVISION OF CHEST WALL | 090 | A | | | | 6.5 | | | 669.5 | 715 | 45.5 | 22.19 | 24.34 | 2.15 | 0 |
| 19272 | EXTENSIVE CHEST WALL SURGE | 090 | A | | | | 7 | | | 760 | 809 | 49 | 25.17 | 27.48 | 2.31 | 0 |
| 19300 | REMOVAL OF BREAST TISSUE | 090 | A | | | 3.5 | | | | 184 | 191 | 7 | 5.31 | 6.08 | 0.77 | 0 |
| 19301 | PARTIAL MASTECTOMY | 090 | A | | | 1 | 2 | | | 216 | 232 | 16 | 10.13 | 11.01 | 0.88 | 0 |
| 19302 | P-MASTECTOMY W/LN REMOVAL | 090 | A | | | 1 | 1 | 1 | | 276 | 294 | 18 | 13.99 | 14.96 | 0.97 | -2 |
| 19303 | MAST SIMPLE COMPLETE | 090 | A | | | | 2 | 1 | | 283 | 306 | 23 | 15.00 | 16.08 | 1.08 | -2 |
| 19304 | MAST SUBQ | 090 | A | | | 4.5 | | | | 286 | 295 | 9 | 7.95 | 8.94 | 0.99 | 0 |
| 19305 | MAST RADICAL | 090 | A | | | | 4.5 | | | 463.5 | 495 | 31.5 | 17.46 | 18.94 | 1.49 | 0 |
| 19306 | MAST RAD URBAN TYPE | 090 | A | | | | 5.5 | | | 544.5 | 583 | 38.5 | 18.13 | 19.94 | 1.82 | 0 |
| 19307 | MAST MOD RAD | 090 | A | | | | 5.5 | | | 441.5 | 480 | 38.5 | 18.23 | 20.04 | 1.82 | 0 |
| 19316 | SUSPENSION OF BREAST | 090 | A | | | 2 | 1 | | | 293 | 304 | 11 | 11.09 | 11.86 | 0.77 | 0 |
| 19318 | REDUCTION OF LARGE BREAST | 090 | A | | 1 | 2 | 1 | | | 321 | 332 | 11 | 16.03 | 16.80 | 0.77 | -2 |
| 19324 | ENLARGE BREAST | 090 | A | | | | 3 | | | 290 | 311 | 21 | 6.80 | 7.79 | 0.99 | 0 |
| 19325 | ENLARGE BREAST WITH IMPLAN | 090 | A | | | 4 | | | | 244 | 252 | 8 | 8.64 | 9.52 | 0.88 | 0 |
| 19328 | REMOVAL OF BREAST IMPLANT | 090 | A | | | | 2.5 | | | 172.5 | 190 | 17.5 | 6.48 | 7.31 | 0.83 | 0 |
| 19330 | REMOVAL OF IMPLANT MATERIA | 090 | A | | | | 3 | | | 218 | 239 | 21 | 8.54 | 9.53 | 0.99 | 0 |
| 19340 | IMMEDIATE BREAST PROSTHESI | 090 | A | | | 1 | 2 | 1 | | 366 | 391 | 25 | 13.99 | 15.29 | 1.30 | -2 |
| 19342 | DELAYED BREAST PROSTHESIS | 090 | A | | | | 4.5 | | | 319.5 | 351 | 31.5 | 12.63 | 14.12 | 1.49 | 0 |
| 19350 | BREAST RECONSTRUCTION | 090 | A | | | 4 | | | | 229 | 237 | 8 | 9.11 | 9.99 | 0.88 | 0 |
| 19355 | CORRECT INVERTED NIPPLE(S) | 090 | A | | | | 3 | | | 206 | 227 | 21 | 8.52 | 9.51 | 0.99 | 0 |
| 19357 | BREAST RECONSTRUCTION | 090 | A | | | 4 | 5 | 1 | | 468 | 520 | 52 | 18.50 | 21.45 | 2.95 | -2 |
| 19361 | BREAST RECONSTR W/LAT FLAP | 090 | A | | | 3 | 2 | | | 552 | 572 | 20 | 23.36 | 24.68 | 1.32 | 0 |
| 19364 | BREAST RECONSTRUCTION | 090 | A | | 1 | 4 | 1 | | | 767 | 782 | 15 | 42.58 | 43.79 | 1.21 | -2 |
| 19366 | BREAST RECONSTRUCTION | 090 | A | | | 3 | 1 | | | 462 | 475 | 13 | 21.84 | 22.83 | 0.99 | 0 |
| 19367 | BREAST RECONSTRUCTION | 090 | A | | | 1 | 2 | 1 | | 590 | 615 | 25 | 26.80 | 28.10 | 1.30 | -2 |
| 19368 | BREAST RECONSTRUCTION | 090 | A | | | 1 | 2 | 2 | | 770 | 804 | 34 | 33.90 | 35.62 | 1.72 | -4 |
| 19369 | BREAST RECONSTRUCTION | 090 | A | | | 1 | 2 | 2 | | 690 | 724 | 34 | 31.31 | 33.03 | 1.72 | -4 |
| 19370 | SURGERY OF BREAST CAPSULE | 090 | A | | | | 3.5 | | | 252.5 | 277 | 24.5 | 9.17 | 10.33 | 1.16 | 0 |
| 19371 | REMOVAL OF BREAST CAPSULE | 090 | A | | | | 4 | | | 306 | 334 | 28 | 10.62 | 11.94 | 1.32 | 0 |
| 19380 | REVISE BREAST RECONSTRUCTI | 090 | A | | | | 4 | | | 277 | 305 | 28 | 10.41 | 11.73 | 1.32 | 0 |
| 20100 | EXPLORE WOUND NECK | 010 | A | | | | 1 | | | 266 | 273 | 7 | 10.38 | 10.71 | 0.33 | 0 |
| 20101 | EXPLORE WOUND CHEST | 010 | A | | 1 | | | | | 97 | 97 | 0 | 3.23 | 3.23 | 0.00 | -2 |
| 20102 | EXPLORE WOUND ABDOMEN | 010 | A | | | 1 | | | | 106 | 108 | 2 | 3.98 | 4.20 | 0.22 | 0 |
| 20103 | EXPLORE WOUND EXTREMITY | 010 | A | | | 1 | | | | 136 | 138 | 2 | 5.34 | 5.56 | 0.22 | 0 |
| 20150 | EXCISE EPIPHYSEAL BAR | 090 | A | | | | 3 | | | 337 | 358 | 21 | 14.75 | 15.74 | 0.99 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 20250 | OPEN BONE BIOPSY | 010 | A | | | 1 | | | | 248 | 250 | 2 | 5.19 | 5.41 | 0.22 | 0 |
| 20251 | OPEN BONE BIOPSY | 010 | A | | | 1 | | | | 238 | 240 | 2 | 5.72 | 5.94 | 0.22 | 0 |
| 20500 | INJECTION OF SINUS TRACT | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.28 | 1.50 | 0.22 | 0 |
| 20520 | REMOVAL OF FOREIGN BODY | 010 | A | | | 1 | | | | 65 | 67 | 2 | 1.90 | 2.12 | 0.22 | 0 |
| 20525 | REMOVAL OF FOREIGN BODY | 010 | A | | | 1 | | | | 136 | 138 | 2 | 3.54 | 3.76 | 0.22 | 0 |
| 20615 | TREATMENT OF BONE CYST | 010 | A | | | 1 | | | | 88 | 90 | 2 | 2.33 | 2.55 | 0.22 | 0 |
| 20650 | INSERT AND REMOVE BONE PIN | 010 | A | | | 1 | | | | 114 | 116 | 2 | 2.28 | 2.50 | 0.22 | 0 |
| 20661 | APPLICATION OF HEAD BRACE | 090 | A | | | 4 | | | | 266 | 274 | 8 | 5.26 | 6.14 | 0.88 | 0 |
| 20662 | APPLICATION OF PELVIS BRAC | 090 | A | | | 4 | | | | 285 | 293 | 8 | 6.38 | 7.26 | 0.88 | 0 |
| 20663 | APPLICATION OF THIGH BRACE | 090 | A | | | 4 | | | | 264 | 272 | 8 | 5.74 | 6.62 | 0.88 | 0 |
| 20664 | APPLICATION OF HALO | 090 | A | | | | 4 | | | 405 | 433 | 28 | 10.06 | 11.38 | 1.32 | 0 |
| 20665 | REMOVAL OF FIXATION DEVICE | 010 | A | | | 1 | | | | 57 | 59 | 2 | 1.36 | 1.58 | 0.22 | 0 |
| 20670 | REMOVAL OF SUPPORT IMPLANT | 010 | A | | | 1 | | | | 57 | 59 | 2 | 1.79 | 2.01 | 0.22 | 0 |
| 20680 | REMOVAL OF SUPPORT IMPLANT | 090 | A | | | 2 | | | | 181 | 185 | 4 | 5.96 | 6.40 | 0.44 | 0 |
| 20690 | APPLY BONE FIXATION DEVICE | 090 | A | | | 1 | 2 | | | 300 | 316 | 16 | 8.78 | 9.66 | 0.88 | 0 |
| 20692 | APPLY BONE FIXATION DEVICE | 090 | A | | | 4 | 3 | | | 474 | 503 | 29 | 16.27 | 18.14 | 1.87 | 0 |
| 20693 | ADJUST BONE FIXATION DEVIC | 090 | A | | | 3 | | | | 208 | 214 | 6 | 6.06 | 6.72 | 0.66 | 0 |
| 20694 | REMOVE BONE FIXATION DEVIC | 090 | A | | | 2.5 | | | | 140 | 145 | 5 | 4.28 | 4.83 | 0.55 | 0 |
| 20696 | COMP MULTIPLANE EXT FIXATI | 090 | A | | | 3 | 3 | | | 468 | 495 | 27 | 17.56 | 19.21 | 1.65 | 0 |
| 20802 | REPLANTATION ARM COMPLETE | 090 | A | | | 3 | 3 | 1 | | 1041 | 1077 | 36 | 42.62 | 44.69 | 2.07 | -2 |
| 20805 | REPLANT FOREARM COMPLETE | 090 | A | | | 3 | 3 | 1 | | 1012 | 1048 | 36 | 51.46 | 53.53 | 2.07 | -2 |
| 20808 | REPLANTATION HAND COMPLETE | 090 | A | | | 3 | 3 | 1 | | 1112 | 1148 | 36 | 63.09 | 65.16 | 2.07 | -2 |
| 20816 | REPLANTATION DIGIT COMPLET | 090 | A | | | 2 | 3 | | | 697 | 722 | 25 | 31.95 | 33.38 | 1.43 | 0 |
| 20822 | REPLANTATION DIGIT COMPLET | 090 | A | | | 3 | 3 | | | 590 | 617 | 27 | 26.66 | 28.31 | 1.65 | 0 |
| 20824 | REPLANTATION THUMB COMPLET | 090 | A | | | 2 | 3 | | | 690 | 715 | 25 | 31.95 | 33.38 | 1.43 | 0 |
| 20827 | REPLANTATION THUMB COMPLET | 090 | A | | | 3 | 3 | | | 625 | 652 | 27 | 27.48 | 29.13 | 1.65 | 0 |
| 20838 | REPLANTATION FOOT COMPLETE | 090 | A | | | 3 | 3 | 1 | | 986 | 1022 | 36 | 42.88 | 44.95 | 2.07 | -2 |
| 20910 | REMOVE CARTILAGE FOR GRAFT | 090 | A | | | 4 | | | | 227 | 235 | 8 | 5.53 | 6.41 | 0.88 | 0 |
| 20912 | REMOVE CARTILAGE FOR GRAFT | 090 | A | | | 4 | | | | 256 | 264 | 8 | 6.54 | 7.42 | 0.88 | 0 |
| 20920 | REMOVAL OF FASCIA FOR GRAF | 090 | A | | | 3 | | | | 195 | 201 | 6 | 5.51 | 6.17 | 0.66 | 0 |
| 20922 | REMOVAL OF FASCIA FOR GRAF | 090 | A | | | 3 | | | | 224 | 230 | 6 | 6.93 | 7.59 | 0.66 | 0 |
| 20924 | REMOVAL OF TENDON FOR GRAF | 090 | A | | | 3 | | | | 194 | 200 | 6 | 6.68 | 7.34 | 0.66 | 0 |
| 20926 | REMOVAL OF TISSUE FOR GRAF | 090 | A | | | 3 | | | | 202 | 208 | 6 | 5.79 | 6.45 | 0.66 | 0 |
| 20955 | FIBULA BONE GRAFT MICROVAS | 090 | A | | | 3 | 3 | | | 957 | 984 | 27 | 40.26 | 41.91 | 1.65 | 0 |
| 20956 | ILIAC BONE GRAFT MICROVASC | 090 | A | | | 5 | 2 | | | 894 | 918 | 24 | 41.18 | 42.94 | 1.76 | 0 |
| 20957 | MT BONE GRAFT MICROVASC | 090 | A | | | 6 | 2 | | | 930 | 956 | 26 | 42.61 | 44.59 | 1.98 | 0 |
| 20969 | BONE/SKIN GRAFT MICROVASC | 090 | A | | | 2 | 2 | 2 | | 1048 | 1084 | 36 | 45.43 | 47.37 | 1.94 | -4 |
| 20970 | BONE/SKIN GRAFT ILIAC CRES | 090 | A | | | 2 | 2 | 2 | | 988 | 1024 | 36 | 44.58 | 46.52 | 1.94 | -4 |
| 20972 | BONE/SKIN GRAFT METATARSAL | 090 | A | | | 2 | 2 | 2 | | 898 | 934 | 36 | 44.51 | 46.45 | 1.94 | -4 |
| 20973 | BONE/SKIN GRAFT GREAT TOE | 090 | A | | | 2 | 2 | 2 | | 988 | 1024 | 36 | 47.27 | 49.21 | 1.94 | -4 |
| 21010 | INCISION OF JAW JOINT | 090 | A | | | 3 | 1 | | | 337 | 350 | 13 | 11.04 | 12.03 | 0.99 | 0 |
| 21011 | EXC FACE LES SC <2 CM | 090 | A | | | 1 | 1 | | | 107 | 116 | 9 | 2.99 | 3.54 | 0.55 | 0 |
| 21012 | EXC FACE LES SBQ 2 CM/> | 090 | A | | | 1 | 1 | | | 148 | 157 | 9 | 4.45 | 5.00 | 0.55 | 0 |
| 21013 | EXC FACE TUM DEEP < 2 CM | 090 | A | | | 1 | 1 | | | 174 | 183 | 9 | 5.42 | 5.97 | 0.55 | 0 |
| 21014 | EXC FACE TUM DEEP 2 CM/> | 090 | A | | | 1 | 2 | | | 217 | 233 | 16 | 7.13 | 8.01 | 0.88 | 0 |
| 21015 | RESECT FACE/SCALP TUM < 2 | 090 | A | | | 1 | 3 | | | 277 | 300 | 23 | 9.89 | 11.10 | 1.21 | 0 |
| 21016 | RESECT FACE/SCALP TUM 2 CM | 090 | A | | | 1 | 2 | 1 | | 398 | 423 | 25 | 15.26 | 16.56 | 1.30 | -2 |
| 21025 | EXCISION OF BONE LOWER JAW | 090 | A | | | 2 | 2 | | | 283 | 301 | 18 | 10.03 | 11.13 | 1.10 | 0 |
| 21026 | EXCISION OF FACIAL BONE(S) | 090 | A | | | 2 | 2 | | | 261 | 279 | 18 | 5.70 | 6.80 | 1.10 | 0 |
| 21029 | CONTOUR OF FACE BONE LESIO | 090 | A | | | 1 | 2 | | | 196 | 212 | 16 | 8.39 | 9.27 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 21030 | EXCISE MAX/ZYGOMA B9 TUMOR | 090 | A | | | 2 | 1 | | | 133 | 144 | 11 | 4.91 | 5.68 | 0.77 | 0 |
| 21031 | REMOVE EXOSTOSIS MANDIBLE | 090 | A | | 1 | 1 | | | | 93 | 95 | 2 | 3.30 | 3.52 | 0.22 | -2 |
| 21032 | REMOVE EXOSTOSIS MAXILLA | 090 | A | | | 2 | | | | 125 | 129 | 4 | 3.34 | 3.78 | 0.44 | 0 |
| 21034 | EXCISE MAX/ZYGOMA MAL TUMO | 090 | A | | | 1 | 2 | 1 | | 365 | 390 | 25 | 17.38 | 18.68 | 1.30 | -2 |
| 21040 | EXCISE MANDIBLE LESION | 090 | A | | | 2 | 1 | | | 137 | 148 | 11 | 4.91 | 5.68 | 0.77 | 0 |
| 21044 | REMOVAL OF JAW BONE LESION | 090 | A | | | 2 | 1 | 1 | | 325 | 345 | 20 | 12.80 | 13.99 | 1.19 | -2 |
| 21045 | EXTENSIVE JAW SURGERY | 090 | A | | | 2 | 2 | 1 | | 599 | 626 | 27 | 18.37 | 19.89 | 1.52 | -2 |
| 21046 | REMOVE MANDIBLE CYST COMPL | 090 | A | | | 3 | 3 | | | 400 | 427 | 27 | 14.21 | 15.86 | 1.65 | 0 |
| 21047 | EXCISE LWR JAW CYST W/REPA | 090 | A | | | 3 | 3 | | | 565 | 592 | 27 | 20.07 | 21.72 | 1.65 | 0 |
| 21048 | REMOVE MAXILLA CYST COMPLE | 090 | A | | | 3 | 3 | | | 400 | 427 | 27 | 14.71 | 16.36 | 1.65 | 0 |
| 21049 | EXCIS UPPR JAW CYST W/REPA | 090 | A | | | 3 | 3 | | | 550 | 577 | 27 | 19.32 | 20.97 | 1.65 | 0 |
| 21050 | REMOVAL OF JAW JOINT | 090 | A | | | 3 | 1 | 1 | | 377 | 399 | 22 | 11.76 | 13.17 | 1.41 | -2 |
| 21060 | REMOVE JAW JOINT CARTILAGE | 090 | A | | | 2 | 2 | | | 334 | 352 | 18 | 11.07 | 12.17 | 1.10 | 0 |
| 21070 | REMOVE CORONOID PROCESS | 090 | A | | 1 | 2 | 1 | | | 246 | 257 | 11 | 8.62 | 9.39 | 0.77 | -2 |
| 21073 | MNPJ OF TMJ W/ANESTH | 090 | A | | | 4 | | | | 134 | 142 | 8 | 3.45 | 4.33 | 0.88 | 0 |
| 21100 | MAXILLOFACIAL FIXATION | 090 | A | | | 4 | 1 | | | 232 | 247 | 15 | 4.73 | 5.94 | 1.21 | 0 |
| 21110 | INTERDENTAL FIXATION | 090 | A | | | 3 | 2 | | | 239 | 259 | 20 | 5.99 | 7.31 | 1.32 | 0 |
| 21120 | RECONSTRUCTION OF CHIN | 090 | A | | | 3.5 | | | | 184 | 191 | 7 | 5.10 | 5.87 | 0.77 | 0 |
| 21121 | RECONSTRUCTION OF CHIN | 090 | A | | | 3.5 | | | | 193 | 200 | 7 | 7.81 | 8.58 | 0.77 | 0 |
| 21122 | RECONSTRUCTION OF CHIN | 090 | A | | | 4 | | | | 247 | 255 | 8 | 8.71 | 9.59 | 0.88 | 0 |
| 21123 | RECONSTRUCTION OF CHIN | 090 | A | | | 4 | | | | 297 | 305 | 8 | 11.34 | 12.22 | 0.88 | 0 |
| 21125 | AUGMENTATION LOWER JAW BON | 090 | A | | | 4 | | | | 297 | 305 | 8 | 10.80 | 11.68 | 0.88 | 0 |
| 21127 | AUGMENTATION LOWER JAW BON | 090 | A | | | | 4 | | | 358 | 386 | 28 | 12.44 | 13.76 | 1.32 | 0 |
| 21137 | REDUCTION OF FOREHEAD | 090 | A | | 1 | 2 | 1 | | | 310 | 321 | 11 | 10.24 | 11.01 | 0.77 | -2 |
| 21138 | REDUCTION OF FOREHEAD | 090 | A | | 1 | 1 | 2 | | | 400 | 416 | 16 | 12.87 | 13.75 | 0.88 | -2 |
| 21139 | REDUCTION OF FOREHEAD | 090 | A | | 1 | 2 | 1 | | | 466 | 477 | 11 | 15.02 | 15.79 | 0.77 | -2 |
| 21141 | LEFORT I-1 PIECE W/O GRAFT | 090 | A | | | 4 | 2 | 1 | | 474 | 505 | 31 | 19.57 | 21.53 | 1.96 | -2 |
| 21142 | LEFORT I-2 PIECE W/O GRAFT | 090 | A | | | 4 | 2 | 1 | | 485 | 516 | 31 | 20.28 | 22.24 | 1.96 | -2 |
| 21143 | LEFORT I-3/> PIECE W/O GRA | 090 | A | | | 4 | 2 | 1 | | 497 | 528 | 31 | 21.05 | 23.01 | 1.96 | -2 |
| 21145 | LEFORT I-1 PIECE W/ GRAFT | 090 | A | | | | 6 | | | 515 | 557 | 42 | 23.94 | 25.92 | 1.98 | 0 |
| 21146 | LEFORT I-2 PIECE W/ GRAFT | 090 | A | | | | 6.5 | | | 567.5 | 613 | 45.5 | 24.87 | 27.02 | 2.15 | 0 |
| 21147 | LEFORT I-3/> PIECE W/ GRAF | 090 | A | | | | 6.5 | | | 707.5 | 753 | 45.5 | 26.47 | 28.61 | 2.15 | 0 |
| 21150 | LEFORT II ANTERIOR INTRUSI | 090 | A | | 2 | 2 | 2 | | | 623 | 641 | 18 | 25.96 | 27.06 | 1.10 | -4 |
| 21151 | LEFORT II W/BONE GRAFTS | 090 | A | | 2 | 2 | 2 | | | 686 | 704 | 18 | 29.02 | 30.12 | 1.10 | -4 |
| 21154 | LEFORT III W/O LEFORT I | 090 | A | | 2 | 2 | 1 | | 1 | 853 | 879 | 26 | 31.29 | 32.75 | 1.46 | -5 |
| 21155 | LEFORT III W/ LEFORT I | 090 | A | | 2 | 2 | 1 | | 1 | 939 | 965 | 26 | 35.22 | 36.68 | 1.46 | -5 |
| 21159 | LEFORT III W/FHDW/O LEFORT | 090 | A | | 2 | 2 | 1 | | 1 | 986 | 1012 | 26 | 43.14 | 44.60 | 1.46 | -5 |
| 21160 | LEFORT III W/FHD W/ LEFORT | 090 | A | | 2 | 2 | 1 | | 1 | 1121 | 1147 | 26 | 47.19 | 48.65 | 1.46 | -5 |
| 21172 | RECONSTRUCT ORBIT/FOREHEAD | 090 | A | | 2 | 2 | 1 | | | 641 | 652 | 11 | 28.20 | 28.97 | 0.77 | -4 |
| 21175 | RECONSTRUCT ORBIT/FOREHEAD | 090 | A | | 2 | 2 | 1 | | | 731 | 742 | 11 | 33.56 | 34.33 | 0.77 | -4 |
| 21179 | RECONSTRUCT ENTIRE FOREHEA | 090 | A | | 1 | 2 | 1 | | | 590 | 601 | 11 | 22.65 | 23.42 | 0.77 | -2 |
| 21180 | RECONSTRUCT ENTIRE FOREHEA | 090 | A | | 1 | 2 | 1 | | | 670 | 681 | 11 | 25.58 | 26.35 | 0.77 | -2 |
| 21181 | CONTOUR CRANIAL BONE LESIO | 090 | A | | 2 | 1 | 1 | | | 396 | 405 | 9 | 10.28 | 10.83 | 0.55 | -4 |
| 21182 | RECONSTRUCT CRANIAL BONE | 090 | A | | 2 | 2 | 1 | | | 801 | 812 | 11 | 32.58 | 33.35 | 0.77 | -4 |
| 21183 | RECONSTRUCT CRANIAL BONE | 090 | A | | 2 | 2 | 1 | | | 891 | 902 | 11 | 35.70 | 36.47 | 0.77 | -4 |
| 21184 | RECONSTRUCT CRANIAL BONE | 090 | A | | 2 | 2 | 1 | | | 996 | 1007 | 11 | 38.62 | 39.39 | 0.77 | -4 |
| 21188 | RECONSTRUCTION OF MIDFACE | 090 | A | | 2 | | 1 | | 1 | 572 | 594 | 22 | 23.15 | 24.17 | 1.02 | -5 |
| 21193 | RECONST LWR JAW W/O GRAFT | 090 | A | | | | 5 | | | 386 | 421 | 35 | 18.90 | 20.55 | 1.65 | 0 |
| 21194 | RECONST LWR JAW W/GRAFT | 090 | A | | | | 5.5 | | | 482.5 | 521 | 38.5 | 21.82 | 23.63 | 1.82 | 0 |
| 21195 | RECONST LWR JAW W/O FIXATI | 090 | A | | | | 5.5 | | | 384.5 | 423 | 38.5 | 19.16 | 20.97 | 1.82 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 21196 | RECONST LWR JAW W/FIXATION | 090 | A | | | | 5.5 | | | 411.5 | 450 | 38.5 | 20.83 | 22.64 | 1.82 | 0 |
| 21198 | RECONSTR LWR JAW SEGMENT | 090 | A | | | | 4.5 | | | 359.5 | 391 | 31.5 | 15.71 | 17.20 | 1.49 | 0 |
| 21199 | RECONSTR LWR JAW W/ADVANCE | 090 | A | | | 2 | 1 | | | 283 | 294 | 11 | 16.73 | 17.50 | 0.77 | 0 |
| 21206 | RECONSTRUCT UPPER JAW BONE | 090 | A | | | | 4.5 | | | 361.5 | 393 | 31.5 | 15.59 | 17.08 | 1.49 | 0 |
| 21208 | AUGMENTATION OF FACIAL BON | 090 | A | | | 3 | 2 | 1 | | 320 | 349 | 29 | 11.42 | 13.16 | 1.74 | -2 |
| 21209 | REDUCTION OF FACIAL BONES | 090 | A | | | 3 | 3 | | | 270 | 297 | 27 | 7.82 | 9.47 | 1.65 | 0 |
| 21210 | FACE BONE GRAFT | 090 | A | | | 2 | 3 | 1 | | 318 | 352 | 34 | 11.69 | 13.54 | 1.85 | -2 |
| 21215 | LOWER JAW BONE GRAFT | 090 | A | | | 2 | 3 | 1 | | 334 | 368 | 34 | 12.23 | 14.08 | 1.85 | -2 |
| 21230 | RIB CARTILAGE GRAFT | 090 | A | | | 2 | 1 | | | 342 | 353 | 11 | 11.17 | 11.94 | 0.77 | 0 |
| 21235 | EAR CARTILAGE GRAFT | 090 | A | | | 3 | 2 | | | 265 | 285 | 20 | 7.50 | 8.82 | 1.32 | 0 |
| 21240 | RECONSTRUCTION OF JAW JOIN | 090 | A | | | | 6 | | | 425 | 467 | 42 | 16.07 | 18.05 | 1.98 | 0 |
| 21242 | RECONSTRUCTION OF JAW JOIN | 090 | A | | | 3 | 2 | 1 | | 402 | 431 | 29 | 14.59 | 16.33 | 1.74 | -2 |
| 21243 | RECONSTRUCTION OF JAW JOIN | 090 | A | | | | 10 | | | 751 | 821 | 70 | 24.53 | 27.83 | 3.30 | 0 |
| 21244 | RECONSTRUCTION OF LOWER JA | 090 | A | | | 3 | 2 | 1 | | 387 | 416 | 29 | 13.62 | 15.36 | 1.74 | -2 |
| 21245 | RECONSTRUCTION OF JAW | 090 | A | | | 2 | 2 | 1 | | 376 | 403 | 27 | 13.12 | 14.64 | 1.52 | -2 |
| 21246 | RECONSTRUCTION OF JAW | 090 | A | | | 3 | 1 | | | 369 | 382 | 13 | 12.92 | 13.91 | 0.99 | 0 |
| 21247 | RECONSTRUCT LOWER JAW BONE | 090 | A | | | 3 | 3 | 1 | | 544 | 580 | 36 | 24.37 | 26.44 | 2.07 | -2 |
| 21248 | RECONSTRUCTION OF JAW | 090 | A | | | | 4 | | | 223 | 251 | 28 | 12.74 | 14.06 | 1.32 | 0 |
| 21249 | RECONSTRUCTION OF JAW | 090 | A | | | | 4 | | | 295 | 323 | 28 | 18.77 | 20.09 | 1.32 | 0 |
| 21255 | RECONSTRUCT LOWER JAW BONE | 090 | A | | | 3 | 3 | 1 | | 457 | 493 | 36 | 18.46 | 20.53 | 2.07 | -2 |
| 21256 | RECONSTRUCTION OF ORBIT | 090 | A | | | 2 | 2 | 1 | | 444 | 471 | 27 | 17.66 | 19.18 | 1.52 | -2 |
| 21260 | REVISE EYE SOCKETS | 090 | A | | | 2 | 2 | | | 426 | 444 | 18 | 17.90 | 19.00 | 1.10 | 0 |
| 21261 | REVISE EYE SOCKETS | 090 | A | | | 2 | 3 | 1 | | 674 | 708 | 34 | 34.07 | 35.92 | 1.85 | -2 |
| 21263 | REVISE EYE SOCKETS | 090 | A | | | 2 | 3 | 1 | | 639 | 673 | 34 | 31.01 | 32.86 | 1.85 | -2 |
| 21267 | REVISE EYE SOCKETS | 090 | A | | | 2 | 2 | 1 | | 476 | 503 | 27 | 20.69 | 22.21 | 1.52 | -2 |
| 21268 | REVISE EYE SOCKETS | 090 | A | | | 2 | 3 | 1 | | 614 | 648 | 34 | 27.07 | 28.92 | 1.85 | -2 |
| 21270 | AUGMENTATION CHEEK BONE | 090 | A | | | 2 | 1 | | | 362 | 373 | 11 | 10.63 | 11.40 | 0.77 | 0 |
| 21275 | REVISION ORBITOFACIAL BONE | 090 | A | | | 2 | 1 | | | 360 | 371 | 11 | 11.76 | 12.53 | 0.77 | 0 |
| 21280 | REVISION OF EYELID | 090 | A | | | 1 | 2 | 1 | | 251 | 276 | 25 | 7.13 | 8.43 | 1.30 | -2 |
| 21282 | REVISION OF EYELID | 090 | A | | | 1 | 1 | 1 | | 209 | 227 | 18 | 4.27 | 5.24 | 0.97 | -2 |
| 21295 | REVISION OF JAW MUSCLE/BON | 090 | A | | | 1 | 1 | | | 101 | 110 | 9 | 1.90 | 2.45 | 0.55 | 0 |
| 21296 | REVISION OF JAW MUSCLE/BON | 090 | A | | | 2 | 1 | | | 219 | 230 | 11 | 4.78 | 5.55 | 0.77 | 0 |
| 21315 | CLOSED TX NOSE FX W/O STAB | 010 | A | | | | 1 | | | 99 | 106 | 7 | 1.83 | 2.16 | 0.33 | 0 |
| 21320 | CLOSED TX NOSE FX W/ STABL | 010 | A | | | 0.5 | | | | 78 | 79 | 1 | 1.88 | 1.99 | 0.11 | 0 |
| 21325 | OPEN TX NOSE FX UNCOMPLICA | 090 | A | | | 2 | 1 | | | 217 | 228 | 11 | 4.18 | 4.95 | 0.77 | 0 |
| 21330 | OPEN TX NOSE FX W/SKELE FI | 090 | A | | | 2 | 1 | | | 251 | 262 | 11 | 5.79 | 6.56 | 0.77 | 0 |
| 21335 | OPEN TX NOSE & SEPTAL FX | 090 | A | | | 2 | 1 | | | 293 | 304 | 11 | 9.02 | 9.79 | 0.77 | 0 |
| 21336 | OPEN TX SEPTAL FX W/WO STA | 090 | A | | | 2 | 3 | | | 243 | 268 | 25 | 6.77 | 8.20 | 1.43 | 0 |
| 21337 | CLOSED TX SEPTAL&NOSE FX | 090 | A | | | 1 | 2 | | | 154 | 170 | 16 | 3.39 | 4.27 | 0.88 | 0 |
| 21338 | OPEN NASOETHMOID FX W/O FI | 090 | A | | | 2 | 1 | | | 291 | 302 | 11 | 6.87 | 7.64 | 0.77 | 0 |
| 21339 | OPEN NASOETHMOID FX W/ FIX | 090 | A | | | 2 | 1 | | | 315 | 326 | 11 | 8.50 | 9.27 | 0.77 | 0 |
| 21340 | PERQ TX NASOETHMOID FX | 090 | A | | | 2 | 2 | | | 347 | 365 | 18 | 11.49 | 12.59 | 1.10 | 0 |
| 21343 | OPEN TX DPRSD FRONT SINUS | 090 | A | | | 2 | 3 | | | 389 | 414 | 25 | 14.32 | 15.75 | 1.43 | 0 |
| 21344 | OPEN TX COMPL FRONT SINUS | 090 | A | | | 2 | 3 | | | 519 | 544 | 25 | 21.57 | 23.00 | 1.43 | 0 |
| 21345 | CLOSED TX NOSE/JAW FX | 090 | A | | | 3 | 2 | | | 312 | 332 | 20 | 9.06 | 10.38 | 1.32 | 0 |
| 21346 | OPN TX NASOMAX FX W/FIXJ | 090 | A | | | 2 | 2 | | | 352 | 370 | 18 | 11.45 | 12.55 | 1.10 | 0 |
| 21347 | OPN TX NASOMAX FX MULTPLE | 090 | A | | | 2 | 2 | | | 393 | 411 | 18 | 13.53 | 14.63 | 1.10 | 0 |
| 21348 | OPN TX NASOMAX FX W/GRAFT | 090 | A | | | 2 | 2 | | | 452 | 470 | 18 | 17.52 | 18.62 | 1.10 | 0 |
| 21355 | PERQ TX MALAR FRACTURE | 010 | A | | | 1 | 2 | | | 176 | 192 | 16 | 4.45 | 5.33 | 0.88 | 0 |
| 21356 | OPN TX DPRSD ZYGOMATIC ARC | 010 | A | | | 1 | 2 | | | 185 | 201 | 16 | 4.83 | 5.71 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 21360 | OPN TX DPRSD MALAR FRACTUR | 090 | A | | | 2 | 2 | | | 273 | 291 | 18 | 7.19 | 8.29 | 1.10 | 0 |
| 21365 | OPN TX COMPLX MALAR FX | 090 | A | | | | 5 | | | 432 | 467 | 35 | 16.77 | 18.42 | 1.65 | 0 |
| 21366 | OPN TX COMPLX MALAR W/GRFT | 090 | A | | | 2 | 2 | | | 467 | 485 | 18 | 18.60 | 19.70 | 1.10 | 0 |
| 21385 | OPN TX ORBIT FX TRANSANTRA | 090 | A | | | 2 | 1 | | | 324 | 335 | 11 | 9.57 | 10.34 | 0.77 | 0 |
| 21386 | OPN TX ORBIT FX PERIORBITA | 090 | A | | | 2 | 1 | | | 320 | 331 | 11 | 9.57 | 10.34 | 0.77 | 0 |
| 21387 | OPN TX ORBIT FX COMBINED | 090 | A | | | 2 | 1 | | | 335 | 346 | 11 | 10.11 | 10.88 | 0.77 | 0 |
| 21390 | OPN TX ORBIT PERIORBTL IMP | 090 | A | | | 1 | 1 | 1 | | 346 | 364 | 18 | 11.23 | 12.20 | 0.97 | -2 |
| 21395 | OPN TX ORBIT PERIORBT W/GR | 090 | A | | | 1 | 1 | | | 347 | 356 | 9 | 14.70 | 15.25 | 0.55 | 0 |
| 21400 | CLOSED TX ORBIT W/O MANIPU | 090 | A | | | 2 | | | | 102 | 106 | 4 | 1.50 | 1.94 | 0.44 | 0 |
| 21401 | CLOSED TX ORBIT W/MANIPULJ | 090 | A | | | 2 | 1 | | | 204 | 215 | 11 | 3.68 | 4.45 | 0.77 | 0 |
| 21406 | OPN TX ORBIT FX W/O IMPLAN | 090 | A | | | 2 | 1 | | | 284 | 295 | 11 | 7.42 | 8.19 | 0.77 | 0 |
| 21407 | OPN TX ORBIT FX W/IMPLANT | 090 | A | | | 2 | 1 | | | 316 | 327 | 11 | 9.02 | 9.79 | 0.77 | 0 |
| 21408 | OPN TX ORBIT FX W/BONE GRF | 090 | A | | | 2 | 1 | | | 385 | 396 | 11 | 12.78 | 13.55 | 0.77 | 0 |
| 21421 | TREAT MOUTH ROOF FRACTURE | 090 | A | | | 3 | 1 | 1 | | 256 | 278 | 22 | 6.02 | 7.43 | 1.41 | -2 |
| 21422 | TREAT MOUTH ROOF FRACTURE | 090 | A | | | 2 | 1 | | | 319 | 330 | 11 | 8.73 | 9.50 | 0.77 | 0 |
| 21423 | TREAT MOUTH ROOF FRACTURE | 090 | A | | | 3 | 1 | | | 359 | 372 | 13 | 10.85 | 11.84 | 0.99 | 0 |
| 21431 | TREAT CRANIOFACIAL FRACTUR | 090 | A | | | 2 | 2 | | | 295 | 313 | 18 | 7.90 | 9.00 | 1.10 | 0 |
| 21432 | TREAT CRANIOFACIAL FRACTUR | 090 | A | | | 2 | | | | 330 | 334 | 4 | 8.82 | 9.26 | 0.44 | 0 |
| 21433 | TREAT CRANIOFACIAL FRACTUR | 090 | A | | | 2 | 2 | | | 592 | 610 | 18 | 26.29 | 27.39 | 1.10 | 0 |
| 21435 | TREAT CRANIOFACIAL FRACTUR | 090 | A | | | 2 | 2 | 1 | | 1001 | 1028 | 27 | 20.26 | 21.78 | 1.52 | -2 |
| 21436 | TREAT CRANIOFACIAL FRACTUR | 090 | A | | | 2 | 3 | 1 | | 644 | 678 | 34 | 30.30 | 32.15 | 1.85 | -2 |
| 21440 | TREAT DENTAL RIDGE FRACTUR | 090 | A | | | 2 | 2 | | | 162 | 180 | 18 | 3.44 | 4.54 | 1.10 | 0 |
| 21445 | TREAT DENTAL RIDGE FRACTUR | 090 | A | | | 3 | 1 | 1 | | 252 | 274 | 22 | 6.26 | 7.67 | 1.41 | -2 |
| 21450 | TREAT LOWER JAW FRACTURE | 090 | A | | | 2 | 2 | | | 162 | 180 | 18 | 3.71 | 4.81 | 1.10 | 0 |
| 21451 | TREAT LOWER JAW FRACTURE | 090 | A | | | 3 | 2 | | | 252 | 272 | 20 | 5.65 | 6.97 | 1.32 | 0 |
| 21452 | TREAT LOWER JAW FRACTURE | 090 | A | | | 2 | 1 | | | 133 | 144 | 11 | 2.40 | 3.17 | 0.77 | 0 |
| 21453 | TREAT LOWER JAW FRACTURE | 090 | A | | | 3 | 3 | | | 261 | 288 | 27 | 6.64 | 8.29 | 1.65 | 0 |
| 21454 | TREAT LOWER JAW FRACTURE | 090 | A | | | 3 | 2 | | | 288 | 308 | 20 | 7.36 | 8.68 | 1.32 | 0 |
| 21461 | TREAT LOWER JAW FRACTURE | 090 | A | | | 3 | 3 | | | 318 | 345 | 27 | 9.31 | 10.96 | 1.65 | 0 |
| 21462 | TREAT LOWER JAW FRACTURE | 090 | A | | | 3 | 3 | | | 342 | 369 | 27 | 11.01 | 12.66 | 1.65 | 0 |
| 21465 | TREAT LOWER JAW FRACTURE | 090 | A | | | 3 | 3 | | | 373 | 400 | 27 | 13.12 | 14.77 | 1.65 | 0 |
| 21470 | TREAT LOWER JAW FRACTURE | 090 | A | | | | 6 | | | 469 | 511 | 42 | 17.54 | 19.52 | 1.98 | 0 |
| 21485 | RESET DISLOCATED JAW | 090 | A | | | 3 | 2 | | | 203 | 223 | 20 | 4.77 | 6.09 | 1.32 | 0 |
| 21490 | REPAIR DISLOCATED JAW | 090 | A | | | 3 | 3 | | | 368 | 395 | 27 | 12.95 | 14.60 | 1.65 | 0 |
| 21497 | INTERDENTAL WIRING | 090 | A | | | 3 | 2 | | | 239 | 259 | 20 | 4.64 | 5.96 | 1.32 | 0 |
| 21501 | DRAIN NECK/CHEST LESION | 090 | A | | | 3.5 | | | | 176 | 183 | 7 | 3.98 | 4.75 | 0.77 | 0 |
| 21502 | DRAIN CHEST LESION | 090 | A | | | 4 | | | | 275 | 283 | 8 | 7.55 | 8.43 | 0.88 | 0 |
| 21510 | DRAINAGE OF BONE LESION | 090 | A | | | 4.5 | | | | 295 | 304 | 9 | 6.20 | 7.19 | 0.99 | 0 |
| 21550 | BIOPSY OF NECK/CHEST | 010 | A | | | 1 | | | | 89 | 91 | 2 | 2.11 | 2.33 | 0.22 | 0 |
| 21552 | EXC NECK LES SC 3 CM/> | 090 | A | | | 1 | 1 | | | 194 | 203 | 9 | 6.49 | 7.04 | 0.55 | 0 |
| 21554 | EXC NECK TUM DEEP 5 CM/> | 090 | A | | | 1 | 2 | | | 320 | 336 | 16 | 11.13 | 12.01 | 0.88 | 0 |
| 21555 | EXC NECK LES SC < 3 CM | 090 | A | | | 1 | 1 | | | 138 | 147 | 9 | 3.96 | 4.51 | 0.55 | 0 |
| 21556 | EXC NECK TUM DEEP < 5 CM | 090 | A | | | 1 | 2 | | | 234 | 250 | 16 | 7.66 | 8.54 | 0.88 | 0 |
| 21557 | RESECT NECK THORAX TUMOR<5 | 090 | A | | | 1 | 3 | | | 398 | 421 | 23 | 14.75 | 15.96 | 1.21 | 0 |
| 21558 | RESECT NECK TUMOR 5 CM/> | 090 | A | | | 1 | 2 | 1 | | 502 | 527 | 25 | 21.58 | 22.88 | 1.30 | -2 |
| 21600 | PARTIAL REMOVAL OF RIB | 090 | A | | | 4 | | | | 251 | 259 | 8 | 7.26 | 8.14 | 0.88 | 0 |
| 21610 | PARTIAL REMOVAL OF RIB | 090 | A | | | | 3 | | | 440 | 461 | 21 | 15.91 | 16.90 | 0.99 | 0 |
| 21615 | REMOVAL OF RIB | 090 | A | | | 4.5 | | | | 334 | 343 | 9 | 10.45 | 11.44 | 0.99 | 0 |
| 21616 | REMOVAL OF RIB AND NERVES | 090 | A | | | 5 | | | | 393 | 403 | 10 | 12.69 | 13.79 | 1.10 | 0 |
| 21620 | PARTIAL REMOVAL OF STERNUM | 090 | A | | | 4 | | | | 285 | 293 | 8 | 7.28 | 8.16 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 21627 | STERNAL DEBRIDEMENT | 090 | A | | | 4 | | | | 264 | 272 | 8 | 7.30 | 8.18 | 0.88 | 0 |
| 21630 | EXTENSIVE STERNUM SURGERY | 090 | A | | | 5.5 | | | | 597 | 608 | 11 | 19.18 | 20.39 | 1.21 | 0 |
| 21632 | EXTENSIVE STERNUM SURGERY | 090 | A | | | 5.5 | | | | 602 | 613 | 11 | 19.68 | 20.89 | 1.21 | 0 |
| 21685 | HYOID MYOTOMY & SUSPENSION | 090 | A | | | 1 | 2 | 3 | | 440 | 483 | 43 | 15.26 | 17.40 | 2.14 | -6 |
| 21700 | REVISION OF NECK MUSCLE | 090 | A | | | 2.5 | | | | 188 | 193 | 5 | 6.31 | 6.86 | 0.55 | 0 |
| 21705 | REVISION OF NECK MUSCLE/RI | 090 | A | | | 3 | | | | 273 | 279 | 6 | 9.92 | 10.58 | 0.66 | 0 |
| 21720 | REVISION OF NECK MUSCLE | 090 | A | | | 2.5 | | | | 157 | 162 | 5 | 5.80 | 6.35 | 0.55 | 0 |
| 21725 | REVISION OF NECK MUSCLE | 090 | A | | | 3 | | | | 258 | 264 | 6 | 7.19 | 7.85 | 0.66 | 0 |
| 21740 | RECONSTRUCTION OF STERNUM | 090 | A | | | | 2 | | | 391 | 405 | 14 | 17.57 | 18.23 | 0.66 | 0 |
| 21750 | REPAIR OF STERNUM SEPARATI | 090 | A | | | | 1 | | | 306 | 313 | 7 | 11.40 | 11.73 | 0.33 | 0 |
| 21820 | TREAT STERNUM FRACTURE | 090 | A | | | 1.5 | | | | 59 | 62 | 3 | 1.36 | 1.69 | 0.33 | 0 |
| 21825 | TREAT STERNUM FRACTURE | 090 | A | | | 3.5 | | | | 253 | 260 | 7 | 7.76 | 8.53 | 0.77 | 0 |
| 21920 | BIOPSY SOFT TISSUE OF BACK | 010 | A | | | 1 | | | | 69 | 71 | 2 | 2.11 | 2.33 | 0.22 | 0 |
| 21925 | BIOPSY SOFT TISSUE OF BACK | 090 | A | | | 3 | | | | 145 | 151 | 6 | 4.63 | 5.29 | 0.66 | 0 |
| 21930 | EXC BACK LES SC < 3 CM | 090 | A | | | 1 | 1 | | | 165 | 174 | 9 | 4.94 | 5.49 | 0.55 | 0 |
| 21931 | EXC BACK LES SC 3 CM/> | 090 | A | | | 1 | 1 | | | 206 | 215 | 9 | 6.88 | 7.43 | 0.55 | 0 |
| 21932 | EXC BACK TUM DEEP < 5 CM | 090 | A | | | 2 | 1 | | | 276 | 287 | 11 | 9.82 | 10.59 | 0.77 | 0 |
| 21933 | EXC BACK TUM DEEP 5 CM/> | 090 | A | | | 1 | 2 | | | 315 | 331 | 16 | 11.13 | 12.01 | 0.88 | 0 |
| 21935 | RESECT BACK TUM < 5 CM | 090 | A | | | 1 | 3 | | | 408 | 431 | 23 | 15.72 | 16.93 | 1.21 | 0 |
| 21936 | RESECT BACK TUM 5 CM/> | 090 | A | | | 1 | 2 | 1 | | 510 | 535 | 25 | 22.55 | 23.85 | 1.30 | -2 |
| 22010 | I&D P-SPINE C/T/CERV-THOR | 090 | A | | | 1 | 3 | | | 378 | 401 | 23 | 12.75 | 13.96 | 1.21 | 0 |
| 22015 | I&D ABSCESS P-SPINE L/S/LS | 090 | A | | | 1 | 3 | | | 373 | 396 | 23 | 12.64 | 13.85 | 1.21 | 0 |
| 22100 | REMOVE PART OF NECK VERTEB | 090 | A | | | | 4 | | | 372 | 400 | 28 | 11.00 | 12.32 | 1.32 | 0 |
| 22101 | REMOVE PART THORAX VERTEBR | 090 | A | | | | 4 | | | 387 | 415 | 28 | 11.08 | 12.40 | 1.32 | 0 |
| 22102 | REMOVE PART LUMBAR VERTEBR | 090 | A | | | | 4 | | | 387 | 415 | 28 | 11.08 | 12.40 | 1.32 | 0 |
| 22110 | REMOVE PART OF NECK VERTEB | 090 | A | | | | 4 | | | 479 | 507 | 28 | 14.00 | 15.32 | 1.32 | 0 |
| 22112 | REMOVE PART THORAX VERTEBR | 090 | A | | | | 4 | | | 530 | 558 | 28 | 14.07 | 15.39 | 1.32 | 0 |
| 22114 | REMOVE PART LUMBAR VERTEBR | 090 | A | | | | 4 | | | 530 | 558 | 28 | 14.07 | 15.39 | 1.32 | 0 |
| 22206 | INCIS SPINE 3 COLUMN THORA | 090 | A | | | 1 | 3 | | | 758 | 781 | 23 | 37.18 | 38.39 | 1.21 | 0 |
| 22207 | INCIS SPINE 3 COLUMN LUMBA | 090 | A | | | 1 | 3 | | | 758 | 781 | 23 | 36.68 | 37.89 | 1.21 | 0 |
| 22210 | INCIS 1 VERTEBRAL SEG CERV | 090 | A | | | | 5 | | | 609 | 644 | 35 | 25.38 | 27.03 | 1.65 | 0 |
| 22212 | INCIS 1 VERTEBRAL SEG THOR | 090 | A | | | | 5 | | | 640 | 675 | 35 | 20.99 | 22.64 | 1.65 | 0 |
| 22214 | INCIS 1 VERTEBRAL SEG LUMB | 090 | A | | | | 5 | | | 624 | 659 | 35 | 21.02 | 22.67 | 1.65 | 0 |
| 22220 | INCIS W/DISCECTOMY CERVICA | 090 | A | | | | 5 | | | 585 | 620 | 35 | 22.94 | 24.59 | 1.65 | 0 |
| 22222 | INCIS W/DISCECTOMY THORACI | 090 | A | | | | 5 | | | 651 | 686 | 35 | 23.09 | 24.74 | 1.65 | 0 |
| 22224 | INCIS W/DISCECTOMY LUMBAR | 090 | A | | | | 5 | | | 666 | 701 | 35 | 23.09 | 24.74 | 1.65 | 0 |
| 22310 | CLOSED TX VERT FX W/O MANJ | 090 | A | | | 1.5 | | | | 236 | 239 | 3 | 3.89 | 4.22 | 0.33 | 0 |
| 22315 | CLOSED TX VERT FX W/MANJ | 090 | A | | | | 4 | | | 252 | 280 | 28 | 10.11 | 11.43 | 1.32 | 0 |
| 22318 | TREAT ODONTOID FX W/O GRAF | 090 | A | | | 1 | 3 | | | 451 | 474 | 23 | 22.72 | 23.93 | 1.21 | 0 |
| 22319 | TREAT ODONTOID FX W/GRAFT | 090 | A | | | 1 | 3 | | | 483 | 506 | 23 | 25.33 | 26.54 | 1.21 | 0 |
| 22325 | TREAT SPINE FRACTURE | 090 | A | | | | 5 | | | 528 | 563 | 35 | 19.87 | 21.52 | 1.65 | 0 |
| 22326 | TREAT NECK SPINE FRACTURE | 090 | A | | | | 4 | | | 480 | 508 | 28 | 20.84 | 22.16 | 1.32 | 0 |
| 22327 | TREAT THORAX SPINE FRACTUR | 090 | A | | | | 5 | | | 604 | 639 | 35 | 20.77 | 22.42 | 1.65 | 0 |
| 22510 | PERQ CERVICOTHORACIC INJEC | 010 | A | | | | 1 | | | 150 | 157 | 7 | 7.90 | 8.23 | 0.33 | 0 |
| 22511 | PERQ LUMBOSACRAL INJECTION | 010 | A | | | | 1 | | | 150 | 157 | 7 | 7.33 | 7.66 | 0.33 | 0 |
| 22513 | PERQ VERTEBRAL AUGMENTATIO | 010 | A | | | | 1 | | | 155 | 162 | 7 | 8.65 | 8.98 | 0.33 | 0 |
| 22514 | PERQ VERTEBRAL AUGMENTATIO | 010 | A | | | | 1 | | | 150 | 157 | 7 | 7.99 | 8.32 | 0.33 | 0 |
| 22526 | IDET SINGLE LEVEL | 010 | N | | | 1 | | | | 145 | 147 | 2 | 5.85 | 6.07 | 0.22 | 0 |
| 22532 | LAT THORAX SPINE FUSION | 090 | A | | | 1 | 3 | | | 583 | 606 | 23 | 25.99 | 27.20 | 1.21 | 0 |
| 22533 | LAT LUMBAR SPINE FUSION | 090 | A | | | 1 | 3 | | | 549 | 572 | 23 | 24.79 | 26.00 | 1.21 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 22548 | NECK SPINE FUSION | 090 | A | | | | 4 | | | 673 | 701 | 28 | 27.06 | 28.38 | 1.32 | 0 |
| 22551 | NECK SPINE FUSE&REMOV BEL | 090 | A | | | | 3 | | | 395 | 416 | 21 | 25.00 | 25.99 | 0.99 | 0 |
| 22554 | NECK SPINE FUSION | 090 | A | | | | 3 | | | 362 | 383 | 21 | 17.69 | 18.68 | 0.99 | 0 |
| 22556 | THORAX SPINE FUSION | 090 | A | | | | 4 | | | 557 | 585 | 28 | 24.70 | 26.02 | 1.32 | 0 |
| 22558 | LUMBAR SPINE FUSION | 090 | A | | | | 4 | | | 525 | 553 | 28 | 23.53 | 24.85 | 1.32 | 0 |
| 22586 | PRESCLR FUSE W/ INSTR L5-S | 090 | A | | | | 4 | | | 500 | 528 | 28 | 28.12 | 29.44 | 1.32 | 0 |
| 22590 | SPINE & SKULL SPINAL FUSIO | 090 | A | | | | 4 | | | 501 | 529 | 28 | 21.76 | 23.08 | 1.32 | 0 |
| 22595 | NECK SPINAL FUSION | 090 | A | | | | 4 | | | 521 | 549 | 28 | 20.64 | 21.96 | 1.32 | 0 |
| 22600 | NECK SPINE FUSION | 090 | A | | | | 4 | | | 490 | 518 | 28 | 17.40 | 18.72 | 1.32 | 0 |
| 22610 | THORAX SPINE FUSION | 090 | A | | | | 4 | | | 549 | 577 | 28 | 17.28 | 18.60 | 1.32 | 0 |
| 22612 | LUMBAR SPINE FUSION | 090 | A | | | | 3 | | | 482 | 503 | 21 | 23.53 | 24.52 | 0.99 | 0 |
| 22630 | LUMBAR SPINE FUSION | 090 | A | | | | 4 | | | 487 | 515 | 28 | 22.09 | 23.41 | 1.32 | 0 |
| 22633 | LUMBAR SPINE FUSION COMBIN | 090 | A | | | | 3 | | | 565 | 586 | 21 | 27.75 | 28.74 | 0.99 | 0 |
| 22800 | POST FUSION </6 VERT SEG | 090 | A | | | | 4 | | | 571 | 599 | 28 | 19.50 | 20.82 | 1.32 | 0 |
| 22802 | POST FUSION 7-12 VERT SEG | 090 | A | | | | 4 | | | 538 | 566 | 28 | 32.11 | 33.43 | 1.32 | 0 |
| 22804 | POST FUSION 13/> VERT SEG | 090 | A | | | | 4 | | | 595 | 623 | 28 | 37.50 | 38.82 | 1.32 | 0 |
| 22808 | ANT FUSION 2-3 VERT SEG | 090 | A | | | | 4 | | | 530 | 558 | 28 | 27.51 | 28.83 | 1.32 | 0 |
| 22810 | ANT FUSION 4-7 VERT SEG | 090 | A | | | | 4 | | | 595 | 623 | 28 | 31.50 | 32.82 | 1.32 | 0 |
| 22812 | ANT FUSION 8/> VERT SEG | 090 | A | | | | 5 | | | 700 | 735 | 35 | 34.25 | 35.90 | 1.65 | 0 |
| 22818 | KYPHECTOMY 1-2 SEGMENTS | 090 | A | | | | 3 | | | 747 | 768 | 21 | 34.33 | 35.32 | 0.99 | 0 |
| 22819 | KYPHECTOMY 3 OR MORE | 090 | A | | | | 4 | | | 795 | 823 | 28 | 39.38 | 40.70 | 1.32 | 0 |
| 22830 | EXPLORATION OF SPINAL FUSI | 090 | A | | | 3 | | | | 301 | 307 | 6 | 11.22 | 11.88 | 0.66 | 0 |
| 22849 | REINSERT SPINAL FIXATION | 090 | A | | | 3 | | | | 397 | 403 | 6 | 19.17 | 19.83 | 0.66 | 0 |
| 22850 | REMOVE SPINE FIXATION DEVI | 090 | A | | | 2.5 | | | | 243 | 248 | 5 | 9.82 | 10.37 | 0.55 | 0 |
| 22852 | REMOVE SPINE FIXATION DEVI | 090 | A | | | 2.5 | | | | 266 | 271 | 5 | 9.37 | 9.92 | 0.55 | 0 |
| 22855 | REMOVE SPINE FIXATION DEVI | 090 | A | | | 3 | | | | 418 | 424 | 6 | 15.86 | 16.52 | 0.66 | 0 |
| 22856 | CERV ARTIFIC DISKECTOMY | 090 | A | | | | 3 | | | 367 | 388 | 21 | 24.05 | 25.04 | 0.99 | 0 |
| 22857 | LUMBAR ARTIF DISKECTOMY | 090 | R | | | | 4 | | | 550 | 578 | 28 | 27.13 | 28.45 | 1.32 | 0 |
| 22861 | REVISE CERV ARTIFIC DISC | 090 | A | | | | 3 | | | 477 | 498 | 21 | 33.36 | 34.35 | 0.99 | 0 |
| 22862 | REVISE LUMBAR ARTIF DISC | 090 | R | | | | 4 | | | 620 | 648 | 28 | 32.63 | 33.95 | 1.32 | 0 |
| 22864 | REMOVE CERV ARTIF DISC | 090 | A | | | | 3 | | | 457 | 478 | 21 | 29.40 | 30.39 | 0.99 | 0 |
| 22865 | REMOVE LUMB ARTIF DISC | 090 | R | | | | 4 | | | 600 | 628 | 28 | 31.75 | 33.07 | 1.32 | 0 |
| 22867 | INSJ STABLJ DEV W/DCMPRN | 090 | A | | | | 3 | | | 271 | 292 | 21 | 13.50 | 14.49 | 0.99 | 0 |
| 22869 | INSJ STABLJ DEV W/O DCMPRN | 090 | A | | | 1 | 1 | | | 194 | 203 | 9 | 7.03 | 7.58 | 0.55 | 0 |
| 22900 | EXC ABDL TUM DEEP < 5 CM | 090 | A | | | 2 | 1 | | | 244 | 255 | 11 | 8.32 | 9.09 | 0.77 | 0 |
| 22901 | EXC ABDL TUM DEEP 5 CM/> | 090 | A | | | 2 | 1 | | | 284 | 295 | 11 | 10.11 | 10.88 | 0.77 | 0 |
| 22902 | EXC ABD LES SC < 3 CM | 090 | A | | | 1 | 1 | | | 148 | 157 | 9 | 4.42 | 4.97 | 0.55 | 0 |
| 22903 | EXC ABD LES SC 3 CM/> | 090 | A | | | 1 | 1 | | | 179 | 188 | 9 | 6.39 | 6.94 | 0.55 | 0 |
| 22904 | RADICAL RESECT ABD TUMOR<5 | 090 | A | | | 1 | 3 | | | 396 | 419 | 23 | 16.69 | 17.90 | 1.21 | 0 |
| 22905 | RAD RESECT ABD TUMOR 5 CM/ | 090 | A | | | 1 | 2 | 1 | | 463 | 488 | 25 | 21.58 | 22.88 | 1.30 | -2 |
| 23000 | REMOVAL OF CALCIUM DEPOSIT | 090 | A | | | 2.5 | | | | 153 | 158 | 5 | 4.48 | 5.03 | 0.55 | 0 |
| 23020 | RELEASE SHOULDER JOINT | 090 | A | | | 4 | | | | 292 | 300 | 8 | 9.36 | 10.24 | 0.88 | 0 |
| 23030 | DRAIN SHOULDER LESION | 010 | A | | | 1 | | | | 152 | 154 | 2 | 3.47 | 3.69 | 0.22 | 0 |
| 23031 | DRAIN SHOULDER BURSA | 010 | A | | | 1 | | | | 94 | 96 | 2 | 2.79 | 3.01 | 0.22 | 0 |
| 23035 | DRAIN SHOULDER BONE LESION | 090 | A | | | 4 | | | | 300 | 308 | 8 | 9.16 | 10.04 | 0.88 | 0 |
| 23040 | EXPLORATORY SHOULDER SURGE | 090 | A | | | 4 | | | | 305 | 313 | 8 | 9.75 | 10.63 | 0.88 | 0 |
| 23044 | EXPLORATORY SHOULDER SURGE | 090 | A | | | 3.5 | | | | 253 | 260 | 7 | 7.59 | 8.36 | 0.77 | 0 |
| 23065 | BIOPSY SHOULDER TISSUES | 010 | A | | | 0.5 | | | | 64 | 65 | 1 | 2.30 | 2.41 | 0.11 | 0 |
| 23066 | BIOPSY SHOULDER TISSUES | 090 | A | | | 3 | | | | 133 | 139 | 6 | 4.30 | 4.96 | 0.66 | 0 |
| 23071 | EXC SHOULDER LES SC 3 CM/> | 090 | A | | | 1 | 1 | | | 191 | 200 | 9 | 5.91 | 6.46 | 0.55 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 23073 | EXC SHOULDER TUM DEEP 5 CM | 090 | A | | | 1 | 2 | | | 285 | 301 | 16 | 10.13 | 11.01 | 0.88 | 0 |
| 23075 | EXC SHOULDER LES SC < 3 CM | 090 | A | | | 1 | 1 | | | 142 | 151 | 9 | 4.21 | 4.76 | 0.55 | 0 |
| 23076 | EXC SHOULDER TUM DEEP < 5 | 090 | A | | | 1 | 2 | | | 221 | 237 | 16 | 7.41 | 8.29 | 0.88 | 0 |
| 23077 | RESECT SHOULDER TUMOR < 5 | 090 | A | | | 1 | 3 | | | 433 | 456 | 23 | 17.66 | 18.87 | 1.21 | 0 |
| 23078 | RESECT SHOULDER TUMOR 5 CM | 090 | A | | | 1 | 2 | 1 | | 490 | 515 | 25 | 22.55 | 23.85 | 1.30 | -2 |
| 23100 | BIOPSY OF SHOULDER JOINT | 090 | A | | | 3.5 | | | | 216 | 223 | 7 | 6.20 | 6.97 | 0.77 | 0 |
| 23101 | SHOULDER JOINT SURGERY | 090 | A | | | 3 | | | | 195 | 201 | 6 | 5.72 | 6.38 | 0.66 | 0 |
| 23105 | REMOVE SHOULDER JOINT LINI | 090 | A | | | 4 | | | | 276 | 284 | 8 | 8.48 | 9.36 | 0.88 | 0 |
| 23106 | INCISION OF COLLARBONE JOI | 090 | A | | | 3.5 | | | | 214 | 221 | 7 | 6.13 | 6.90 | 0.77 | 0 |
| 23107 | EXPLORE TREAT SHOULDER JOI | 090 | A | | | 4 | | | | 260 | 268 | 8 | 8.87 | 9.75 | 0.88 | 0 |
| 23120 | PARTIAL REMOVAL COLLAR BON | 090 | A | | | 2 | 2 | | | 227 | 245 | 18 | 7.39 | 8.49 | 1.10 | 0 |
| 23125 | REMOVAL OF COLLAR BONE | 090 | A | | | 4 | | | | 279 | 287 | 8 | 9.64 | 10.52 | 0.88 | 0 |
| 23130 | REMOVE SHOULDER BONE PART | 090 | A | | | 4.5 | | | | 231 | 240 | 9 | 7.77 | 8.76 | 0.99 | 0 |
| 23140 | REMOVAL OF BONE LESION | 090 | A | | | 3.5 | | | | 242 | 249 | 7 | 7.12 | 7.89 | 0.77 | 0 |
| 23145 | REMOVAL OF BONE LESION | 090 | A | | | 4 | | | | 307 | 315 | 8 | 9.40 | 10.28 | 0.88 | 0 |
| 23146 | REMOVAL OF BONE LESION | 090 | A | | | 4 | | | | 269 | 277 | 8 | 8.08 | 8.96 | 0.88 | 0 |
| 23150 | REMOVAL OF HUMERUS LESION | 090 | A | | | 4 | | | | 296 | 304 | 8 | 8.91 | 9.79 | 0.88 | 0 |
| 23155 | REMOVAL OF HUMERUS LESION | 090 | A | | | 4.5 | | | | 355 | 364 | 9 | 10.86 | 11.85 | 0.99 | 0 |
| 23156 | REMOVAL OF HUMERUS LESION | 090 | A | | | 4 | | | | 310 | 318 | 8 | 9.11 | 9.99 | 0.88 | 0 |
| 23170 | REMOVE COLLAR BONE LESION | 090 | A | | | 3.5 | | | | 247 | 254 | 7 | 7.21 | 7.98 | 0.77 | 0 |
| 23172 | REMOVE SHOULDER BLADE LESI | 090 | A | | | 3.5 | | | | 277 | 284 | 7 | 7.31 | 8.08 | 0.77 | 0 |
| 23174 | REMOVE HUMERUS LESION | 090 | A | | | 5 | | | | 352 | 362 | 10 | 10.05 | 11.15 | 1.10 | 0 |
| 23180 | REMOVE COLLAR BONE LESION | 090 | A | | | 4.5 | | | | 299 | 308 | 9 | 8.99 | 9.98 | 0.99 | 0 |
| 23182 | REMOVE SHOULDER BLADE LESI | 090 | A | | | 4.5 | | | | 314 | 323 | 9 | 8.61 | 9.60 | 0.99 | 0 |
| 23184 | REMOVE HUMERUS LESION | 090 | A | | | 4.5 | | | | 339 | 348 | 9 | 9.90 | 10.89 | 0.99 | 0 |
| 23190 | PARTIAL REMOVAL OF SCAPULA | 090 | A | | | 3.5 | | | | 249 | 256 | 7 | 7.47 | 8.24 | 0.77 | 0 |
| 23195 | REMOVAL OF HEAD OF HUMERUS | 090 | A | | | 4 | | | | 322 | 330 | 8 | 10.36 | 11.24 | 0.88 | 0 |
| 23200 | RESECT CLAVICLE TUMOR | 090 | A | | | 1 | 2 | 1 | | 497 | 522 | 25 | 22.71 | 24.01 | 1.30 | -2 |
| 23210 | RESECT SCAPULA TUMOR | 090 | A | | | 1 | 2 | 1 | | 560 | 585 | 25 | 27.21 | 28.51 | 1.30 | -2 |
| 23220 | RESECT PROX HUMERUS TUMOR | 090 | A | | | 1 | 2 | 1 | | 602 | 627 | 25 | 30.21 | 31.51 | 1.30 | -2 |
| 23330 | REMOVE SHOULDER FOREIGN BO | 010 | A | | | 1 | | | | 70 | 72 | 2 | 1.90 | 2.12 | 0.22 | 0 |
| 23333 | REMOVE SHOULDER FB DEEP | 090 | A | | | 1 | 1 | | | 178 | 187 | 9 | 6.00 | 6.55 | 0.55 | 0 |
| 23334 | SHOULDER PROSTHESIS REMOVA | 090 | A | | | 1 | 3 | | | 418 | 441 | 23 | 15.50 | 16.71 | 1.21 | 0 |
| 23335 | SHOULDER PROSTHESIS REMOVA | 090 | A | | | 1 | 3 | | | 448 | 471 | 23 | 19.00 | 20.21 | 1.21 | 0 |
| 23395 | MUSCLE TRANSFER SHOULDER/A | 090 | A | | | | 5 | | | 423 | 458 | 35 | 18.54 | 20.19 | 1.65 | 0 |
| 23397 | MUSCLE TRANSFERS | 090 | A | | | 4.5 | | | | 399 | 408 | 9 | 16.76 | 17.75 | 0.99 | 0 |
| 23400 | FIXATION OF SHOULDER BLADE | 090 | A | | | 4.5 | | | | 315 | 324 | 9 | 13.87 | 14.86 | 0.99 | 0 |
| 23405 | INCISION OF TENDON & MUSCL | 090 | A | | | 3.5 | | | | 192 | 199 | 7 | 8.54 | 9.31 | 0.77 | 0 |
| 23406 | INCISE TENDON(S) & MUSCLE(| 090 | A | | | 3.5 | | | | 239 | 246 | 7 | 11.01 | 11.78 | 0.77 | 0 |
| 23410 | REPAIR ROTATOR CUFF ACUTE | 090 | A | | | 2 | 2 | | | 277 | 295 | 18 | 11.39 | 12.49 | 1.10 | 0 |
| 23412 | REPAIR ROTATOR CUFF CHRONI | 090 | A | | | 2 | 2 | | | 287 | 305 | 18 | 11.93 | 13.03 | 1.10 | 0 |
| 23415 | RELEASE OF SHOULDER LIGAME | 090 | A | | | 2 | 2 | | | 247 | 265 | 18 | 9.23 | 10.33 | 1.10 | 0 |
| 23420 | REPAIR OF SHOULDER | 090 | A | | | 3 | 2 | | | 328 | 348 | 20 | 13.54 | 14.86 | 1.32 | 0 |
| 23430 | REPAIR BICEPS TENDON | 090 | A | | | 2 | 2 | | | 237 | 255 | 18 | 10.17 | 11.27 | 1.10 | 0 |
| 23440 | REMOVE/TRANSPLANT TENDON | 090 | A | | | 3.5 | | | | 208 | 215 | 7 | 10.64 | 11.41 | 0.77 | 0 |
| 23450 | REPAIR SHOULDER CAPSULE | 090 | A | | | 4 | | | | 287 | 295 | 8 | 13.70 | 14.58 | 0.88 | 0 |
| 23455 | REPAIR SHOULDER CAPSULE | 090 | A | | | 4 | | | | 307 | 315 | 8 | 14.67 | 15.55 | 0.88 | 0 |
| 23460 | REPAIR SHOULDER CAPSULE | 090 | A | | | 4.5 | | | | 344 | 353 | 9 | 15.82 | 16.81 | 0.99 | 0 |
| 23462 | REPAIR SHOULDER CAPSULE | 090 | A | | | 4 | | | | 327 | 335 | 8 | 15.72 | 16.60 | 0.88 | 0 |
| 23465 | REPAIR SHOULDER CAPSULE | 090 | A | | | 4.5 | | | | 356 | 365 | 9 | 16.30 | 17.29 | 0.99 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 23466 | REPAIR SHOULDER CAPSULE | 090 | A | | | | 5 | | | 348 | 383 | 35 | 15.80 | 17.45 | 1.65 | 0 |
| 23470 | RECONSTRUCT SHOULDER JOINT | 090 | A | | | 4.5 | | | | 390 | 399 | 9 | 17.89 | 18.88 | 0.99 | 0 |
| 23472 | RECONSTRUCT SHOULDER JOINT | 090 | A | | | 1 | 3 | | | 448 | 471 | 23 | 22.13 | 23.34 | 1.21 | 0 |
| 23473 | REVIS RECONST SHOULDER JOI | 090 | A | | | 1 | 3 | | | 488 | 511 | 23 | 25.00 | 26.21 | 1.21 | 0 |
| 23474 | REVIS RECONST SHOULDER JOI | 090 | A | | | 1 | 3 | | | 513 | 536 | 23 | 27.21 | 28.42 | 1.21 | 0 |
| 23480 | REVISION OF COLLAR BONE | 090 | A | | | 4 | | | | 275 | 283 | 8 | 11.54 | 12.42 | 0.88 | 0 |
| 23485 | REVISION OF COLLAR BONE | 090 | A | | | 4 | | | | 331 | 339 | 8 | 13.91 | 14.79 | 0.88 | 0 |
| 23490 | REINFORCE CLAVICLE | 090 | A | | | 4 | | | | 291 | 299 | 8 | 12.16 | 13.04 | 0.88 | 0 |
| 23491 | REINFORCE SHOULDER BONES | 090 | A | | | 4.5 | | | | 315 | 324 | 9 | 14.54 | 15.53 | 0.99 | 0 |
| 23500 | TREAT CLAVICLE FRACTURE | 090 | A | | | 2.5 | | | | 79 | 84 | 5 | 2.21 | 2.76 | 0.55 | 0 |
| 23505 | TREAT CLAVICLE FRACTURE | 090 | A | | | 3 | | | | 121 | 127 | 6 | 3.83 | 4.49 | 0.66 | 0 |
| 23515 | TREAT CLAVICLE FRACTURE | 090 | A | | | 2 | 2 | | | 287 | 305 | 18 | 9.69 | 10.79 | 1.10 | 0 |
| 23520 | TREAT CLAVICLE DISLOCATION | 090 | A | | | 2.5 | | | | 82 | 87 | 5 | 2.29 | 2.84 | 0.55 | 0 |
| 23525 | TREAT CLAVICLE DISLOCATION | 090 | A | | | 4 | | | | 130 | 138 | 8 | 3.79 | 4.67 | 0.88 | 0 |
| 23530 | TREAT CLAVICLE DISLOCATION | 090 | A | | | 3.5 | | | | 210 | 217 | 7 | 7.48 | 8.25 | 0.77 | 0 |
| 23532 | TREAT CLAVICLE DISLOCATION | 090 | A | | | 4 | | | | 280 | 288 | 8 | 8.20 | 9.08 | 0.88 | 0 |
| 23540 | TREAT CLAVICLE DISLOCATION | 090 | A | | | 2.5 | | | | 82 | 87 | 5 | 2.36 | 2.91 | 0.55 | 0 |
| 23545 | TREAT CLAVICLE DISLOCATION | 090 | A | | | 3.5 | | | | 115 | 122 | 7 | 3.43 | 4.20 | 0.77 | 0 |
| 23550 | TREAT CLAVICLE DISLOCATION | 090 | A | | | 3.5 | | | | 267 | 274 | 7 | 7.59 | 8.36 | 0.77 | 0 |
| 23552 | TREAT CLAVICLE DISLOCATION | 090 | A | | | 4 | | | | 299 | 307 | 8 | 8.82 | 9.70 | 0.88 | 0 |
| 23570 | TREAT SHOULDER BLADE FX | 090 | A | | | 2.5 | | | | 82 | 87 | 5 | 2.36 | 2.91 | 0.55 | 0 |
| 23575 | TREAT SHOULDER BLADE FX | 090 | A | | | 3.5 | | | | 138 | 145 | 7 | 4.23 | 5.00 | 0.77 | 0 |
| 23585 | TREAT SCAPULA FRACTURE | 090 | A | | | 2 | 2 | | | 407 | 425 | 18 | 14.23 | 15.33 | 1.10 | 0 |
| 23600 | TREAT HUMERUS FRACTURE | 090 | A | | | 3 | 1 | | | 100 | 113 | 13 | 3.00 | 3.99 | 0.99 | 0 |
| 23605 | TREAT HUMERUS FRACTURE | 090 | A | | | 4 | | | | 172 | 180 | 8 | 5.06 | 5.94 | 0.88 | 0 |
| 23615 | TREAT HUMERUS FRACTURE | 090 | A | | | 1 | 3 | | | 338 | 361 | 23 | 12.30 | 13.51 | 1.21 | 0 |
| 23616 | TREAT HUMERUS FRACTURE | 090 | A | | | 1 | 3 | | | 413 | 436 | 23 | 18.37 | 19.58 | 1.21 | 0 |
| 23620 | TREAT HUMERUS FRACTURE | 090 | A | | | 3 | | | | 92 | 98 | 6 | 2.55 | 3.21 | 0.66 | 0 |
| 23625 | TREAT HUMERUS FRACTURE | 090 | A | | | 3.5 | | | | 151 | 158 | 7 | 4.10 | 4.87 | 0.77 | 0 |
| 23630 | TREAT HUMERUS FRACTURE | 090 | A | | | 1 | 3 | | | 306 | 329 | 23 | 10.57 | 11.78 | 1.21 | 0 |
| 23650 | TREAT SHOULDER DISLOCATION | 090 | A | | | 3 | | | | 133 | 139 | 6 | 3.53 | 4.19 | 0.66 | 0 |
| 23655 | TREAT SHOULDER DISLOCATION | 090 | A | | | 4 | | | | 165 | 173 | 8 | 4.76 | 5.64 | 0.88 | 0 |
| 23660 | TREAT SHOULDER DISLOCATION | 090 | A | | | 3.5 | | | | 245 | 252 | 7 | 7.66 | 8.43 | 0.77 | 0 |
| 23665 | TREAT DISLOCATION/FRACTURE | 090 | A | | | 4 | | | | 165 | 173 | 8 | 4.66 | 5.54 | 0.88 | 0 |
| 23670 | TREAT DISLOCATION/FRACTURE | 090 | A | | | 2 | 2 | | | 326 | 344 | 18 | 12.28 | 13.38 | 1.10 | 0 |
| 23675 | TREAT DISLOCATION/FRACTURE | 090 | A | | | 4.5 | | | | 222 | 231 | 9 | 6.27 | 7.26 | 0.99 | 0 |
| 23680 | TREAT DISLOCATION/FRACTURE | 090 | A | | | 2 | 2 | | | 361 | 379 | 18 | 13.15 | 14.25 | 1.10 | 0 |
| 23700 | FIXATION OF SHOULDER | 010 | A | | | 1 | | | | 65 | 67 | 2 | 2.57 | 2.79 | 0.22 | 0 |
| 23800 | FUSION OF SHOULDER JOINT | 090 | A | | | 4.5 | | | | 378 | 387 | 9 | 14.73 | 15.72 | 0.99 | 0 |
| 23802 | FUSION OF SHOULDER JOINT | 090 | A | | | | 5 | | | 448 | 483 | 35 | 18.42 | 20.07 | 1.65 | 0 |
| 23900 | AMPUTATION OF ARM & GIRDLE | 090 | A | | | 5 | | | | 537 | 547 | 10 | 20.72 | 21.82 | 1.10 | 0 |
| 23920 | AMPUTATION AT SHOULDER JOI | 090 | A | | | | 4 | | | 475 | 503 | 28 | 16.23 | 17.55 | 1.32 | 0 |
| 23921 | AMPUTATION FOLLOW-UP SURGE | 090 | A | | | 3.5 | | | | 241 | 248 | 7 | 5.72 | 6.49 | 0.77 | 0 |
| 23930 | DRAINAGE OF ARM LESION | 010 | A | | | 1 | | | | 92 | 94 | 2 | 2.99 | 3.21 | 0.22 | 0 |
| 23931 | DRAINAGE OF ARM BURSA | 010 | A | | | 1 | | | | 75 | 77 | 2 | 1.84 | 2.06 | 0.22 | 0 |
| 23935 | DRAIN ARM/ELBOW BONE LESIO | 090 | A | | | 3.5 | | | | 233 | 240 | 7 | 6.38 | 7.15 | 0.77 | 0 |
| 24000 | EXPLORATORY ELBOW SURGERY | 090 | A | | | 3 | | | | 217 | 223 | 6 | 6.08 | 6.74 | 0.66 | 0 |
| 24006 | RELEASE ELBOW JOINT | 090 | A | | | 4 | | | | 282 | 290 | 8 | 9.74 | 10.62 | 0.88 | 0 |
| 24065 | BIOPSY ARM/ELBOW SOFT TISS | 010 | A | | | 1 | | | | 80 | 82 | 2 | 2.13 | 2.35 | 0.22 | 0 |
| 24066 | BIOPSY ARM/ELBOW SOFT TISS | 090 | A | | | 3 | | | | 172 | 178 | 6 | 5.35 | 6.01 | 0.66 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 24071 | EXC ARM/ELBOW LES SC 3 CM/ | 090 | A | | | 1 | 1 | | | 183 | 192 | 9 | 5.70 | 6.25 | 0.55 | 0 |
| 24073 | EX ARM/ELBOW TUM DEEP 5 CM | 090 | A | | | 1 | 2 | | | 283 | 299 | 16 | 10.13 | 11.01 | 0.88 | 0 |
| 24075 | EXC ARM/ELBOW LES SC < 3 C | 090 | A | | | 1 | 1 | | | 142 | 151 | 9 | 4.24 | 4.79 | 0.55 | 0 |
| 24076 | EX ARM/ELBOW TUM DEEP < 5 | 090 | A | | | 1 | 2 | | | 229 | 245 | 16 | 7.41 | 8.29 | 0.88 | 0 |
| 24077 | RESECT ARM/ELBOW TUM < 5 C | 090 | A | | | 1 | 3 | | | 405 | 428 | 23 | 15.72 | 16.93 | 1.21 | 0 |
| 24079 | RESECT ARM/ELBOW TUM 5 CM/ | 090 | A | | | 1 | 2 | 1 | | 472 | 497 | 25 | 20.61 | 21.91 | 1.30 | -2 |
| 24100 | BIOPSY ELBOW JOINT LINING | 090 | A | | | 3 | | | | 157 | 163 | 6 | 5.07 | 5.73 | 0.66 | 0 |
| 24101 | EXPLORE/TREAT ELBOW JOINT | 090 | A | | | 3.5 | | | | 189 | 196 | 7 | 6.30 | 7.07 | 0.77 | 0 |
| 24102 | REMOVE ELBOW JOINT LINING | 090 | A | | | 3.5 | | | | 251 | 258 | 7 | 8.26 | 9.03 | 0.77 | 0 |
| 24105 | REMOVAL OF ELBOW BURSA | 090 | A | | | 3.5 | | | | 143 | 150 | 7 | 3.78 | 4.55 | 0.77 | 0 |
| 24110 | REMOVE HUMERUS LESION | 090 | A | | | 4 | | | | 224 | 232 | 8 | 7.58 | 8.46 | 0.88 | 0 |
| 24115 | REMOVE/GRAFT BONE LESION | 090 | A | | | 4 | | | | 339 | 347 | 8 | 10.12 | 11.00 | 0.88 | 0 |
| 24116 | REMOVE/GRAFT BONE LESION | 090 | A | | | 4 | | | | 326 | 334 | 8 | 12.23 | 13.11 | 0.88 | 0 |
| 24120 | REMOVE ELBOW LESION | 090 | A | | | 3.5 | | | | 195 | 202 | 7 | 6.82 | 7.59 | 0.77 | 0 |
| 24125 | REMOVE/GRAFT BONE LESION | 090 | A | | | 4 | | | | 278 | 286 | 8 | 8.14 | 9.02 | 0.88 | 0 |
| 24126 | REMOVE/GRAFT BONE LESION | 090 | A | | | 4 | | | | 272 | 280 | 8 | 8.62 | 9.50 | 0.88 | 0 |
| 24130 | REMOVAL OF HEAD OF RADIUS | 090 | A | | | 3.5 | | | | 192 | 199 | 7 | 6.42 | 7.19 | 0.77 | 0 |
| 24134 | REMOVAL OF ARM BONE LESION | 090 | A | | | 4 | | | | 303 | 311 | 8 | 10.22 | 11.10 | 0.88 | 0 |
| 24136 | REMOVE RADIUS BONE LESION | 090 | A | | | 3.5 | | | | 263 | 270 | 7 | 8.40 | 9.17 | 0.77 | 0 |
| 24138 | REMOVE ELBOW BONE LESION | 090 | A | | | 5.5 | | | | 277 | 288 | 11 | 8.50 | 9.71 | 1.21 | 0 |
| 24140 | PARTIAL REMOVAL OF ARM BON | 090 | A | | | 4 | | | | 284 | 292 | 8 | 9.55 | 10.43 | 0.88 | 0 |
| 24145 | PARTIAL REMOVAL OF RADIUS | 090 | A | | | 3.5 | | | | 240 | 247 | 7 | 7.81 | 8.58 | 0.77 | 0 |
| 24147 | PARTIAL REMOVAL OF ELBOW | 090 | A | | | 5 | | | | 252 | 262 | 10 | 7.84 | 8.94 | 1.10 | 0 |
| 24149 | RADICAL RESECTION OF ELBOW | 090 | A | | | | 6 | | | 456 | 498 | 42 | 16.22 | 18.20 | 1.98 | 0 |
| 24150 | RESECT DISTAL HUMERUS TUMO | 090 | A | | | 1 | 2 | 1 | | 502 | 527 | 25 | 23.46 | 24.76 | 1.30 | -2 |
| 24152 | RESECT RADIUS TUMOR | 090 | A | | | 1 | 2 | 1 | | 440 | 465 | 25 | 19.99 | 21.29 | 1.30 | -2 |
| 24155 | REMOVAL OF ELBOW JOINT | 090 | A | | | 4 | | | | 322 | 330 | 8 | 12.09 | 12.97 | 0.88 | 0 |
| 24160 | REMOVE ELBOW JOINT IMPLANT | 090 | A | | | 1 | 3 | | | 405 | 428 | 23 | 18.63 | 19.84 | 1.21 | 0 |
| 24164 | REMOVE RADIUS HEAD IMPLANT | 090 | A | | | | 3 | | | 228 | 249 | 21 | 10.00 | 10.99 | 0.99 | 0 |
| 24200 | REMOVAL OF ARM FOREIGN BOD | 010 | A | | | 1 | | | | 68 | 70 | 2 | 1.81 | 2.03 | 0.22 | 0 |
| 24201 | REMOVAL OF ARM FOREIGN BOD | 090 | A | | | 3 | | | | 164 | 170 | 6 | 4.70 | 5.36 | 0.66 | 0 |
| 24300 | MANIPULATE ELBOW W/ANESTH | 090 | A | | | 6 | | | | 205 | 217 | 12 | 4.04 | 5.36 | 1.32 | 0 |
| 24301 | MUSCLE/TENDON TRANSFER | 090 | A | | | 4 | | | | 266 | 274 | 8 | 10.38 | 11.26 | 0.88 | 0 |
| 24305 | ARM TENDON LENGTHENING | 090 | A | | | 3.5 | | | | 209 | 216 | 7 | 7.62 | 8.39 | 0.77 | 0 |
| 24310 | REVISION OF ARM TENDON | 090 | A | | | 3 | | | | 171 | 177 | 6 | 6.12 | 6.78 | 0.66 | 0 |
| 24320 | REPAIR OF ARM TENDON | 090 | A | | | 4 | | | | 304 | 312 | 8 | 10.86 | 11.74 | 0.88 | 0 |
| 24330 | REVISION OF ARM MUSCLES | 090 | A | | | 4 | | | | 263 | 271 | 8 | 9.79 | 10.67 | 0.88 | 0 |
| 24331 | REVISION OF ARM MUSCLES | 090 | A | | | 4 | | | | 303 | 311 | 8 | 10.95 | 11.83 | 0.88 | 0 |
| 24332 | TENOLYSIS TRICEPS | 090 | A | | | 3 | 1 | | | 230 | 243 | 13 | 7.91 | 8.90 | 0.99 | 0 |
| 24340 | REPAIR OF BICEPS TENDON | 090 | A | | | 4 | | | | 225 | 233 | 8 | 8.08 | 8.96 | 0.88 | 0 |
| 24341 | REPAIR ARM TENDON/MUSCLE | 090 | A | | | | 5 | | | 318 | 353 | 35 | 9.49 | 11.14 | 1.65 | 0 |
| 24342 | REPAIR OF RUPTURED TENDON | 090 | A | | | 4 | | | | 290 | 298 | 8 | 10.86 | 11.74 | 0.88 | 0 |
| 24343 | REPR ELBOW LAT LIGMNT W/TI | 090 | A | | | 4 | 1 | | | 281 | 296 | 15 | 9.16 | 10.37 | 1.21 | 0 |
| 24344 | RECONSTRUCT ELBOW LAT LIGM | 090 | A | | | 3 | 3 | | | 385 | 412 | 27 | 15.21 | 16.86 | 1.65 | 0 |
| 24345 | REPR ELBW MED LIGMNT W/TIS | 090 | A | | | 4 | 1 | | | 284 | 299 | 15 | 9.16 | 10.37 | 1.21 | 0 |
| 24346 | RECONSTRUCT ELBOW MED LIGM | 090 | A | | | 3 | 3 | | | 385 | 412 | 27 | 15.21 | 16.86 | 1.65 | 0 |
| 24357 | REPAIR ELBOW PERC | 090 | A | | | 4 | | | | 168 | 176 | 8 | 5.44 | 6.32 | 0.88 | 0 |
| 24358 | REPAIR ELBOW W/DEB OPEN | 090 | A | | | 4 | | | | 193 | 201 | 8 | 6.66 | 7.54 | 0.88 | 0 |
| 24359 | REPAIR ELBOW DEB/ATTCH OPE | 090 | A | | | 4 | | | | 213 | 221 | 8 | 8.98 | 9.86 | 0.88 | 0 |
| 24360 | RECONSTRUCT ELBOW JOINT | 090 | A | | | 4.5 | | | | 320 | 329 | 9 | 12.67 | 13.66 | 0.99 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 24361 | RECONSTRUCT ELBOW JOINT | 090 | A | | | 4.5 | | | | 322 | 331 | 9 | 14.41 | 15.40 | 0.99 | 0 |
| 24362 | RECONSTRUCT ELBOW JOINT | 090 | A | | | 4.5 | | | | 350 | 359 | 9 | 15.32 | 16.31 | 0.99 | 0 |
| 24363 | REPLACE ELBOW JOINT | 090 | A | | | 1 | 3 | | | 435 | 458 | 23 | 22.00 | 23.21 | 1.21 | 0 |
| 24365 | RECONSTRUCT HEAD OF RADIUS | 090 | A | | | 3.5 | | | | 229 | 236 | 7 | 8.62 | 9.39 | 0.77 | 0 |
| 24366 | RECONSTRUCT HEAD OF RADIUS | 090 | A | | | 3.5 | | | | 243 | 250 | 7 | 9.36 | 10.13 | 0.77 | 0 |
| 24370 | REVISE RECONST ELBOW JOINT | 090 | A | | | 1 | 3 | | | 470 | 493 | 23 | 23.55 | 24.76 | 1.21 | 0 |
| 24371 | REVISE RECONST ELBOW JOINT | 090 | A | | | 1 | 3 | | | 505 | 528 | 23 | 27.50 | 28.71 | 1.21 | 0 |
| 24400 | REVISION OF HUMERUS | 090 | A | | | 4.5 | | | | 288 | 297 | 9 | 11.33 | 12.32 | 0.99 | 0 |
| 24410 | REVISION OF HUMERUS | 090 | A | | | 5 | | | | 344 | 354 | 10 | 15.11 | 16.21 | 1.10 | 0 |
| 24420 | REVISION OF HUMERUS | 090 | A | | | 5 | | | | 329 | 339 | 10 | 13.73 | 14.83 | 1.10 | 0 |
| 24430 | REPAIR OF HUMERUS | 090 | A | | | 1 | 3 | | | 343 | 366 | 23 | 15.25 | 16.46 | 1.21 | 0 |
| 24435 | REPAIR HUMERUS WITH GRAFT | 090 | A | | | | 5 | | | 433 | 468 | 35 | 14.99 | 16.64 | 1.65 | 0 |
| 24470 | REVISION OF ELBOW JOINT | 090 | A | | | 4 | | | | 236 | 244 | 8 | 8.93 | 9.81 | 0.88 | 0 |
| 24495 | DECOMPRESSION OF FOREARM | 090 | A | | | 3.5 | | | | 255 | 262 | 7 | 8.41 | 9.18 | 0.77 | 0 |
| 24498 | REINFORCE HUMERUS | 090 | A | | | 4 | | | | 308 | 316 | 8 | 12.28 | 13.16 | 0.88 | 0 |
| 24500 | TREAT HUMERUS FRACTURE | 090 | A | | | 4 | | | | 121 | 129 | 8 | 3.41 | 4.29 | 0.88 | 0 |
| 24505 | TREAT HUMERUS FRACTURE | 090 | A | | | 4.5 | | | | 188 | 197 | 9 | 5.39 | 6.38 | 0.99 | 0 |
| 24515 | TREAT HUMERUS FRACTURE | 090 | A | | | 5 | | | | 340 | 350 | 10 | 12.12 | 13.22 | 1.10 | 0 |
| 24516 | TREAT HUMERUS FRACTURE | 090 | A | | | 4 | | | | 352 | 360 | 8 | 12.19 | 13.07 | 0.88 | 0 |
| 24530 | TREAT HUMERUS FRACTURE | 090 | A | | | 4 | | | | 136 | 144 | 8 | 3.69 | 4.57 | 0.88 | 0 |
| 24535 | TREAT HUMERUS FRACTURE | 090 | A | | | 5 | | | | 206 | 216 | 10 | 7.11 | 8.21 | 1.10 | 0 |
| 24538 | TREAT HUMERUS FRACTURE | 090 | A | | | 4.5 | | | | 284 | 293 | 9 | 9.77 | 10.76 | 0.99 | 0 |
| 24545 | TREAT HUMERUS FRACTURE | 090 | A | | | 2 | 2 | | | 361 | 379 | 18 | 13.15 | 14.25 | 1.10 | 0 |
| 24546 | TREAT HUMERUS FRACTURE | 090 | A | | | 1 | 3 | | | 448 | 471 | 23 | 14.91 | 16.12 | 1.21 | 0 |
| 24560 | TREAT HUMERUS FRACTURE | 090 | A | | | 3.5 | | | | 118 | 125 | 7 | 2.98 | 3.75 | 0.77 | 0 |
| 24565 | TREAT HUMERUS FRACTURE | 090 | A | | | 4.5 | | | | 190 | 199 | 9 | 5.78 | 6.77 | 0.99 | 0 |
| 24566 | TREAT HUMERUS FRACTURE | 090 | A | | | | 4 | | | 257 | 285 | 28 | 9.06 | 10.38 | 1.32 | 0 |
| 24575 | TREAT HUMERUS FRACTURE | 090 | A | | | 1 | 3 | | | 308 | 331 | 23 | 9.71 | 10.92 | 1.21 | 0 |
| 24576 | TREAT HUMERUS FRACTURE | 090 | A | | | 4 | | | | 129 | 137 | 8 | 3.06 | 3.94 | 0.88 | 0 |
| 24577 | TREAT HUMERUS FRACTURE | 090 | A | | | 4.5 | | | | 192 | 201 | 9 | 6.01 | 7.00 | 0.99 | 0 |
| 24579 | TREAT HUMERUS FRACTURE | 090 | A | | | 1 | 3 | | | 338 | 361 | 23 | 11.44 | 12.65 | 1.21 | 0 |
| 24582 | TREAT HUMERUS FRACTURE | 090 | A | | | | 5 | | | 295 | 330 | 35 | 10.14 | 11.79 | 1.65 | 0 |
| 24586 | TREAT ELBOW FRACTURE | 090 | A | | | 4.5 | | | | 375 | 384 | 9 | 15.78 | 16.77 | 0.99 | 0 |
| 24587 | TREAT ELBOW FRACTURE | 090 | A | | | 4.5 | | | | 415 | 424 | 9 | 15.79 | 16.78 | 0.99 | 0 |
| 24600 | TREAT ELBOW DISLOCATION | 090 | A | | | 3 | | | | 121 | 127 | 6 | 4.37 | 5.03 | 0.66 | 0 |
| 24605 | TREAT ELBOW DISLOCATION | 090 | A | | | 4.5 | | | | 179 | 188 | 9 | 5.64 | 6.63 | 0.99 | 0 |
| 24615 | TREAT ELBOW DISLOCATION | 090 | A | | | 3.5 | | | | 277 | 284 | 7 | 9.83 | 10.60 | 0.77 | 0 |
| 24620 | TREAT ELBOW FRACTURE | 090 | A | | | 5 | | | | 211 | 221 | 10 | 7.22 | 8.32 | 1.10 | 0 |
| 24635 | TREAT ELBOW FRACTURE | 090 | A | | | 2 | 2 | | | 291 | 309 | 18 | 8.80 | 9.90 | 1.10 | 0 |
| 24640 | TREAT ELBOW DISLOCATION | 010 | A | | | 1 | | | | 39 | 41 | 2 | 1.25 | 1.47 | 0.22 | 0 |
| 24650 | TREAT RADIUS FRACTURE | 090 | A | | | 3 | | | | 87 | 93 | 6 | 2.31 | 2.97 | 0.66 | 0 |
| 24655 | TREAT RADIUS FRACTURE | 090 | A | | | 4.5 | | | | 142 | 151 | 9 | 4.62 | 5.61 | 0.99 | 0 |
| 24665 | TREAT RADIUS FRACTURE | 090 | A | | | 4.5 | | | | 256 | 265 | 9 | 8.36 | 9.35 | 0.99 | 0 |
| 24666 | TREAT RADIUS FRACTURE | 090 | A | | | 4 | | | | 286 | 294 | 8 | 9.86 | 10.74 | 0.88 | 0 |
| 24670 | TREAT ULNAR FRACTURE | 090 | A | | | 3 | | | | 102 | 108 | 6 | 2.69 | 3.35 | 0.66 | 0 |
| 24675 | TREAT ULNAR FRACTURE | 090 | A | | | 4 | | | | 153 | 161 | 8 | 4.91 | 5.79 | 0.88 | 0 |
| 24685 | TREAT ULNAR FRACTURE | 090 | A | | | 2 | 2 | | | 252 | 270 | 18 | 8.37 | 9.47 | 1.10 | 0 |
| 24800 | FUSION OF ELBOW JOINT | 090 | A | | | 4.5 | | | | 290 | 299 | 9 | 11.41 | 12.40 | 0.99 | 0 |
| 24802 | FUSION/GRAFT OF ELBOW JOIN | 090 | A | | | 4.5 | | | | 399 | 408 | 9 | 14.32 | 15.31 | 0.99 | 0 |
| 24900 | AMPUTATION OF UPPER ARM | 090 | A | | | 4.5 | | | | 312 | 321 | 9 | 10.18 | 11.17 | 0.99 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 24920 | AMPUTATION OF UPPER ARM | 090 | A | | | 3.5 | | | | 282 | 289 | 7 | 10.13 | 10.90 | 0.77 | 0 |
| 24925 | AMPUTATION FOLLOW-UP SURGE | 090 | A | | | 3.5 | | | | 221 | 228 | 7 | 7.30 | 8.07 | 0.77 | 0 |
| 24930 | AMPUTATION FOLLOW-UP SURGE | 090 | A | | | 3.5 | | | | 294 | 301 | 7 | 10.83 | 11.60 | 0.77 | 0 |
| 24931 | AMPUTATE UPPER ARM & IMPLA | 090 | A | | | 4 | | | | 358 | 366 | 8 | 13.44 | 14.32 | 0.88 | 0 |
| 24935 | REVISION OF AMPUTATION | 090 | A | | | 5 | | | | 458 | 468 | 10 | 16.45 | 17.55 | 1.10 | 0 |
| 25000 | INCISION OF TENDON SHEATH | 090 | A | | | 3.5 | | | | 135 | 142 | 7 | 3.55 | 4.32 | 0.77 | 0 |
| 25001 | INCISE FLEXOR CARPI RADIAL | 090 | A | | | 2 | 1 | | | 154 | 165 | 11 | 3.79 | 4.56 | 0.77 | 0 |
| 25020 | DECOMPRESS FOREARM 1 SPACE | 090 | A | | | 3 | | | | 204 | 210 | 6 | 6.06 | 6.72 | 0.66 | 0 |
| 25023 | DECOMPRESS FOREARM 1 SPACE | 090 | A | | | 4.5 | | | | 400 | 409 | 9 | 13.83 | 14.82 | 0.99 | 0 |
| 25024 | DECOMPRESS FOREARM 2 SPACE | 090 | A | | | 4 | 1 | | | 385 | 400 | 15 | 10.79 | 12.00 | 1.21 | 0 |
| 25025 | DECOMPRESS FOREARM 2 SPACE | 090 | A | | | 4 | 1 | | | 460 | 475 | 15 | 17.94 | 19.15 | 1.21 | 0 |
| 25028 | DRAINAGE OF FOREARM LESION | 090 | A | | | 3 | | | | 181 | 187 | 6 | 5.39 | 6.05 | 0.66 | 0 |
| 25031 | DRAINAGE OF FOREARM BURSA | 090 | A | | | 2.5 | | | | 141 | 146 | 5 | 4.26 | 4.81 | 0.55 | 0 |
| 25035 | TREAT FOREARM BONE LESION | 090 | A | | | 3.5 | | | | 241 | 248 | 7 | 7.65 | 8.42 | 0.77 | 0 |
| 25040 | EXPLORE/TREAT WRIST JOINT | 090 | A | | | 3 | | | | 227 | 233 | 6 | 7.50 | 8.16 | 0.66 | 0 |
| 25065 | BIOPSY FOREARM SOFT TISSUE | 010 | A | | | 1 | | | | 64 | 66 | 2 | 2.04 | 2.26 | 0.22 | 0 |
| 25066 | BIOPSY FOREARM SOFT TISSUE | 090 | A | | | 3 | | | | 156 | 162 | 6 | 4.27 | 4.93 | 0.66 | 0 |
| 25071 | EXC FOREARM LES SC 3 CM/> | 090 | A | | | 1 | 1 | | | 178 | 187 | 9 | 5.91 | 6.46 | 0.55 | 0 |
| 25073 | EXC FOREARM TUM DEEP 3 CM/ | 090 | A | | | 1 | 2 | | | 221 | 237 | 16 | 7.13 | 8.01 | 0.88 | 0 |
| 25075 | EXC FOREARM LES SC < 3 CM | 090 | A | | | 1 | 1 | | | 137 | 146 | 9 | 3.96 | 4.51 | 0.55 | 0 |
| 25076 | EXC FOREARM TUM DEEP < 3 C | 090 | A | | | 1 | 2 | | | 206 | 222 | 16 | 6.74 | 7.62 | 0.88 | 0 |
| 25077 | RESECT FOREARM/WRIST TUM<3 | 090 | A | | | 1 | 3 | | | 345 | 368 | 23 | 12.93 | 14.14 | 1.21 | 0 |
| 25078 | RESECT FORARM/WRIST TUM 3C | 090 | A | | | 1 | 2 | 1 | | 422 | 447 | 25 | 17.69 | 18.99 | 1.30 | -2 |
| 25085 | INCISION OF WRIST CAPSULE | 090 | A | | | 3 | | | | 197 | 203 | 6 | 5.64 | 6.30 | 0.66 | 0 |
| 25100 | BIOPSY OF WRIST JOINT | 090 | A | | | 2.5 | | | | 142 | 147 | 5 | 4.02 | 4.57 | 0.55 | 0 |
| 25101 | EXPLORE/TREAT WRIST JOINT | 090 | A | | | 3 | | | | 163 | 169 | 6 | 4.83 | 5.49 | 0.66 | 0 |
| 25105 | REMOVE WRIST JOINT LINING | 090 | A | | | 3.5 | | | | 201 | 208 | 7 | 6.02 | 6.79 | 0.77 | 0 |
| 25107 | REMOVE WRIST JOINT CARTILA | 090 | A | | | | 4 | | | 257 | 285 | 28 | 7.70 | 9.02 | 1.32 | 0 |
| 25109 | EXCISE TENDON FOREARM/WRIS | 090 | A | | | 1 | 2 | | | 191 | 207 | 16 | 6.94 | 7.82 | 0.88 | 0 |
| 25110 | REMOVE WRIST TENDON LESION | 090 | A | | | 2.5 | | | | 132 | 137 | 5 | 4.04 | 4.59 | 0.55 | 0 |
| 25111 | REMOVE WRIST TENDON LESION | 090 | A | | | 3 | | | | 140 | 146 | 6 | 3.53 | 4.19 | 0.66 | 0 |
| 25112 | REREMOVE WRIST TENDON LESI | 090 | A | | | 3 | | | | 148 | 154 | 6 | 4.67 | 5.33 | 0.66 | 0 |
| 25115 | REMOVE WRIST/FOREARM LESIO | 090 | A | | | | 4 | | | 257 | 285 | 28 | 10.09 | 11.41 | 1.32 | 0 |
| 25116 | REMOVE WRIST/FOREARM LESIO | 090 | A | | | 1 | 3 | | | 249 | 272 | 23 | 7.56 | 8.77 | 1.21 | 0 |
| 25118 | EXCISE WRIST TENDON SHEATH | 090 | A | | | 3 | | | | 158 | 164 | 6 | 4.51 | 5.17 | 0.66 | 0 |
| 25119 | PARTIAL REMOVAL OF ULNA | 090 | A | | | 3.5 | | | | 214 | 221 | 7 | 6.21 | 6.98 | 0.77 | 0 |
| 25120 | REMOVAL OF FOREARM LESION | 090 | A | | | 3.5 | | | | 217 | 224 | 7 | 6.27 | 7.04 | 0.77 | 0 |
| 25125 | REMOVE/GRAFT FOREARM LESIO | 090 | A | | | 4 | | | | 270 | 278 | 8 | 7.67 | 8.55 | 0.88 | 0 |
| 25126 | REMOVE/GRAFT FOREARM LESIO | 090 | A | | | 4 | | | | 260 | 268 | 8 | 7.74 | 8.62 | 0.88 | 0 |
| 25130 | REMOVAL OF WRIST LESION | 090 | A | | | 3.5 | | | | 167 | 174 | 7 | 5.43 | 6.20 | 0.77 | 0 |
| 25135 | REMOVE & GRAFT WRIST LESIO | 090 | A | | | 4 | | | | 234 | 242 | 8 | 7.08 | 7.96 | 0.88 | 0 |
| 25136 | REMOVE & GRAFT WRIST LESIO | 090 | A | | | 3.5 | | | | 204 | 211 | 7 | 6.14 | 6.91 | 0.77 | 0 |
| 25145 | REMOVE FOREARM BONE LESION | 090 | A | | | 3.5 | | | | 225 | 232 | 7 | 6.54 | 7.31 | 0.77 | 0 |
| 25150 | PARTIAL REMOVAL OF ULNA | 090 | A | | | 3.5 | | | | 257 | 264 | 7 | 7.38 | 8.15 | 0.77 | 0 |
| 25151 | PARTIAL REMOVAL OF RADIUS | 090 | A | | | 3.5 | | | | 266 | 273 | 7 | 7.68 | 8.45 | 0.77 | 0 |
| 25170 | RESECT RADIUS/ULNAR TUMOR | 090 | A | | | 1 | 2 | 1 | | 470 | 495 | 25 | 22.21 | 23.51 | 1.30 | -2 |
| 25210 | REMOVAL OF WRIST BONE | 090 | A | | | 3.5 | | | | 194 | 201 | 7 | 6.12 | 6.89 | 0.77 | 0 |
| 25215 | REMOVAL OF WRIST BONES | 090 | A | | | 4 | | | | 269 | 277 | 8 | 8.14 | 9.02 | 0.88 | 0 |
| 25230 | PARTIAL REMOVAL OF RADIUS | 090 | A | | | 3 | | | | 190 | 196 | 6 | 5.37 | 6.03 | 0.66 | 0 |
| 25240 | PARTIAL REMOVAL OF ULNA | 090 | A | | | 3 | | | | 176 | 182 | 6 | 5.31 | 5.97 | 0.66 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 25248 | REMOVE FOREARM FOREIGN BOD | 090 | A | | | 3.5 | | | | 163 | 170 | 7 | 5.31 | 6.08 | 0.77 | 0 |
| 25250 | REMOVAL OF WRIST PROSTHESI | 090 | A | | | 3.5 | | | | 205 | 212 | 7 | 6.77 | 7.54 | 0.77 | 0 |
| 25251 | REMOVAL OF WRIST PROSTHESI | 090 | A | | | 4 | | | | 300 | 308 | 8 | 9.82 | 10.70 | 0.88 | 0 |
| 25259 | MANIPULATE WRIST W/ANESTHE | 090 | A | | | 6 | | | | 201 | 213 | 12 | 4.04 | 5.36 | 1.32 | 0 |
| 25260 | REPAIR FOREARM TENDON/MUSC | 090 | A | | | 5 | | | | 215 | 225 | 10 | 8.04 | 9.14 | 1.10 | 0 |
| 25263 | REPAIR FOREARM TENDON/MUSC | 090 | A | | | 4.5 | | | | 229 | 238 | 9 | 8.04 | 9.03 | 0.99 | 0 |
| 25265 | REPAIR FOREARM TENDON/MUSC | 090 | A | | | 4.5 | | | | 259 | 268 | 9 | 10.10 | 11.09 | 0.99 | 0 |
| 25270 | REPAIR FOREARM TENDON/MUSC | 090 | A | | | 3.5 | | | | 176 | 183 | 7 | 6.17 | 6.94 | 0.77 | 0 |
| 25272 | REPAIR FOREARM TENDON/MUSC | 090 | A | | | 3.5 | | | | 189 | 196 | 7 | 7.21 | 7.98 | 0.77 | 0 |
| 25274 | REPAIR FOREARM TENDON/MUSC | 090 | A | | | 4 | | | | 242 | 250 | 8 | 8.94 | 9.82 | 0.88 | 0 |
| 25275 | REPAIR FOREARM TENDON SHEA | 090 | A | | | 3 | 1 | | | 223 | 236 | 13 | 8.96 | 9.95 | 0.99 | 0 |
| 25280 | REVISE WRIST/FOREARM TENDO | 090 | A | | | 3.5 | | | | 195 | 202 | 7 | 7.39 | 8.16 | 0.77 | 0 |
| 25290 | INCISE WRIST/FOREARM TENDO | 090 | A | | | 3 | | | | 164 | 170 | 6 | 5.43 | 6.09 | 0.66 | 0 |
| 25295 | RELEASE WRIST/FOREARM TEND | 090 | A | | | 3.5 | | | | 191 | 198 | 7 | 6.72 | 7.49 | 0.77 | 0 |
| 25300 | FUSION OF TENDONS AT WRIST | 090 | A | | | 4.5 | | | | 247 | 256 | 9 | 9.02 | 10.01 | 0.99 | 0 |
| 25301 | FUSION OF TENDONS AT WRIST | 090 | A | | | 4 | | | | 235 | 243 | 8 | 8.59 | 9.47 | 0.88 | 0 |
| 25310 | TRANSPLANT FOREARM TENDON | 090 | A | | | 3 | 1 | | | 235 | 248 | 13 | 8.08 | 9.07 | 0.99 | 0 |
| 25312 | TRANSPLANT FOREARM TENDON | 090 | A | | | 4 | | | | 284 | 292 | 8 | 9.82 | 10.70 | 0.88 | 0 |
| 25315 | REVISE PALSY HAND TENDON(S | 090 | A | | | 4 | | | | 300 | 308 | 8 | 10.68 | 11.56 | 0.88 | 0 |
| 25316 | REVISE PALSY HAND TENDON(S | 090 | A | | | 4.5 | | | | 356 | 365 | 9 | 12.90 | 13.89 | 0.99 | 0 |
| 25320 | REPAIR/REVISE WRIST JOINT | 090 | A | | | | 1 | 4 | | 452 | 495 | 43 | 12.75 | 14.76 | 2.01 | -8 |
| 25332 | REVISE WRIST JOINT | 090 | A | | | 4.5 | | | | 314 | 323 | 9 | 11.74 | 12.73 | 0.99 | 0 |
| 25335 | REALIGNMENT OF HAND | 090 | A | | | 4.5 | | | | 370 | 379 | 9 | 13.39 | 14.38 | 0.99 | 0 |
| 25337 | RECONSTRUCT ULNA/RADIOULNA | 090 | A | | | | 1 | 3 | | 353 | 387 | 34 | 11.73 | 13.32 | 1.59 | -6 |
| 25350 | REVISION OF RADIUS | 090 | A | | | 4 | | | | 266 | 274 | 8 | 9.09 | 9.97 | 0.88 | 0 |
| 25355 | REVISION OF RADIUS | 090 | A | | | 4 | | | | 289 | 297 | 8 | 10.53 | 11.41 | 0.88 | 0 |
| 25360 | REVISION OF ULNA | 090 | A | | | 4 | | | | 259 | 267 | 8 | 8.74 | 9.62 | 0.88 | 0 |
| 25365 | REVISE RADIUS & ULNA | 090 | A | | | 4.5 | | | | 354 | 363 | 9 | 12.91 | 13.90 | 0.99 | 0 |
| 25370 | REVISE RADIUS OR ULNA | 090 | A | | | 5.5 | | | | 424 | 435 | 11 | 14.10 | 15.31 | 1.21 | 0 |
| 25375 | REVISE RADIUS & ULNA | 090 | A | | | 4.5 | | | | 382 | 391 | 9 | 13.55 | 14.54 | 0.99 | 0 |
| 25390 | SHORTEN RADIUS OR ULNA | 090 | A | | | 4 | | | | 295 | 303 | 8 | 10.70 | 11.58 | 0.88 | 0 |
| 25391 | LENGTHEN RADIUS OR ULNA | 090 | A | | | 4.5 | | | | 383 | 392 | 9 | 14.28 | 15.27 | 0.99 | 0 |
| 25392 | SHORTEN RADIUS & ULNA | 090 | A | | | 4.5 | | | | 390 | 399 | 9 | 14.58 | 15.57 | 0.99 | 0 |
| 25393 | LENGTHEN RADIUS & ULNA | 090 | A | | | 4.5 | | | | 432 | 441 | 9 | 16.56 | 17.55 | 0.99 | 0 |
| 25394 | REPAIR CARPAL BONE SHORTEN | 090 | A | | | 3 | 1 | | | 250 | 263 | 13 | 10.85 | 11.84 | 0.99 | 0 |
| 25400 | REPAIR RADIUS OR ULNA | 090 | A | | | 4 | | | | 308 | 316 | 8 | 11.28 | 12.16 | 0.88 | 0 |
| 25405 | REPAIR/GRAFT RADIUS OR ULN | 090 | A | | | 4.5 | | | | 387 | 396 | 9 | 15.01 | 16.00 | 0.99 | 0 |
| 25415 | REPAIR RADIUS & ULNA | 090 | A | | | 4.5 | | | | 367 | 376 | 9 | 13.80 | 14.79 | 0.99 | 0 |
| 25420 | REPAIR/GRAFT RADIUS & ULNA | 090 | A | | | 5 | | | | 444 | 454 | 10 | 17.04 | 18.14 | 1.10 | 0 |
| 25425 | REPAIR/GRAFT RADIUS OR ULN | 090 | A | | | 4.5 | | | | 343 | 352 | 9 | 13.72 | 14.71 | 0.99 | 0 |
| 25426 | REPAIR/GRAFT RADIUS & ULNA | 090 | A | | | 4.5 | | | | 411 | 420 | 9 | 16.45 | 17.44 | 0.99 | 0 |
| 25430 | VASC GRAFT INTO CARPAL BON | 090 | A | | | 3 | 1 | | | 270 | 283 | 13 | 9.71 | 10.70 | 0.99 | 0 |
| 25431 | REPAIR NONUNION CARPAL BON | 090 | A | | | 3 | 1 | | | 278 | 291 | 13 | 10.89 | 11.88 | 0.99 | 0 |
| 25440 | REPAIR/GRAFT WRIST BONE | 090 | A | | | 4 | | | | 278 | 286 | 8 | 10.68 | 11.56 | 0.88 | 0 |
| 25441 | RECONSTRUCT WRIST JOINT | 090 | A | | | 4.5 | | | | 358 | 367 | 9 | 13.29 | 14.28 | 0.99 | 0 |
| 25442 | RECONSTRUCT WRIST JOINT | 090 | A | | | 4.5 | | | | 331 | 340 | 9 | 11.12 | 12.11 | 0.99 | 0 |
| 25443 | RECONSTRUCT WRIST JOINT | 090 | A | | | 4.5 | | | | 307 | 316 | 9 | 10.66 | 11.65 | 0.99 | 0 |
| 25444 | RECONSTRUCT WRIST JOINT | 090 | A | | | 4.5 | | | | 304 | 313 | 9 | 11.42 | 12.41 | 0.99 | 0 |
| 25445 | RECONSTRUCT WRIST JOINT | 090 | A | | | 4 | | | | 283 | 291 | 8 | 9.88 | 10.76 | 0.88 | 0 |
| 25446 | WRIST REPLACEMENT | 090 | A | | | 4.5 | | | | 425 | 434 | 9 | 17.30 | 18.29 | 0.99 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 25447 | REPAIR WRIST JOINTS | 090 | A | | | 3 | 2 | | | 278 | 298 | 20 | 11.14 | 12.46 | 1.32 | 0 |
| 25449 | REMOVE WRIST JOINT IMPLANT | 090 | A | | | 4.5 | | | | 369 | 378 | 9 | 14.94 | 15.93 | 0.99 | 0 |
| 25450 | REVISION OF WRIST JOINT | 090 | A | | | 4 | | | | 203 | 211 | 8 | 8.06 | 8.94 | 0.88 | 0 |
| 25455 | REVISION OF WRIST JOINT | 090 | A | | | 4.5 | | | | 260 | 269 | 9 | 9.71 | 10.70 | 0.99 | 0 |
| 25490 | REINFORCE RADIUS | 090 | A | | | 4 | | | | 280 | 288 | 8 | 9.73 | 10.61 | 0.88 | 0 |
| 25491 | REINFORCE ULNA | 090 | A | | | 4 | | | | 271 | 279 | 8 | 10.15 | 11.03 | 0.88 | 0 |
| 25492 | REINFORCE RADIUS AND ULNA | 090 | A | | | 4.5 | | | | 343 | 352 | 9 | 12.66 | 13.65 | 0.99 | 0 |
| 25500 | TREAT FRACTURE OF RADIUS | 090 | A | | | 3 | | | | 84 | 90 | 6 | 2.60 | 3.26 | 0.66 | 0 |
| 25505 | TREAT FRACTURE OF RADIUS | 090 | A | | | 5 | | | | 171 | 181 | 10 | 5.45 | 6.55 | 1.10 | 0 |
| 25515 | TREAT FRACTURE OF RADIUS | 090 | A | | | 2 | 2 | | | 247 | 265 | 18 | 8.80 | 9.90 | 1.10 | 0 |
| 25520 | TREAT FRACTURE OF RADIUS | 090 | A | | | 5 | | | | 219 | 229 | 10 | 6.50 | 7.60 | 1.10 | 0 |
| 25525 | TREAT FRACTURE OF RADIUS | 090 | A | | | 1 | 3 | | | 303 | 326 | 23 | 10.55 | 11.76 | 1.21 | 0 |
| 25526 | TREAT FRACTURE OF RADIUS | 090 | A | | | 3 | 2 | | | 367 | 387 | 20 | 13.15 | 14.47 | 1.32 | 0 |
| 25530 | TREAT FRACTURE OF ULNA | 090 | A | | | 3 | | | | 88 | 94 | 6 | 2.24 | 2.90 | 0.66 | 0 |
| 25535 | TREAT FRACTURE OF ULNA | 090 | A | | | 4.5 | | | | 163 | 172 | 9 | 5.36 | 6.35 | 0.99 | 0 |
| 25545 | TREAT FRACTURE OF ULNA | 090 | A | | | 2 | 2 | | | 286 | 304 | 18 | 7.94 | 9.04 | 1.10 | 0 |
| 25560 | TREAT FRACTURE RADIUS & UL | 090 | A | | | 3 | | | | 101 | 107 | 6 | 2.59 | 3.25 | 0.66 | 0 |
| 25565 | TREAT FRACTURE RADIUS & UL | 090 | A | | | 4.5 | | | | 182 | 191 | 9 | 5.85 | 6.84 | 0.99 | 0 |
| 25574 | TREAT FRACTURE RADIUS & UL | 090 | A | | | 2 | 2 | | | 296 | 314 | 18 | 8.80 | 9.90 | 1.10 | 0 |
| 25575 | TREAT FRACTURE RADIUS/ULNA | 090 | A | | | 3 | 2 | | | 342 | 362 | 20 | 12.29 | 13.61 | 1.32 | 0 |
| 25600 | TREAT FRACTURE RADIUS/ULNA | 090 | A | | | 5 | | | | 108 | 118 | 10 | 2.78 | 3.88 | 1.10 | 0 |
| 25605 | TREAT FRACTURE RADIUS/ULNA | 090 | A | | | 4 | 1 | | | 169 | 184 | 15 | 6.25 | 7.46 | 1.21 | 0 |
| 25606 | TREAT FX DISTAL RADIAL | 090 | A | | | 2 | 3 | | | 260 | 285 | 25 | 8.31 | 9.74 | 1.43 | 0 |
| 25607 | TREAT FX RAD EXTRA-ARTICUL | 090 | A | | | 2 | 3 | | | 275 | 300 | 25 | 9.56 | 10.99 | 1.43 | 0 |
| 25608 | TREAT FX RAD INTRA-ARTICUL | 090 | A | | | 2 | 3 | | | 305 | 330 | 25 | 11.07 | 12.50 | 1.43 | 0 |
| 25609 | TREAT FX RADIAL 3+ FRAG | 090 | A | | | 2 | 4 | | | 358 | 390 | 32 | 14.38 | 16.14 | 1.76 | 0 |
| 25622 | TREAT WRIST BONE FRACTURE | 090 | A | | | 3.5 | | | | 101 | 108 | 7 | 2.79 | 3.56 | 0.77 | 0 |
| 25624 | TREAT WRIST BONE FRACTURE | 090 | A | | | 5 | | | | 155 | 165 | 10 | 4.77 | 5.87 | 1.10 | 0 |
| 25628 | TREAT WRIST BONE FRACTURE | 090 | A | | | 2 | 2 | | | 277 | 295 | 18 | 9.67 | 10.77 | 1.10 | 0 |
| 25630 | TREAT WRIST BONE FRACTURE | 090 | A | | | 3 | | | | 91 | 97 | 6 | 3.03 | 3.69 | 0.66 | 0 |
| 25635 | TREAT WRIST BONE FRACTURE | 090 | A | | | 4.5 | | | | 143 | 152 | 9 | 4.61 | 5.60 | 0.99 | 0 |
| 25645 | TREAT WRIST BONE FRACTURE | 090 | A | | | 3.5 | | | | 222 | 229 | 7 | 7.42 | 8.19 | 0.77 | 0 |
| 25650 | TREAT WRIST BONE FRACTURE | 090 | A | | | 3.5 | | | | 111 | 118 | 7 | 3.23 | 4.00 | 0.77 | 0 |
| 25651 | PIN ULNAR STYLOID FRACTURE | 090 | A | | | 3 | 1 | | | 190 | 203 | 13 | 5.82 | 6.81 | 0.99 | 0 |
| 25652 | TREAT FRACTURE ULNAR STYLO | 090 | A | | | 3 | 1 | | | 225 | 238 | 13 | 8.06 | 9.05 | 0.99 | 0 |
| 25660 | TREAT WRIST DISLOCATION | 090 | A | | | 4.5 | | | | 145 | 154 | 9 | 4.98 | 5.97 | 0.99 | 0 |
| 25670 | TREAT WRIST DISLOCATION | 090 | A | | | 3.5 | | | | 224 | 231 | 7 | 8.09 | 8.86 | 0.77 | 0 |
| 25671 | PIN RADIOULNAR DISLOCATION | 090 | A | | | 3 | 1 | | | 210 | 223 | 13 | 6.46 | 7.45 | 0.99 | 0 |
| 25675 | TREAT WRIST DISLOCATION | 090 | A | | | 4.5 | | | | 152 | 161 | 9 | 4.89 | 5.88 | 0.99 | 0 |
| 25676 | TREAT WRIST DISLOCATION | 090 | A | | | 4 | | | | 242 | 250 | 8 | 8.29 | 9.17 | 0.88 | 0 |
| 25680 | TREAT WRIST FRACTURE | 090 | A | | | 5 | | | | 203 | 213 | 10 | 6.23 | 7.33 | 1.10 | 0 |
| 25685 | TREAT WRIST FRACTURE | 090 | A | | | 4 | | | | 279 | 287 | 8 | 10.09 | 10.97 | 0.88 | 0 |
| 25690 | TREAT WRIST DISLOCATION | 090 | A | | | 4.5 | | | | 187 | 196 | 9 | 5.72 | 6.71 | 0.99 | 0 |
| 25695 | TREAT WRIST DISLOCATION | 090 | A | | | 3.5 | | | | 244 | 251 | 7 | 8.51 | 9.28 | 0.77 | 0 |
| 25800 | FUSION OF WRIST JOINT | 090 | A | | | 4 | | | | 298 | 306 | 8 | 10.07 | 10.95 | 0.88 | 0 |
| 25805 | FUSION/GRAFT OF WRIST JOIN | 090 | A | | | 4.5 | | | | 351 | 360 | 9 | 11.73 | 12.72 | 0.99 | 0 |
| 25810 | FUSION/GRAFT OF WRIST JOIN | 090 | A | | | | 4 | | | 370 | 398 | 28 | 11.95 | 13.27 | 1.32 | 0 |
| 25820 | FUSION OF HAND BONES | 090 | A | | | 4 | | | | 222 | 230 | 8 | 7.64 | 8.52 | 0.88 | 0 |
| 25825 | FUSE HAND BONES WITH GRAFT | 090 | A | | | 5 | | | | 321 | 331 | 10 | 9.69 | 10.79 | 1.10 | 0 |
| 25830 | FUSION RADIOULNAR JNT/ULNA | 090 | A | | | 2 | 1 | 1 | | 310 | 330 | 20 | 10.88 | 12.07 | 1.19 | -2 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 25900 | AMPUTATION OF FOREARM | 090 | A | | | 5 | | | | 345 | 355 | 10 | 9.61 | 10.71 | 1.10 | 0 |
| 25905 | AMPUTATION OF FOREARM | 090 | A | | | 3.5 | | | | 264 | 271 | 7 | 9.59 | 10.36 | 0.77 | 0 |
| 25907 | AMPUTATION FOLLOW-UP SURGE | 090 | A | | | 3.5 | | | | 235 | 242 | 7 | 8.09 | 8.86 | 0.77 | 0 |
| 25909 | AMPUTATION FOLLOW-UP SURGE | 090 | A | | | 3.5 | | | | 257 | 264 | 7 | 9.31 | 10.08 | 0.77 | 0 |
| 25915 | AMPUTATION OF FOREARM | 090 | A | | | 3 | 1 | | | 431 | 444 | 13 | 17.52 | 18.51 | 0.99 | 0 |
| 25920 | AMPUTATE HAND AT WRIST | 090 | A | | | 3.5 | | | | 249 | 256 | 7 | 9.03 | 9.80 | 0.77 | 0 |
| 25922 | AMPUTATE HAND AT WRIST | 090 | A | | | 3.5 | | | | 224 | 231 | 7 | 7.65 | 8.42 | 0.77 | 0 |
| 25924 | AMPUTATION FOLLOW-UP SURGE | 090 | A | | | 3.5 | | | | 242 | 249 | 7 | 8.81 | 9.58 | 0.77 | 0 |
| 25927 | AMPUTATION OF HAND | 090 | A | | | 3.5 | | | | 242 | 249 | 7 | 9.09 | 9.86 | 0.77 | 0 |
| 25929 | AMPUTATION FOLLOW-UP SURGE | 090 | A | | | 3.5 | | | | 226 | 233 | 7 | 7.82 | 8.59 | 0.77 | 0 |
| 25931 | AMPUTATION FOLLOW-UP SURGE | 090 | A | | | 3.5 | | | | 233 | 240 | 7 | 8.04 | 8.81 | 0.77 | 0 |
| 26010 | DRAINAGE OF FINGER ABSCESS | 010 | A | | | 1 | | | | 51 | 53 | 2 | 1.59 | 1.81 | 0.22 | 0 |
| 26011 | DRAINAGE OF FINGER ABSCESS | 010 | A | | | 1 | | | | 69 | 71 | 2 | 2.24 | 2.46 | 0.22 | 0 |
| 26020 | DRAIN HAND TENDON SHEATH | 090 | A | | | 3.5 | | | | 232 | 239 | 7 | 5.08 | 5.85 | 0.77 | 0 |
| 26025 | DRAINAGE OF PALM BURSA | 090 | A | | | 3 | | | | 200 | 206 | 6 | 5.08 | 5.74 | 0.66 | 0 |
| 26030 | DRAINAGE OF PALM BURSAS | 090 | A | | | 3 | | | | 226 | 232 | 6 | 6.25 | 6.91 | 0.66 | 0 |
| 26034 | TREAT HAND BONE LESION | 090 | A | | | 4.5 | | | | 250 | 259 | 9 | 6.63 | 7.62 | 0.99 | 0 |
| 26035 | DECOMPRESS FINGERS/HAND | 090 | A | | | | 4.5 | | | 351.5 | 383 | 31.5 | 11.37 | 12.85 | 1.49 | 0 |
| 26037 | DECOMPRESS FINGERS/HAND | 090 | A | | | 3 | | | | 228 | 234 | 6 | 7.57 | 8.23 | 0.66 | 0 |
| 26040 | RELEASE PALM CONTRACTURE | 090 | A | | | 2.5 | | | | 135 | 140 | 5 | 3.46 | 4.01 | 0.55 | 0 |
| 26045 | RELEASE PALM CONTRACTURE | 090 | A | | | 3.5 | | | | 207 | 214 | 7 | 5.73 | 6.50 | 0.77 | 0 |
| 26055 | INCISE FINGER TENDON SHEAT | 090 | A | | | 2 | 1 | | | 154 | 165 | 11 | 3.11 | 3.88 | 0.77 | 0 |
| 26060 | INCISION OF FINGER TENDON | 090 | A | | | 2 | | | | 91 | 95 | 4 | 2.91 | 3.35 | 0.44 | 0 |
| 26070 | EXPLORE/TREAT HAND JOINT | 090 | A | | | 2.5 | | | | 168 | 173 | 5 | 3.81 | 4.36 | 0.55 | 0 |
| 26075 | EXPLORE/TREAT FINGER JOINT | 090 | A | | | 2.5 | | | | 164 | 169 | 5 | 3.91 | 4.46 | 0.55 | 0 |
| 26080 | EXPLORE/TREAT FINGER JOINT | 090 | A | | | 3.5 | | | | 157 | 164 | 7 | 4.47 | 5.24 | 0.77 | 0 |
| 26100 | BIOPSY HAND JOINT LINING | 090 | A | | | 2.5 | | | | 119 | 124 | 5 | 3.79 | 4.34 | 0.55 | 0 |
| 26105 | BIOPSY FINGER JOINT LINING | 090 | A | | | 2.5 | | | | 119 | 124 | 5 | 3.83 | 4.38 | 0.55 | 0 |
| 26110 | BIOPSY FINGER JOINT LINING | 090 | A | | | 2.5 | | | | 114 | 119 | 5 | 3.65 | 4.20 | 0.55 | 0 |
| 26111 | EXC HAND LES SC 1.5 CM/> | 090 | A | | | 1 | 1 | | | 173 | 182 | 9 | 5.42 | 5.97 | 0.55 | 0 |
| 26113 | EXC HAND TUM DEEP 1.5 CM/> | 090 | A | | | 1 | 2 | | | 214 | 230 | 16 | 7.13 | 8.01 | 0.88 | 0 |
| 26115 | EXC HAND LES SC < 1.5 CM | 090 | A | | | 1 | 1 | | | 137 | 146 | 9 | 3.96 | 4.51 | 0.55 | 0 |
| 26116 | EXC HAND TUM DEEP < 1.5 CM | 090 | A | | | 1 | 2 | | | 201 | 217 | 16 | 6.74 | 7.62 | 0.88 | 0 |
| 26117 | RAD RESECT HAND TUMOR < 3 | 090 | A | | | 1 | 3 | | | 271 | 294 | 23 | 10.13 | 11.34 | 1.21 | 0 |
| 26118 | RAD RESECT HAND TUMOR 3 CM | 090 | A | | | 2 | 2 | 1 | | 368 | 395 | 27 | 14.81 | 16.33 | 1.52 | -2 |
| 26121 | RELEASE PALM CONTRACTURE | 090 | A | | | 4 | | | | 200 | 208 | 8 | 7.73 | 8.61 | 0.88 | 0 |
| 26123 | RELEASE PALM CONTRACTURE | 090 | A | | | | 5 | | | 308 | 343 | 35 | 10.88 | 12.53 | 1.65 | 0 |
| 26130 | REMOVE WRIST JOINT LINING | 090 | A | | | 3.5 | | | | 180 | 187 | 7 | 5.59 | 6.36 | 0.77 | 0 |
| 26135 | REVISE FINGER JOINT EACH | 090 | A | | | 3.5 | | | | 181 | 188 | 7 | 7.13 | 7.90 | 0.77 | 0 |
| 26140 | REVISE FINGER JOINT EACH | 090 | A | | | 3.5 | | | | 174 | 181 | 7 | 6.34 | 7.11 | 0.77 | 0 |
| 26145 | TENDON EXCISION PALM/FINGE | 090 | A | | | 3.5 | | | | 178 | 185 | 7 | 6.49 | 7.26 | 0.77 | 0 |
| 26160 | REMOVE TENDON SHEATH LESIO | 090 | A | | | 2 | 1 | | | 154 | 165 | 11 | 3.57 | 4.34 | 0.77 | 0 |
| 26170 | REMOVAL OF PALM TENDON EAC | 090 | A | | | 3 | | | | 135 | 141 | 6 | 4.91 | 5.57 | 0.66 | 0 |
| 26180 | REMOVAL OF FINGER TENDON | 090 | A | | | 3.5 | | | | 153 | 160 | 7 | 5.35 | 6.12 | 0.77 | 0 |
| 26185 | REMOVE FINGER BONE | 090 | A | | | | 4 | | | 202 | 230 | 28 | 6.52 | 7.84 | 1.32 | 0 |
| 26200 | REMOVE HAND BONE LESION | 090 | A | | | 3 | | | | 164 | 170 | 6 | 5.65 | 6.31 | 0.66 | 0 |
| 26205 | REMOVE/GRAFT BONE LESION | 090 | A | | | 3.5 | | | | 229 | 236 | 7 | 7.93 | 8.70 | 0.77 | 0 |
| 26210 | REMOVAL OF FINGER LESION | 090 | A | | | 3.5 | | | | 155 | 162 | 7 | 5.32 | 6.09 | 0.77 | 0 |
| 26215 | REMOVE/GRAFT FINGER LESION | 090 | A | | | 3.5 | | | | 199 | 206 | 7 | 7.27 | 8.04 | 0.77 | 0 |
| 26230 | PARTIAL REMOVAL OF HAND BO | 090 | A | | | 3 | | | | 186 | 192 | 6 | 6.47 | 7.13 | 0.66 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 26235 | PARTIAL REMOVAL FINGER BON | 090 | A | | | 3 | | | | 185 | 191 | 6 | 6.33 | 6.99 | 0.66 | 0 |
| 26236 | PARTIAL REMOVAL FINGER BON | 090 | A | | | 3 | | | | 171 | 177 | 6 | 5.46 | 6.12 | 0.66 | 0 |
| 26250 | EXTENSIVE HAND SURGERY | 090 | A | | | 1 | 2 | 1 | | 353 | 378 | 25 | 15.21 | 16.51 | 1.30 | -2 |
| 26260 | RESECT PROX FINGER TUMOR | 090 | A | | | 1 | 1 | 1 | | 256 | 274 | 18 | 11.16 | 12.13 | 0.97 | -2 |
| 26262 | RESECT DISTAL FINGER TUMOR | 090 | A | | | 1 | 1 | 1 | | 212 | 230 | 18 | 8.29 | 9.26 | 0.97 | -2 |
| 26320 | REMOVAL OF IMPLANT FROM HA | 090 | A | | | 2.5 | | | | 150 | 155 | 5 | 4.10 | 4.65 | 0.55 | 0 |
| 26340 | MANIPULATE FINGER W/ANESTH | 090 | A | | | 6 | | | | 170 | 182 | 12 | 2.80 | 4.12 | 1.32 | 0 |
| 26341 | MANIPULAT PALM CORD POST I | 010 | A | | | 1 | | | | 52 | 54 | 2 | 0.91 | 1.13 | 0.22 | 0 |
| 26350 | REPAIR FINGER/HAND TENDON | 090 | A | | | 4.5 | | | | 180 | 189 | 9 | 6.21 | 7.20 | 0.99 | 0 |
| 26352 | REPAIR/GRAFT HAND TENDON | 090 | A | | | 4 | | | | 258 | 266 | 8 | 7.87 | 8.75 | 0.88 | 0 |
| 26356 | REPAIR FINGER/HAND TENDON | 090 | A | | | 4 | 2 | | | 277 | 299 | 22 | 9.56 | 11.10 | 1.54 | 0 |
| 26357 | REPAIR FINGER/HAND TENDON | 090 | A | | | 4 | 2 | | | 302 | 324 | 22 | 11.00 | 12.54 | 1.54 | 0 |
| 26358 | REPAIR/GRAFT HAND TENDON | 090 | A | | | 4 | 2 | | | 327 | 349 | 22 | 12.60 | 14.14 | 1.54 | 0 |
| 26370 | REPAIR FINGER/HAND TENDON | 090 | A | | | 3.5 | | | | 221 | 228 | 7 | 7.28 | 8.05 | 0.77 | 0 |
| 26372 | REPAIR/GRAFT HAND TENDON | 090 | A | | | 4 | | | | 278 | 286 | 8 | 9.01 | 9.89 | 0.88 | 0 |
| 26373 | REPAIR FINGER/HAND TENDON | 090 | A | | | 4 | | | | 258 | 266 | 8 | 8.41 | 9.29 | 0.88 | 0 |
| 26390 | REVISE HAND/FINGER TENDON | 090 | A | | | 4 | | | | 220 | 228 | 8 | 9.43 | 10.31 | 0.88 | 0 |
| 26392 | REPAIR/GRAFT HAND TENDON | 090 | A | | | 4 | | | | 254 | 262 | 8 | 10.50 | 11.38 | 0.88 | 0 |
| 26410 | REPAIR HAND TENDON | 090 | A | | | 3 | | | | 162 | 168 | 6 | 4.77 | 5.43 | 0.66 | 0 |
| 26412 | REPAIR/GRAFT HAND TENDON | 090 | A | | | 3.5 | | | | 215 | 222 | 7 | 6.48 | 7.25 | 0.77 | 0 |
| 26415 | EXCISION HAND/FINGER TENDO | 090 | A | | | 3.5 | | | | 191 | 198 | 7 | 8.51 | 9.28 | 0.77 | 0 |
| 26416 | GRAFT HAND OR FINGER TENDO | 090 | A | | | 4 | | | | 216 | 224 | 8 | 9.56 | 10.44 | 0.88 | 0 |
| 26418 | REPAIR FINGER TENDON | 090 | A | | | 4.5 | | | | 153 | 162 | 9 | 4.47 | 5.46 | 0.99 | 0 |
| 26420 | REPAIR/GRAFT FINGER TENDON | 090 | A | | | 3.5 | | | | 224 | 231 | 7 | 6.94 | 7.71 | 0.77 | 0 |
| 26426 | REPAIR FINGER/HAND TENDON | 090 | A | | | 3.5 | | | | 190 | 197 | 7 | 6.32 | 7.09 | 0.77 | 0 |
| 26428 | REPAIR/GRAFT FINGER TENDON | 090 | A | | | 4 | | | | 218 | 226 | 8 | 7.40 | 8.28 | 0.88 | 0 |
| 26432 | REPAIR FINGER TENDON | 090 | A | | | 3 | | | | 134 | 140 | 6 | 4.16 | 4.82 | 0.66 | 0 |
| 26433 | REPAIR FINGER TENDON | 090 | A | | | 3 | | | | 148 | 154 | 6 | 4.70 | 5.36 | 0.66 | 0 |
| 26434 | REPAIR/GRAFT FINGER TENDON | 090 | A | | | 3.5 | | | | 190 | 197 | 7 | 6.26 | 7.03 | 0.77 | 0 |
| 26437 | REALIGNMENT OF TENDONS | 090 | A | | | 3.5 | | | | 183 | 190 | 7 | 5.99 | 6.76 | 0.77 | 0 |
| 26440 | RELEASE PALM/FINGER TENDON | 090 | A | | | 3 | | | | 162 | 168 | 6 | 5.16 | 5.82 | 0.66 | 0 |
| 26442 | RELEASE PALM & FINGER TEND | 090 | A | | | | 5 | | | 280 | 315 | 35 | 9.75 | 11.40 | 1.65 | 0 |
| 26445 | RELEASE HAND/FINGER TENDON | 090 | A | | | 3 | | | | 137 | 143 | 6 | 4.45 | 5.11 | 0.66 | 0 |
| 26449 | RELEASE FOREARM/HAND TENDO | 090 | A | | | | 5 | | | 275 | 310 | 35 | 8.59 | 10.24 | 1.65 | 0 |
| 26450 | INCISION OF PALM TENDON | 090 | A | | | 2.5 | | | | 111 | 116 | 5 | 3.79 | 4.34 | 0.55 | 0 |
| 26455 | INCISION OF FINGER TENDON | 090 | A | | | 2.5 | | | | 113 | 118 | 5 | 3.76 | 4.31 | 0.55 | 0 |
| 26460 | INCISE HAND/FINGER TENDON | 090 | A | | | 2.5 | | | | 107 | 112 | 5 | 3.58 | 4.13 | 0.55 | 0 |
| 26471 | FUSION OF FINGER TENDONS | 090 | A | | | 3.5 | | | | 171 | 178 | 7 | 5.90 | 6.67 | 0.77 | 0 |
| 26474 | FUSION OF FINGER TENDONS | 090 | A | | | 3.5 | | | | 162 | 169 | 7 | 5.49 | 6.26 | 0.77 | 0 |
| 26476 | TENDON LENGTHENING | 090 | A | | | 3.5 | | | | 153 | 160 | 7 | 5.35 | 6.12 | 0.77 | 0 |
| 26477 | TENDON SHORTENING | 090 | A | | | 3.5 | | | | 153 | 160 | 7 | 5.32 | 6.09 | 0.77 | 0 |
| 26478 | LENGTHENING OF HAND TENDON | 090 | A | | | 3.5 | | | | 163 | 170 | 7 | 5.97 | 6.74 | 0.77 | 0 |
| 26479 | SHORTENING OF HAND TENDON | 090 | A | | | 3.5 | | | | 159 | 166 | 7 | 5.91 | 6.68 | 0.77 | 0 |
| 26480 | TRANSPLANT HAND TENDON | 090 | A | | | 3 | 1 | | | 222 | 235 | 13 | 6.90 | 7.89 | 0.99 | 0 |
| 26483 | TRANSPLANT/GRAFT HAND TEND | 090 | A | | | 4 | | | | 242 | 250 | 8 | 8.48 | 9.36 | 0.88 | 0 |
| 26485 | TRANSPLANT PALM TENDON | 090 | A | | | 4 | | | | 233 | 241 | 8 | 7.89 | 8.77 | 0.88 | 0 |
| 26489 | TRANSPLANT/GRAFT PALM TEND | 090 | A | | | 4 | | | | 282 | 290 | 8 | 9.86 | 10.74 | 0.88 | 0 |
| 26490 | REVISE THUMB TENDON | 090 | A | | | 4 | | | | 241 | 249 | 8 | 8.60 | 9.48 | 0.88 | 0 |
| 26492 | TENDON TRANSFER WITH GRAFT | 090 | A | | | 4.5 | | | | 273 | 282 | 9 | 9.84 | 10.83 | 0.99 | 0 |
| 26494 | HAND TENDON/MUSCLE TRANSFE | 090 | A | | | 4 | | | | 243 | 251 | 8 | 8.66 | 9.54 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 26496 | REVISE THUMB TENDON | 090 | A | | | 4 | | | | 253 | 261 | 8 | 9.78 | 10.66 | 0.88 | 0 |
| 26497 | FINGER TENDON TRANSFER | 090 | A | | | 4 | | | | 249 | 257 | 8 | 9.76 | 10.64 | 0.88 | 0 |
| 26498 | FINGER TENDON TRANSFER | 090 | A | | | 4.5 | | | | 294 | 303 | 9 | 14.21 | 15.20 | 0.99 | 0 |
| 26499 | REVISION OF FINGER | 090 | A | | | 4 | | | | 272 | 280 | 8 | 9.17 | 10.05 | 0.88 | 0 |
| 26500 | HAND TENDON RECONSTRUCTION | 090 | A | | | 3.5 | | | | 179 | 186 | 7 | 6.13 | 6.90 | 0.77 | 0 |
| 26502 | HAND TENDON RECONSTRUCTION | 090 | A | | | 3.5 | | | | 223 | 230 | 7 | 7.31 | 8.08 | 0.77 | 0 |
| 26508 | RELEASE THUMB CONTRACTURE | 090 | A | | | 3.5 | | | | 206 | 213 | 7 | 6.18 | 6.95 | 0.77 | 0 |
| 26510 | THUMB TENDON TRANSFER | 090 | A | | | 3.5 | | | | 254 | 261 | 7 | 5.60 | 6.37 | 0.77 | 0 |
| 26516 | FUSION OF KNUCKLE JOINT | 090 | A | | | 3.5 | | | | 217 | 224 | 7 | 7.32 | 8.09 | 0.77 | 0 |
| 26517 | FUSION OF KNUCKLE JOINTS | 090 | A | | | 4 | | | | 260 | 268 | 8 | 9.08 | 9.96 | 0.88 | 0 |
| 26518 | FUSION OF KNUCKLE JOINTS | 090 | A | | | 4 | | | | 283 | 291 | 8 | 9.27 | 10.15 | 0.88 | 0 |
| 26520 | RELEASE KNUCKLE CONTRACTUR | 090 | A | | | 3.5 | | | | 176 | 183 | 7 | 5.47 | 6.24 | 0.77 | 0 |
| 26525 | RELEASE FINGER CONTRACTURE | 090 | A | | | 3.5 | | | | 175 | 182 | 7 | 5.50 | 6.27 | 0.77 | 0 |
| 26530 | REVISE KNUCKLE JOINT | 090 | A | | | 4 | | | | 205 | 213 | 8 | 6.88 | 7.76 | 0.88 | 0 |
| 26531 | REVISE KNUCKLE WITH IMPLAN | 090 | A | | | 4.5 | | | | 215 | 224 | 9 | 8.13 | 9.12 | 0.99 | 0 |
| 26535 | REVISE FINGER JOINT | 090 | A | | | 3.5 | | | | 196 | 203 | 7 | 5.41 | 6.18 | 0.77 | 0 |
| 26536 | REVISE/IMPLANT FINGER JOIN | 090 | A | | | 4 | | | | 211 | 219 | 8 | 6.56 | 7.44 | 0.88 | 0 |
| 26540 | REPAIR HAND JOINT | 090 | A | | | 3.5 | | | | 204 | 211 | 7 | 6.60 | 7.37 | 0.77 | 0 |
| 26541 | REPAIR HAND JOINT WITH GRA | 090 | A | | | 4 | | | | 245 | 253 | 8 | 8.81 | 9.69 | 0.88 | 0 |
| 26542 | REPAIR HAND JOINT WITH GRA | 090 | A | | | 3.5 | | | | 220 | 227 | 7 | 6.95 | 7.72 | 0.77 | 0 |
| 26545 | RECONSTRUCT FINGER JOINT | 090 | A | | | 4 | | | | 227 | 235 | 8 | 7.11 | 7.99 | 0.88 | 0 |
| 26546 | REPAIR NONUNION HAND | 090 | A | | | | 6 | | | 341 | 383 | 42 | 10.83 | 12.81 | 1.98 | 0 |
| 26548 | RECONSTRUCT FINGER JOINT | 090 | A | | | 4 | | | | 226 | 234 | 8 | 8.22 | 9.10 | 0.88 | 0 |
| 26550 | CONSTRUCT THUMB REPLACEMEN | 090 | A | | | 3 | 1 | | | 491 | 504 | 13 | 21.68 | 22.67 | 0.99 | 0 |
| 26551 | GREAT TOE-HAND TRANSFER | 090 | A | | | 5 | 2 | | | 1004 | 1028 | 24 | 48.48 | 50.24 | 1.76 | 0 |
| 26553 | SINGLE TRANSFER TOE-HAND | 090 | A | | | 5 | 2 | | | 989 | 1013 | 24 | 48.17 | 49.93 | 1.76 | 0 |
| 26554 | DOUBLE TRANSFER TOE-HAND | 090 | A | | | 6 | 2 | | | 1155 | 1181 | 26 | 57.01 | 58.99 | 1.98 | 0 |
| 26555 | POSITIONAL CHANGE OF FINGE | 090 | A | | | 3 | 1 | | | 401 | 414 | 13 | 17.08 | 18.07 | 0.99 | 0 |
| 26556 | TOE JOINT TRANSFER | 090 | A | | | 4 | 4 | | | 1004 | 1040 | 36 | 49.75 | 51.95 | 2.20 | 0 |
| 26560 | REPAIR OF WEB FINGER | 090 | A | | | 3 | | | | 183 | 189 | 6 | 5.52 | 6.18 | 0.66 | 0 |
| 26561 | REPAIR OF WEB FINGER | 090 | A | | | 4 | | | | 258 | 266 | 8 | 11.10 | 11.98 | 0.88 | 0 |
| 26562 | REPAIR OF WEB FINGER | 090 | A | | | | 4 | 1 | | 425 | 462 | 37 | 16.68 | 18.42 | 1.74 | -2 |
| 26565 | CORRECT METACARPAL FLAW | 090 | A | | | 3.5 | | | | 194 | 201 | 7 | 6.91 | 7.68 | 0.77 | 0 |
| 26567 | CORRECT FINGER DEFORMITY | 090 | A | | | 3.5 | | | | 195 | 202 | 7 | 6.99 | 7.76 | 0.77 | 0 |
| 26568 | LENGTHEN METACARPAL/FINGER | 090 | A | | | 4 | | | | 239 | 247 | 8 | 9.27 | 10.15 | 0.88 | 0 |
| 26580 | REPAIR HAND DEFORMITY | 090 | A | | | | 5 | | | 425 | 460 | 35 | 19.75 | 21.40 | 1.65 | 0 |
| 26587 | RECONSTRUCT EXTRA FINGER | 090 | A | | | 3 | 1 | | | 401 | 414 | 13 | 14.50 | 15.49 | 0.99 | 0 |
| 26590 | REPAIR FINGER DEFORMITY | 090 | A | | | 2 | 2 | | | 408 | 426 | 18 | 18.67 | 19.77 | 1.10 | 0 |
| 26591 | REPAIR MUSCLES OF HAND | 090 | A | | | 2.5 | | | | 222 | 227 | 5 | 3.38 | 3.93 | 0.55 | 0 |
| 26593 | RELEASE MUSCLES OF HAND | 090 | A | | | 4 | | | | 233 | 241 | 8 | 5.50 | 6.38 | 0.88 | 0 |
| 26596 | EXCISION CONSTRICTING TISS | 090 | A | | | 4 | | | | 210 | 218 | 8 | 9.14 | 10.02 | 0.88 | 0 |
| 26600 | TREAT METACARPAL FRACTURE | 090 | A | | | 4 | | | | 93 | 101 | 8 | 2.60 | 3.48 | 0.88 | 0 |
| 26605 | TREAT METACARPAL FRACTURE | 090 | A | | | 3.5 | | | | 107 | 114 | 7 | 3.03 | 3.80 | 0.77 | 0 |
| 26607 | TREAT METACARPAL FRACTURE | 090 | A | | | 2.5 | | | | 149 | 154 | 5 | 5.48 | 6.03 | 0.55 | 0 |
| 26608 | TREAT METACARPAL FRACTURE | 090 | A | | | 4 | | | | 191 | 199 | 8 | 5.55 | 6.43 | 0.88 | 0 |
| 26615 | TREAT METACARPAL FRACTURE | 090 | A | | | 2 | 2 | | | 217 | 235 | 18 | 7.07 | 8.17 | 1.10 | 0 |
| 26641 | TREAT THUMB DISLOCATION | 090 | A | | | 4 | | | | 138 | 146 | 8 | 4.13 | 5.01 | 0.88 | 0 |
| 26645 | TREAT THUMB FRACTURE | 090 | A | | | 3.5 | | | | 131 | 138 | 7 | 4.58 | 5.35 | 0.77 | 0 |
| 26650 | TREAT THUMB FRACTURE | 090 | A | | | 2 | 2 | | | 197 | 215 | 18 | 5.35 | 6.45 | 1.10 | 0 |
| 26665 | TREAT THUMB FRACTURE | 090 | A | | | 2 | 2 | | | 237 | 255 | 18 | 7.94 | 9.04 | 1.10 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 26670 | TREAT HAND DISLOCATION | 090 | A | | | 3 | | | | 101 | 107 | 6 | 3.83 | 4.49 | 0.66 | 0 |
| 26675 | TREAT HAND DISLOCATION | 090 | A | | | 4 | | | | 129 | 137 | 8 | 4.83 | 5.71 | 0.88 | 0 |
| 26676 | PIN HAND DISLOCATION | 090 | A | | | 4.5 | | | | 171 | 180 | 9 | 5.74 | 6.73 | 0.99 | 0 |
| 26685 | TREAT HAND DISLOCATION | 090 | A | | | 2 | 2 | | | 227 | 245 | 18 | 7.07 | 8.17 | 1.10 | 0 |
| 26686 | TREAT HAND DISLOCATION | 090 | A | | | 3.5 | | | | 231 | 238 | 7 | 8.17 | 8.94 | 0.77 | 0 |
| 26700 | TREAT KNUCKLE DISLOCATION | 090 | A | | | 3 | | | | 110 | 116 | 6 | 3.83 | 4.49 | 0.66 | 0 |
| 26705 | TREAT KNUCKLE DISLOCATION | 090 | A | | | 4 | | | | 142 | 150 | 8 | 4.38 | 5.26 | 0.88 | 0 |
| 26706 | PIN KNUCKLE DISLOCATION | 090 | A | | | 4 | | | | 155 | 163 | 8 | 5.31 | 6.19 | 0.88 | 0 |
| 26715 | TREAT KNUCKLE DISLOCATION | 090 | A | | | 2 | 2 | | | 220 | 238 | 18 | 7.03 | 8.13 | 1.10 | 0 |
| 26720 | TREAT FINGER FRACTURE EACH | 090 | A | | | 2 | | | | 63 | 67 | 4 | 1.76 | 2.20 | 0.44 | 0 |
| 26725 | TREAT FINGER FRACTURE EACH | 090 | A | | | 3 | | | | 104 | 110 | 6 | 3.48 | 4.14 | 0.66 | 0 |
| 26727 | TREAT FINGER FRACTURE EACH | 090 | A | | | 4 | | | | 174 | 182 | 8 | 5.42 | 6.30 | 0.88 | 0 |
| 26735 | TREAT FINGER FRACTURE EACH | 090 | A | | | 2 | 2 | | | 237 | 255 | 18 | 7.42 | 8.52 | 1.10 | 0 |
| 26740 | TREAT FINGER FRACTURE EACH | 090 | A | | | 2.5 | | | | 78 | 83 | 5 | 2.07 | 2.62 | 0.55 | 0 |
| 26742 | TREAT FINGER FRACTURE EACH | 090 | A | | | 3 | | | | 104 | 110 | 6 | 3.99 | 4.65 | 0.66 | 0 |
| 26746 | TREAT FINGER FRACTURE EACH | 090 | A | | | 2 | 3 | | | 303 | 328 | 25 | 9.80 | 11.23 | 1.43 | 0 |
| 26750 | TREAT FINGER FRACTURE EACH | 090 | A | | | 2 | | | | 65 | 69 | 4 | 1.80 | 2.24 | 0.44 | 0 |
| 26755 | TREAT FINGER FRACTURE EACH | 090 | A | | | 2.5 | | | | 85 | 90 | 5 | 3.23 | 3.78 | 0.55 | 0 |
| 26756 | PIN FINGER FRACTURE EACH | 090 | A | | | 4 | | | | 146 | 154 | 8 | 4.58 | 5.46 | 0.88 | 0 |
| 26765 | TREAT FINGER FRACTURE EACH | 090 | A | | | 2 | 2 | | | 217 | 235 | 18 | 5.86 | 6.96 | 1.10 | 0 |
| 26770 | TREAT FINGER DISLOCATION | 090 | A | | | 2.5 | | | | 86 | 91 | 5 | 3.15 | 3.70 | 0.55 | 0 |
| 26775 | TREAT FINGER DISLOCATION | 090 | A | | | 4 | | | | 142 | 150 | 8 | 3.90 | 4.78 | 0.88 | 0 |
| 26776 | PIN FINGER DISLOCATION | 090 | A | | | 4 | | | | 152 | 160 | 8 | 4.99 | 5.87 | 0.88 | 0 |
| 26785 | TREAT FINGER DISLOCATION | 090 | A | | | 2 | 2 | | | 227 | 245 | 18 | 6.60 | 7.70 | 1.10 | 0 |
| 26820 | THUMB FUSION WITH GRAFT | 090 | A | | | 4 | | | | 254 | 262 | 8 | 8.45 | 9.33 | 0.88 | 0 |
| 26841 | FUSION OF THUMB | 090 | A | | | 4.5 | | | | 222 | 231 | 9 | 7.35 | 8.34 | 0.99 | 0 |
| 26842 | THUMB FUSION WITH GRAFT | 090 | A | | | 4 | | | | 258 | 266 | 8 | 8.49 | 9.37 | 0.88 | 0 |
| 26843 | FUSION OF HAND JOINT | 090 | A | | | 3.5 | | | | 232 | 239 | 7 | 7.78 | 8.55 | 0.77 | 0 |
| 26844 | FUSION/GRAFT OF HAND JOINT | 090 | A | | | 4 | | | | 275 | 283 | 8 | 8.98 | 9.86 | 0.88 | 0 |
| 26850 | FUSION OF KNUCKLE | 090 | A | | | 3.5 | | | | 237 | 244 | 7 | 7.14 | 7.91 | 0.77 | 0 |
| 26852 | FUSION OF KNUCKLE WITH GRA | 090 | A | | | 4 | | | | 272 | 280 | 8 | 8.71 | 9.59 | 0.88 | 0 |
| 26860 | FUSION OF FINGER JOINT | 090 | A | | | 4 | | | | 163 | 171 | 8 | 4.88 | 5.76 | 0.88 | 0 |
| 26862 | FUSION/GRAFT OF FINGER JOI | 090 | A | | | 4 | | | | 227 | 235 | 8 | 7.56 | 8.44 | 0.88 | 0 |
| 26910 | AMPUTATE METACARPAL BONE | 090 | A | | | 4 | | | | 251 | 259 | 8 | 7.79 | 8.67 | 0.88 | 0 |
| 26951 | AMPUTATION OF FINGER/THUMB | 090 | A | | | 3 | 2 | | | 203 | 223 | 20 | 6.04 | 7.36 | 1.32 | 0 |
| 26952 | AMPUTATION OF FINGER/THUMB | 090 | A | | | 3.5 | | | | 173 | 180 | 7 | 6.48 | 7.25 | 0.77 | 0 |
| 26990 | DRAINAGE OF PELVIS LESION | 090 | A | | | 3.5 | | | | 265 | 272 | 7 | 7.95 | 8.72 | 0.77 | 0 |
| 26991 | DRAINAGE OF PELVIS BURSA | 090 | A | | | 3 | | | | 229 | 235 | 6 | 7.06 | 7.72 | 0.66 | 0 |
| 26992 | DRAINAGE OF BONE LESION | 090 | A | | | 3.5 | | | | 291 | 298 | 7 | 13.48 | 14.25 | 0.77 | 0 |
| 27000 | INCISION OF HIP TENDON | 090 | A | | | 2.5 | | | | 147 | 152 | 5 | 5.74 | 6.29 | 0.55 | 0 |
| 27001 | INCISION OF HIP TENDON | 090 | A | | | 3 | | | | 189 | 195 | 6 | 7.14 | 7.80 | 0.66 | 0 |
| 27003 | INCISION OF HIP TENDON | 090 | A | | | 3.5 | | | | 267 | 274 | 7 | 7.81 | 8.58 | 0.77 | 0 |
| 27005 | INCISION OF HIP TENDON | 090 | A | | | 3.5 | | | | 248 | 255 | 7 | 10.07 | 10.84 | 0.77 | 0 |
| 27006 | INCISION OF HIP TENDONS | 090 | A | | | 4 | | | | 254 | 262 | 8 | 10.11 | 10.99 | 0.88 | 0 |
| 27025 | INCISION OF HIP/THIGH FASC | 090 | A | | | | 4.5 | | | 392.5 | 424 | 31.5 | 12.89 | 14.38 | 1.49 | 0 |
| 27027 | BUTTOCK FASCIOTOMY | 090 | A | | | 3 | 1 | | | 359 | 372 | 13 | 13.04 | 14.03 | 0.99 | 0 |
| 27030 | DRAINAGE OF HIP JOINT | 090 | A | | | 3.5 | | | | 302 | 309 | 7 | 13.65 | 14.42 | 0.77 | 0 |
| 27033 | EXPLORATION OF HIP JOINT | 090 | A | | | 4 | | | | 342 | 350 | 8 | 14.11 | 14.99 | 0.88 | 0 |
| 27035 | DENERVATION OF HIP JOINT | 090 | A | | | 4.5 | | | | 369 | 378 | 9 | 17.37 | 18.36 | 0.99 | 0 |
| 27036 | EXCISION OF HIP JOINT/MUSC | 090 | A | | | | 4 | | | 380 | 408 | 28 | 14.38 | 15.70 | 1.32 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 27040 | BIOPSY OF SOFT TISSUES | 010 | A | | | 1 | | | | 106 | 108 | 2 | 2.92 | 3.14 | 0.22 | 0 |
| 27041 | BIOPSY OF SOFT TISSUES | 090 | A | | | 3.5 | | | | 250 | 257 | 7 | 10.18 | 10.95 | 0.77 | 0 |
| 27043 | EXC HIP PELVIS LES SC 3 CM | 090 | A | | | 1 | 1 | | | 206 | 215 | 9 | 6.88 | 7.43 | 0.55 | 0 |
| 27045 | EXC HIP/PELV TUM DEEP 5 CM | 090 | A | | | 1 | 2 | | | 320 | 336 | 16 | 11.13 | 12.01 | 0.88 | 0 |
| 27047 | EXC HIP/PELVIS LES SC < 3 | 090 | A | | | 1 | 1 | | | 160 | 169 | 9 | 4.94 | 5.49 | 0.55 | 0 |
| 27048 | EXC HIP/PELV TUM DEEP < 5 | 090 | A | | | 2 | 1 | | | 288 | 299 | 11 | 8.85 | 9.62 | 0.77 | 0 |
| 27049 | RESECT HIP/PELV TUM < 5 CM | 090 | A | | | 1 | 3 | | | 496 | 519 | 23 | 21.55 | 22.76 | 1.21 | 0 |
| 27050 | BIOPSY OF SACROILIAC JOINT | 090 | A | | | 3 | | | | 260 | 266 | 6 | 4.74 | 5.40 | 0.66 | 0 |
| 27052 | BIOPSY OF HIP JOINT | 090 | A | | | | 3 | | | 327 | 348 | 21 | 7.42 | 8.41 | 0.99 | 0 |
| 27054 | REMOVAL OF HIP JOINT LININ | 090 | A | | | 4 | | | | 358 | 366 | 8 | 9.21 | 10.09 | 0.88 | 0 |
| 27057 | BUTTOCK FASCIOTOMY W/DBRDM | 090 | A | | | 3 | 1 | | | 389 | 402 | 13 | 14.91 | 15.90 | 0.99 | 0 |
| 27059 | RESECT HIP/PELV TUM 5 CM/> | 090 | A | | | 1 | 2 | 1 | | 608 | 633 | 25 | 29.35 | 30.65 | 1.30 | -2 |
| 27060 | REMOVAL OF ISCHIAL BURSA | 090 | A | | | 3 | | | | 254 | 260 | 6 | 5.87 | 6.53 | 0.66 | 0 |
| 27062 | REMOVE FEMUR LESION/BURSA | 090 | A | | | 3 | | | | 185 | 191 | 6 | 5.75 | 6.41 | 0.66 | 0 |
| 27065 | REMOVE HIP BONE LES SUPER | 090 | A | | | 3.5 | | | | 329 | 336 | 7 | 6.55 | 7.32 | 0.77 | 0 |
| 27066 | REMOVE HIP BONE LES DEEP | 090 | A | | | 4.5 | | | | 406 | 415 | 9 | 11.20 | 12.19 | 0.99 | 0 |
| 27067 | REMOVE/GRAFT HIP BONE LESI | 090 | A | | | 5 | | | | 443 | 453 | 10 | 14.72 | 15.82 | 1.10 | 0 |
| 27070 | PART REMOVE HIP BONE SUPER | 090 | A | | | 4 | | | | 363 | 371 | 8 | 11.56 | 12.44 | 0.88 | 0 |
| 27071 | PART REMOVAL HIP BONE DEEP | 090 | A | | | 4.5 | | | | 409 | 418 | 9 | 12.39 | 13.38 | 0.99 | 0 |
| 27075 | RESECT HIP TUMOR | 090 | A | | | 1 | 2 | 1 | | 633 | 658 | 25 | 32.71 | 34.01 | 1.30 | -2 |
| 27076 | RESECT HIP TUM INCL ACETAB | 090 | A | | | 1 | 2 | 1 | | 840 | 865 | 25 | 40.21 | 41.51 | 1.30 | -2 |
| 27077 | RESECT HIP TUM W/INNOM BON | 090 | A | | | 1 | 2 | 1 | | 905 | 930 | 25 | 45.21 | 46.51 | 1.30 | -2 |
| 27078 | RSECT HIP TUM INCL FEMUR | 090 | A | | | 1 | 2 | 1 | | 665 | 690 | 25 | 32.21 | 33.51 | 1.30 | -2 |
| 27080 | REMOVAL OF TAIL BONE | 090 | A | | | 3 | | | | 274 | 280 | 6 | 6.89 | 7.55 | 0.66 | 0 |
| 27086 | REMOVE HIP FOREIGN BODY | 010 | A | | | 1 | | | | 82 | 84 | 2 | 1.92 | 2.14 | 0.22 | 0 |
| 27087 | REMOVE HIP FOREIGN BODY | 090 | A | | | 3.5 | | | | 249 | 256 | 7 | 8.83 | 9.60 | 0.77 | 0 |
| 27090 | REMOVAL OF HIP PROSTHESIS | 090 | A | | | 4 | | | | 317 | 325 | 8 | 11.69 | 12.57 | 0.88 | 0 |
| 27091 | REMOVAL OF HIP PROSTHESIS | 090 | A | | | | 4 | | | 577 | 605 | 28 | 24.35 | 25.67 | 1.32 | 0 |
| 27097 | REVISION OF HIP TENDON | 090 | A | | | 3.5 | | | | 271 | 278 | 7 | 9.27 | 10.04 | 0.77 | 0 |
| 27098 | TRANSFER TENDON TO PELVIS | 090 | A | | | 4 | | | | 303 | 311 | 8 | 9.32 | 10.20 | 0.88 | 0 |
| 27100 | TRANSFER OF ABDOMINAL MUSC | 090 | A | | | 4.5 | | | | 311 | 320 | 9 | 11.35 | 12.34 | 0.99 | 0 |
| 27105 | TRANSFER OF SPINAL MUSCLE | 090 | A | | | 4.5 | | | | 332 | 341 | 9 | 12.04 | 13.03 | 0.99 | 0 |
| 27110 | TRANSFER OF ILIOPSOAS MUSC | 090 | A | | | 4.5 | | | | 365 | 374 | 9 | 13.77 | 14.76 | 0.99 | 0 |
| 27111 | TRANSFER OF ILIOPSOAS MUSC | 090 | A | | | 4.5 | | | | 339 | 348 | 9 | 12.60 | 13.59 | 0.99 | 0 |
| 27120 | RECONSTRUCTION OF HIP SOCK | 090 | A | | | 5 | | | | 515 | 525 | 10 | 19.25 | 20.35 | 1.10 | 0 |
| 27122 | RECONSTRUCTION OF HIP SOCK | 090 | A | | | 4.5 | | | | 436 | 445 | 9 | 16.09 | 17.08 | 0.99 | 0 |
| 27125 | PARTIAL HIP REPLACEMENT | 090 | A | | | | 3.5 | | | 430.5 | 455 | 24.5 | 16.64 | 17.79 | 1.16 | 0 |
| 27130 | TOTAL HIP ARTHROPLASTY | 090 | A | | | | 3 | | | 407 | 428 | 21 | 20.72 | 21.71 | 0.99 | 0 |
| 27132 | TOTAL HIP ARTHROPLASTY | 090 | A | | | | 4 | | | 611 | 639 | 28 | 25.69 | 27.01 | 1.32 | 0 |
| 27134 | REVISE HIP JOINT REPLACEME | 090 | A | | | | 3 | | | 617 | 638 | 21 | 30.28 | 31.27 | 0.99 | 0 |
| 27137 | REVISE HIP JOINT REPLACEME | 090 | A | | | | 3 | | | 492 | 513 | 21 | 22.70 | 23.69 | 0.99 | 0 |
| 27138 | REVISE HIP JOINT REPLACEME | 090 | A | | | | 3 | | | 492 | 513 | 21 | 23.70 | 24.69 | 0.99 | 0 |
| 27140 | TRANSPLANT FEMUR RIDGE | 090 | A | | | 4 | | | | 335 | 343 | 8 | 12.78 | 13.66 | 0.88 | 0 |
| 27146 | INCISION OF HIP BONE | 090 | A | | | | 4 | | | 443 | 471 | 28 | 18.92 | 20.24 | 1.32 | 0 |
| 27147 | REVISION OF HIP BONE | 090 | A | | | | 4 | | | 473 | 501 | 28 | 22.07 | 23.39 | 1.32 | 0 |
| 27151 | INCISION OF HIP BONES | 090 | A | | | | 4 | | | 523 | 551 | 28 | 24.12 | 25.44 | 1.32 | 0 |
| 27156 | REVISION OF HIP BONES | 090 | A | | | | 4 | | | 538 | 566 | 28 | 26.23 | 27.55 | 1.32 | 0 |
| 27158 | REVISION OF PELVIS | 090 | A | | | 5 | | | | 562 | 572 | 10 | 21.04 | 22.14 | 1.10 | 0 |
| 27161 | INCISION OF NECK OF FEMUR | 090 | A | | | 5 | | | | 489 | 499 | 10 | 17.89 | 18.99 | 1.10 | 0 |
| 27165 | INCISION/FIXATION OF FEMUR | 090 | A | | | | 4.5 | | | 531.5 | 563 | 31.5 | 20.29 | 21.78 | 1.49 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 27170 | REPAIR/GRAFT FEMUR HEAD/NE | 090 | A | | | | 3 | | | 444 | 465 | 21 | 17.61 | 18.60 | 0.99 | 0 |
| 27175 | TREAT SLIPPED EPIPHYSIS | 090 | A | | | 3 | | | | 308 | 314 | 6 | 9.38 | 10.04 | 0.66 | 0 |
| 27176 | TREAT SLIPPED EPIPHYSIS | 090 | A | | | 4.5 | | | | 385 | 394 | 9 | 12.92 | 13.91 | 0.99 | 0 |
| 27177 | TREAT SLIPPED EPIPHYSIS | 090 | A | | | 5 | | | | 477 | 487 | 10 | 16.09 | 17.19 | 1.10 | 0 |
| 27178 | TREAT SLIPPED EPIPHYSIS | 090 | A | | | 4.5 | | | | 408 | 417 | 9 | 12.92 | 13.91 | 0.99 | 0 |
| 27179 | REVISE HEAD/NECK OF FEMUR | 090 | A | | | 4.5 | | | | 442 | 451 | 9 | 13.97 | 14.96 | 0.99 | 0 |
| 27181 | TREAT SLIPPED EPIPHYSIS | 090 | A | | | | 4 | | | 445 | 473 | 28 | 16.18 | 17.50 | 1.32 | 0 |
| 27185 | REVISION OF FEMUR EPIPHYSI | 090 | A | | | 4 | | | | 320 | 328 | 8 | 9.79 | 10.67 | 0.88 | 0 |
| 27187 | REINFORCE HIP BONES | 090 | A | | | 4.5 | | | | 396 | 405 | 9 | 14.23 | 15.22 | 0.99 | 0 |
| 27200 | TREAT TAIL BONE FRACTURE | 090 | A | | | 1.5 | | | | 63 | 66 | 3 | 1.92 | 2.25 | 0.33 | 0 |
| 27202 | TREAT TAIL BONE FRACTURE | 090 | A | | | 2 | | | | 216 | 220 | 4 | 7.31 | 7.75 | 0.44 | 0 |
| 27215 | TREAT PELVIC FRACTURE(S) | 090 | I | | | 2 | 1 | | | 388 | 399 | 11 | 10.45 | 11.22 | 0.77 | 0 |
| 27216 | TREAT PELVIC RING FRACTURE | 090 | I | | | 1 | 3 | | | 393 | 416 | 23 | 15.73 | 16.94 | 1.21 | 0 |
| 27217 | TREAT PELVIC RING FRACTURE | 090 | I | | | 1 | 3 | | | 443 | 466 | 23 | 14.65 | 15.86 | 1.21 | 0 |
| 27218 | TREAT PELVIC RING FRACTURE | 090 | I | | | 1 | 3 | | | 543 | 566 | 23 | 20.93 | 22.14 | 1.21 | 0 |
| 27220 | TREAT HIP SOCKET FRACTURE | 090 | A | | | 3.5 | | | | 264 | 271 | 7 | 6.83 | 7.60 | 0.77 | 0 |
| 27222 | TREAT HIP SOCKET FRACTURE | 090 | A | | | 4.5 | | | | 472 | 481 | 9 | 14.11 | 15.10 | 0.99 | 0 |
| 27226 | TREAT HIP WALL FRACTURE | 090 | A | | | 4 | | | | 412 | 420 | 8 | 15.57 | 16.45 | 0.88 | 0 |
| 27227 | TREAT HIP FRACTURE(S) | 090 | A | | | | 4 | | | 550 | 578 | 28 | 25.41 | 26.73 | 1.32 | 0 |
| 27228 | TREAT HIP FRACTURE(S) | 090 | A | | | | 4 | | | 680 | 708 | 28 | 29.33 | 30.65 | 1.32 | 0 |
| 27230 | TREAT THIGH FRACTURE | 090 | A | | | 4 | | | | 205 | 213 | 8 | 5.81 | 6.69 | 0.88 | 0 |
| 27232 | TREAT THIGH FRACTURE | 090 | A | | | 2 | | | | 353 | 357 | 4 | 11.72 | 12.16 | 0.44 | 0 |
| 27235 | TREAT THIGH FRACTURE | 090 | A | | | 4 | | | | 360 | 368 | 8 | 13.00 | 13.88 | 0.88 | 0 |
| 27236 | TREAT THIGH FRACTURE | 090 | A | | | 1 | 3 | | | 418 | 441 | 23 | 17.61 | 18.82 | 1.21 | 0 |
| 27238 | TREAT THIGH FRACTURE | 090 | A | | | 3.5 | | | | 207 | 214 | 7 | 5.75 | 6.52 | 0.77 | 0 |
| 27240 | TREAT THIGH FRACTURE | 090 | A | | | 5 | | | | 454 | 464 | 10 | 13.81 | 14.91 | 1.10 | 0 |
| 27244 | TREAT THIGH FRACTURE | 090 | A | | | 1 | 3 | | | 438 | 461 | 23 | 18.18 | 19.39 | 1.21 | 0 |
| 27245 | TREAT THIGH FRACTURE | 090 | A | | | 1 | 3 | | | 443 | 466 | 23 | 18.18 | 19.39 | 1.21 | 0 |
| 27246 | TREAT THIGH FRACTURE | 090 | A | | | 2.5 | | | | 141 | 146 | 5 | 4.83 | 5.38 | 0.55 | 0 |
| 27248 | TREAT THIGH FRACTURE | 090 | A | | | 3 | 1 | | | 384 | 397 | 13 | 10.78 | 11.77 | 0.99 | 0 |
| 27252 | TREAT HIP DISLOCATION | 090 | A | | | 3.5 | | | | 284 | 291 | 7 | 11.03 | 11.80 | 0.77 | 0 |
| 27253 | TREAT HIP DISLOCATION | 090 | A | | | 4 | | | | 344 | 352 | 8 | 13.58 | 14.46 | 0.88 | 0 |
| 27254 | TREAT HIP DISLOCATION | 090 | A | | | 4.5 | | | | 413 | 422 | 9 | 18.94 | 19.93 | 0.99 | 0 |
| 27256 | TREAT HIP DISLOCATION | 010 | A | | | 1 | | | | 154 | 156 | 2 | 4.28 | 4.50 | 0.22 | 0 |
| 27257 | TREAT HIP DISLOCATION | 010 | A | | | 1 | | | | 173 | 175 | 2 | 5.38 | 5.60 | 0.22 | 0 |
| 27258 | TREAT HIP DISLOCATION | 090 | A | | | 4.5 | | | | 395 | 404 | 9 | 16.18 | 17.17 | 0.99 | 0 |
| 27259 | TREAT HIP DISLOCATION | 090 | A | | | | 3 | 1 | | 537 | 567 | 30 | 23.26 | 24.67 | 1.41 | -2 |
| 27265 | TREAT HIP DISLOCATION | 090 | A | | | 4 | | | | 150 | 158 | 8 | 5.24 | 6.12 | 0.88 | 0 |
| 27266 | TREAT HIP DISLOCATION | 090 | A | | | 3.5 | | | | 202 | 209 | 7 | 7.78 | 8.55 | 0.77 | 0 |
| 27267 | CLTX THIGH FX | 090 | A | | | 4 | | | | 171 | 179 | 8 | 5.50 | 6.38 | 0.88 | 0 |
| 27268 | CLTX THIGH FX W/MNPJ | 090 | A | | | 4 | | | | 196 | 204 | 8 | 7.12 | 8.00 | 0.88 | 0 |
| 27269 | OPTX THIGH FX | 090 | A | | | 3 | 1 | | | 404 | 417 | 13 | 18.89 | 19.88 | 0.99 | 0 |
| 27275 | MANIPULATION OF HIP JOINT | 010 | A | | | 1 | | | | 110 | 112 | 2 | 2.32 | 2.54 | 0.22 | 0 |
| 27279 | ARTHRODESIS SACROILIAC JOI | 090 | A | | | 1 | 2 | | | 244 | 260 | 16 | 9.03 | 9.91 | 0.88 | 0 |
| 27280 | FUSION OF SACROILIAC JOINT | 090 | A | | | 1 | 2 | | | 383 | 399 | 16 | 20.00 | 20.88 | 0.88 | 0 |
| 27282 | FUSION OF PUBIC BONES | 090 | A | | | 4.5 | | | | 342 | 351 | 9 | 11.85 | 12.84 | 0.99 | 0 |
| 27284 | FUSION OF HIP JOINT | 090 | A | | | | 3 | | | 497 | 518 | 21 | 25.06 | 26.05 | 0.99 | 0 |
| 27286 | FUSION OF HIP JOINT | 090 | A | | | | 4 | | | 540 | 568 | 28 | 25.17 | 26.49 | 1.32 | 0 |
| 27290 | AMPUTATION OF LEG AT HIP | 090 | A | | | 5.5 | | | | 615 | 626 | 11 | 24.55 | 25.76 | 1.21 | 0 |
| 27295 | AMPUTATION OF LEG AT HIP | 090 | A | | | 4 | | | | 499 | 507 | 8 | 19.66 | 20.54 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 27301 | DRAIN THIGH/KNEE LESION | 090 | A | | | 3.5 | | | | 220 | 227 | 7 | 6.78 | 7.55 | 0.77 | 0 |
| 27303 | DRAINAGE OF BONE LESION | 090 | A | | | 3.5 | | | | 249 | 256 | 7 | 8.63 | 9.40 | 0.77 | 0 |
| 27305 | INCISE THIGH TENDON & FASC | 090 | A | | | 3 | | | | 207 | 213 | 6 | 6.18 | 6.84 | 0.66 | 0 |
| 27306 | INCISION OF THIGH TENDON | 090 | A | | | 2.5 | | | | 162 | 167 | 5 | 4.74 | 5.29 | 0.55 | 0 |
| 27307 | INCISION OF THIGH TENDONS | 090 | A | | | 3 | | | | 206 | 212 | 6 | 6.06 | 6.72 | 0.66 | 0 |
| 27310 | EXPLORATION OF KNEE JOINT | 090 | A | | | 4 | | | | 311 | 319 | 8 | 10.00 | 10.88 | 0.88 | 0 |
| 27323 | BIOPSY THIGH SOFT TISSUES | 010 | A | | | 1 | | | | 74 | 76 | 2 | 2.33 | 2.55 | 0.22 | 0 |
| 27324 | BIOPSY THIGH SOFT TISSUES | 090 | A | | | 3 | | | | 168 | 174 | 6 | 5.04 | 5.70 | 0.66 | 0 |
| 27325 | NEURECTOMY HAMSTRING | 090 | A | | | 3.5 | | | | 229 | 236 | 7 | 7.20 | 7.97 | 0.77 | 0 |
| 27326 | NEURECTOMY POPLITEAL | 090 | A | | | 3.5 | | | | 215 | 222 | 7 | 6.47 | 7.24 | 0.77 | 0 |
| 27327 | EXC THIGH/KNEE LES SC < 3 | 090 | A | | | 1 | 1 | | | 140 | 149 | 9 | 3.96 | 4.51 | 0.55 | 0 |
| 27328 | EXC THIGH/KNEE TUM DEEP <5 | 090 | A | | | 2 | 1 | | | 261 | 272 | 11 | 8.85 | 9.62 | 0.77 | 0 |
| 27329 | RESECT THIGH/KNEE TUM < 5 | 090 | A | | | 1 | 3 | | | 413 | 436 | 23 | 15.72 | 16.93 | 1.21 | 0 |
| 27330 | BIOPSY KNEE JOINT LINING | 090 | A | | | 3 | | | | 165 | 171 | 6 | 5.11 | 5.77 | 0.66 | 0 |
| 27331 | EXPLORE/TREAT KNEE JOINT | 090 | A | | | 3 | | | | 200 | 206 | 6 | 6.02 | 6.68 | 0.66 | 0 |
| 27332 | REMOVAL OF KNEE CARTILAGE | 090 | A | | | 4 | | | | 235 | 243 | 8 | 8.46 | 9.34 | 0.88 | 0 |
| 27333 | REMOVAL OF KNEE CARTILAGE | 090 | A | | | 4 | | | | 263 | 271 | 8 | 7.55 | 8.43 | 0.88 | 0 |
| 27334 | REMOVE KNEE JOINT LINING | 090 | A | | | 4 | | | | 294 | 302 | 8 | 9.19 | 10.07 | 0.88 | 0 |
| 27335 | REMOVE KNEE JOINT LINING | 090 | A | | | 4 | | | | 329 | 337 | 8 | 10.55 | 11.43 | 0.88 | 0 |
| 27337 | EXC THIGH/KNEE LES SC 3 CM | 090 | A | | | 1 | 1 | | | 181 | 190 | 9 | 5.91 | 6.46 | 0.55 | 0 |
| 27339 | EXC THIGH/KNEE TUM DEP 5CM | 090 | A | | | 1 | 2 | | | 310 | 326 | 16 | 11.13 | 12.01 | 0.88 | 0 |
| 27340 | REMOVAL OF KNEECAP BURSA | 090 | A | | | 3 | | | | 155 | 161 | 6 | 4.32 | 4.98 | 0.66 | 0 |
| 27345 | REMOVAL OF KNEE CYST | 090 | A | | | 3.5 | | | | 204 | 211 | 7 | 6.09 | 6.86 | 0.77 | 0 |
| 27347 | REMOVE KNEE CYST | 090 | A | | | | 3 | | | 214 | 235 | 21 | 6.73 | 7.72 | 0.99 | 0 |
| 27350 | REMOVAL OF KNEECAP | 090 | A | | | 4 | | | | 289 | 297 | 8 | 8.66 | 9.54 | 0.88 | 0 |
| 27355 | REMOVE FEMUR LESION | 090 | A | | | 3.5 | | | | 258 | 265 | 7 | 8.00 | 8.77 | 0.77 | 0 |
| 27356 | REMOVE FEMUR LESION/GRAFT | 090 | A | | | 4 | | | | 331 | 339 | 8 | 10.09 | 10.97 | 0.88 | 0 |
| 27357 | REMOVE FEMUR LESION/GRAFT | 090 | A | | | 4.5 | | | | 361 | 370 | 9 | 11.16 | 12.15 | 0.99 | 0 |
| 27360 | PARTIAL REMOVAL LEG BONE(S | 090 | A | | | 4 | | | | 386 | 394 | 8 | 11.46 | 12.34 | 0.88 | 0 |
| 27364 | RESECT THIGH/KNEE TUM 5 CM | 090 | A | | | 1 | 2 | 1 | | 550 | 575 | 25 | 24.49 | 25.79 | 1.30 | -2 |
| 27365 | RESECT FEMUR/KNEE TUMOR | 090 | A | | | 1 | 2 | 1 | | 633 | 658 | 25 | 32.21 | 33.51 | 1.30 | -2 |
| 27372 | REMOVAL OF FOREIGN BODY | 090 | A | | | 3 | | | | 168 | 174 | 6 | 5.21 | 5.87 | 0.66 | 0 |
| 27380 | REPAIR OF KNEECAP TENDON | 090 | A | | | 3.5 | | | | 235 | 242 | 7 | 7.45 | 8.22 | 0.77 | 0 |
| 27381 | REPAIR/GRAFT KNEECAP TENDO | 090 | A | | | 4 | | | | 320 | 328 | 8 | 10.76 | 11.64 | 0.88 | 0 |
| 27385 | REPAIR OF THIGH MUSCLE | 090 | A | | | 3 | 1 | | | 237 | 250 | 13 | 6.93 | 7.92 | 0.99 | 0 |
| 27386 | REPAIR/GRAFT OF THIGH MUSC | 090 | A | | | 4.5 | | | | 350 | 359 | 9 | 11.13 | 12.12 | 0.99 | 0 |
| 27390 | INCISION OF THIGH TENDON | 090 | A | | | 3 | | | | 184 | 190 | 6 | 5.53 | 6.19 | 0.66 | 0 |
| 27391 | INCISION OF THIGH TENDONS | 090 | A | | | 3.5 | | | | 233 | 240 | 7 | 7.49 | 8.26 | 0.77 | 0 |
| 27392 | INCISION OF THIGH TENDONS | 090 | A | | | 4 | | | | 292 | 300 | 8 | 9.63 | 10.51 | 0.88 | 0 |
| 27393 | LENGTHENING OF THIGH TENDO | 090 | A | | | 3 | | | | 197 | 203 | 6 | 6.59 | 7.25 | 0.66 | 0 |
| 27394 | LENGTHENING OF THIGH TENDO | 090 | A | | | 3.5 | | | | 248 | 255 | 7 | 8.79 | 9.56 | 0.77 | 0 |
| 27395 | LENGTHENING OF THIGH TENDO | 090 | A | | | 4.5 | | | | 348 | 357 | 9 | 12.24 | 13.23 | 0.99 | 0 |
| 27396 | TRANSPLANT OF THIGH TENDON | 090 | A | | | 3.5 | | | | 254 | 261 | 7 | 8.15 | 8.92 | 0.77 | 0 |
| 27397 | TRANSPLANTS OF THIGH TENDO | 090 | A | | | | 4 | | | 360 | 388 | 28 | 12.66 | 13.98 | 1.32 | 0 |
| 27400 | REVISE THIGH MUSCLES/TENDO | 090 | A | | | 4 | | | | 274 | 282 | 8 | 9.33 | 10.21 | 0.88 | 0 |
| 27403 | REPAIR OF KNEE CARTILAGE | 090 | A | | | 3.5 | | | | 257 | 264 | 7 | 8.62 | 9.39 | 0.77 | 0 |
| 27405 | REPAIR OF KNEE LIGAMENT | 090 | A | | | 4 | | | | 282 | 290 | 8 | 9.08 | 9.96 | 0.88 | 0 |
| 27407 | REPAIR OF KNEE LIGAMENT | 090 | A | | | 4.5 | | | | 349 | 358 | 9 | 10.85 | 11.84 | 0.99 | 0 |
| 27409 | REPAIR OF KNEE LIGAMENTS | 090 | A | | | 4.5 | | | | 410 | 419 | 9 | 13.71 | 14.70 | 0.99 | 0 |
| 27412 | AUTOCHONDROCYTE IMPLANT KN | 090 | A | | | 2 | 3 | | | 484 | 509 | 25 | 24.74 | 26.17 | 1.43 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 27415 | OSTEOCHONDRAL KNEE ALLOGRA | 090 | A | | | 2 | 3 | | | 424 | 449 | 25 | 20.00 | 21.43 | 1.43 | 0 |
| 27416 | OSTEOCHONDRAL KNEE AUTOGRA | 090 | A | | | 2 | 2 | | | 287 | 305 | 18 | 14.16 | 15.26 | 1.10 | 0 |
| 27418 | REPAIR DEGENERATED KNEECAP | 090 | A | | | 4.5 | | | | 358 | 367 | 9 | 11.60 | 12.59 | 0.99 | 0 |
| 27420 | REVISION OF UNSTABLE KNEEC | 090 | A | | | 4 | | | | 295 | 303 | 8 | 10.26 | 11.14 | 0.88 | 0 |
| 27422 | REVISION OF UNSTABLE KNEEC | 090 | A | | | 4 | | | | 297 | 305 | 8 | 10.21 | 11.09 | 0.88 | 0 |
| 27424 | REVISION/REMOVAL OF KNEECA | 090 | A | | | 4 | | | | 298 | 306 | 8 | 10.24 | 11.12 | 0.88 | 0 |
| 27425 | LAT RETINACULAR RELEASE OP | 090 | A | | | 3.5 | | | | 159 | 166 | 7 | 5.39 | 6.16 | 0.77 | 0 |
| 27427 | RECONSTRUCTION KNEE | 090 | A | | | 4 | | | | 302 | 310 | 8 | 9.79 | 10.67 | 0.88 | 0 |
| 27428 | RECONSTRUCTION KNEE | 090 | A | | | | 5 | | | 363 | 398 | 35 | 15.58 | 17.23 | 1.65 | 0 |
| 27429 | RECONSTRUCTION KNEE | 090 | A | | | | 6 | | | 466 | 508 | 42 | 17.54 | 19.52 | 1.98 | 0 |
| 27430 | REVISION OF THIGH MUSCLES | 090 | A | | | 4 | | | | 303 | 311 | 8 | 10.16 | 11.04 | 0.88 | 0 |
| 27435 | INCISION OF KNEE JOINT | 090 | A | | | | 4 | | | 340 | 368 | 28 | 10.88 | 12.20 | 1.32 | 0 |
| 27437 | REVISE KNEECAP | 090 | A | | | 3.5 | | | | 273 | 280 | 7 | 8.93 | 9.70 | 0.77 | 0 |
| 27438 | REVISE KNEECAP WITH IMPLAN | 090 | A | | | 4 | | | | 332 | 340 | 8 | 11.89 | 12.77 | 0.88 | 0 |
| 27440 | REVISION OF KNEE JOINT | 090 | A | | | 4 | | | | 334 | 342 | 8 | 11.09 | 11.97 | 0.88 | 0 |
| 27441 | REVISION OF KNEE JOINT | 090 | A | | | 4 | | | | 360 | 368 | 8 | 11.54 | 12.42 | 0.88 | 0 |
| 27442 | REVISION OF KNEE JOINT | 090 | A | | | 4 | | | | 307 | 315 | 8 | 12.37 | 13.25 | 0.88 | 0 |
| 27443 | REVISION OF KNEE JOINT | 090 | A | | | 4 | | | | 323 | 331 | 8 | 11.41 | 12.29 | 0.88 | 0 |
| 27445 | REVISION OF KNEE JOINT | 090 | A | | | 4.5 | | | | 447 | 456 | 9 | 18.66 | 19.65 | 0.99 | 0 |
| 27446 | REVISION OF KNEE JOINT | 090 | A | | | 1 | 2 | | | 345 | 361 | 16 | 17.48 | 18.36 | 0.88 | 0 |
| 27447 | TOTAL KNEE ARTHROPLASTY | 090 | A | | | | 3 | | | 407 | 428 | 21 | 20.72 | 21.71 | 0.99 | 0 |
| 27448 | INCISION OF THIGH | 090 | A | | | 4 | | | | 324 | 332 | 8 | 11.60 | 12.48 | 0.88 | 0 |
| 27450 | INCISION OF THIGH | 090 | A | | | 4.5 | | | | 392 | 401 | 9 | 14.61 | 15.60 | 0.99 | 0 |
| 27454 | REALIGNMENT OF THIGH BONE | 090 | A | | | | 4 | | | 430 | 458 | 28 | 19.17 | 20.49 | 1.32 | 0 |
| 27455 | REALIGNMENT OF KNEE | 090 | A | | | 4 | | | | 344 | 352 | 8 | 13.36 | 14.24 | 0.88 | 0 |
| 27457 | REALIGNMENT OF KNEE | 090 | A | | | 3.5 | | | | 370 | 377 | 7 | 14.03 | 14.80 | 0.77 | 0 |
| 27465 | SHORTENING OF THIGH BONE | 090 | A | | | 2 | 2 | | | 383.5 | 401.5 | 18 | 18.60 | 19.70 | 1.10 | 0 |
| 27466 | LENGTHENING OF THIGH BONE | 090 | A | | | 5 | | | | 467 | 477 | 10 | 17.28 | 18.38 | 1.10 | 0 |
| 27468 | SHORTEN/LENGTHEN THIGHS | 090 | A | | | 5 | | | | 515 | 525 | 10 | 19.97 | 21.07 | 1.10 | 0 |
| 27470 | REPAIR OF THIGH | 090 | A | | | 4 | 1 | | | 400 | 415 | 15 | 17.14 | 18.35 | 1.21 | 0 |
| 27472 | REPAIR/GRAFT OF THIGH | 090 | A | | | 5 | | | | 502 | 512 | 10 | 18.72 | 19.82 | 1.10 | 0 |
| 27475 | SURGERY TO STOP LEG GROWTH | 090 | A | | | 3.5 | | | | 252 | 259 | 7 | 8.93 | 9.70 | 0.77 | 0 |
| 27477 | SURGERY TO STOP LEG GROWTH | 090 | A | | | 3.5 | | | | 262 | 269 | 7 | 10.14 | 10.91 | 0.77 | 0 |
| 27479 | SURGERY TO STOP LEG GROWTH | 090 | A | | | 4 | | | | 326 | 334 | 8 | 13.16 | 14.04 | 0.88 | 0 |
| 27485 | SURGERY TO STOP LEG GROWTH | 090 | A | | | 3.5 | | | | 241 | 248 | 7 | 9.13 | 9.90 | 0.77 | 0 |
| 27486 | REVISE/REPLACE KNEE JOINT | 090 | A | | | | 4 | | | 470 | 498 | 28 | 21.12 | 22.44 | 1.32 | 0 |
| 27487 | REVISE/REPLACE KNEE JOINT | 090 | A | | | | 4 | | | 520 | 548 | 28 | 27.11 | 28.43 | 1.32 | 0 |
| 27488 | REMOVAL OF KNEE PROSTHESIS | 090 | A | | | | 4 | | | 470 | 498 | 28 | 17.60 | 18.92 | 1.32 | 0 |
| 27495 | REINFORCE THIGH | 090 | A | | | 4.5 | | | | 452 | 461 | 9 | 16.54 | 17.53 | 0.99 | 0 |
| 27496 | DECOMPRESSION OF THIGH/KNE | 090 | A | | | 4 | | | | 287 | 295 | 8 | 6.78 | 7.66 | 0.88 | 0 |
| 27497 | DECOMPRESSION OF THIGH/KNE | 090 | A | | | 3 | | | | 301 | 307 | 6 | 7.79 | 8.45 | 0.66 | 0 |
| 27498 | DECOMPRESSION OF THIGH/KNE | 090 | A | | | 4 | | | | 327 | 335 | 8 | 8.66 | 9.54 | 0.88 | 0 |
| 27499 | DECOMPRESSION OF THIGH/KNE | 090 | A | | | 4 | | | | 332 | 340 | 8 | 9.43 | 10.31 | 0.88 | 0 |
| 27500 | TREATMENT OF THIGH FRACTUR | 090 | A | | | 3 | | | | 216 | 222 | 6 | 6.30 | 6.96 | 0.66 | 0 |
| 27501 | TREATMENT OF THIGH FRACTUR | 090 | A | | | 2 | 1 | | | 169 | 180 | 11 | 6.45 | 7.22 | 0.77 | 0 |
| 27502 | TREATMENT OF THIGH FRACTUR | 090 | A | | | 4 | | | | 328 | 336 | 8 | 11.36 | 12.24 | 0.88 | 0 |
| 27503 | TREATMENT OF THIGH FRACTUR | 090 | A | | | 3 | 1 | | | 249 | 262 | 13 | 11.27 | 12.26 | 0.99 | 0 |
| 27506 | TREATMENT OF THIGH FRACTUR | 090 | A | | | | 4.5 | | | 501.5 | 533 | 31.5 | 19.65 | 21.13 | 1.49 | 0 |
| 27507 | TREATMENT OF THIGH FRACTUR | 090 | A | | | 3 | | | | 376 | 382 | 6 | 14.48 | 15.14 | 0.66 | 0 |
| 27508 | TREATMENT OF THIGH FRACTUR | 090 | A | | | 4 | | | | 221 | 229 | 8 | 6.20 | 7.08 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 27509 | TREATMENT OF THIGH FRACTUR | 090 | A | | | 4 | | | | 297 | 305 | 8 | 8.14 | 9.02 | 0.88 | 0 |
| 27510 | TREATMENT OF THIGH FRACTUR | 090 | A | | | 4 | | | | 298 | 306 | 8 | 9.80 | 10.68 | 0.88 | 0 |
| 27511 | TREATMENT OF THIGH FRACTUR | 090 | A | | | 3 | 1 | | | 439 | 452 | 13 | 15.11 | 16.10 | 0.99 | 0 |
| 27513 | TREATMENT OF THIGH FRACTUR | 090 | A | | | 3 | 1 | | | 464 | 477 | 13 | 19.25 | 20.24 | 0.99 | 0 |
| 27514 | TREATMENT OF THIGH FRACTUR | 090 | A | | | 3 | 1 | | | 409 | 422 | 13 | 14.60 | 15.59 | 0.99 | 0 |
| 27516 | TREAT THIGH FX GROWTH PLAT | 090 | A | | | 4.5 | | | | 215 | 224 | 9 | 5.59 | 6.58 | 0.99 | 0 |
| 27517 | TREAT THIGH FX GROWTH PLAT | 090 | A | | | 4.5 | | | | 249 | 258 | 9 | 9.12 | 10.11 | 0.99 | 0 |
| 27519 | TREAT THIGH FX GROWTH PLAT | 090 | A | | | 3 | 1 | | | 359 | 372 | 13 | 13.25 | 14.24 | 0.99 | 0 |
| 27520 | TREAT KNEECAP FRACTURE | 090 | A | | | 3.5 | | | | 124 | 131 | 7 | 3.04 | 3.81 | 0.77 | 0 |
| 27524 | TREAT KNEECAP FRACTURE | 090 | A | | | 4 | | | | 274 | 282 | 8 | 10.37 | 11.25 | 0.88 | 0 |
| 27530 | TREAT KNEE FRACTURE | 090 | A | | | 4 | | | | 91 | 99 | 8 | 2.65 | 3.53 | 0.88 | 0 |
| 27532 | TREAT KNEE FRACTURE | 090 | A | | | 4 | | | | 218 | 226 | 8 | 7.55 | 8.43 | 0.88 | 0 |
| 27535 | TREAT KNEE FRACTURE | 090 | A | | | 3 | 1 | | | 389 | 402 | 13 | 13.41 | 14.40 | 0.99 | 0 |
| 27536 | TREAT KNEE FRACTURE | 090 | A | | | | 4 | | | 475 | 503 | 28 | 17.39 | 18.71 | 1.32 | 0 |
| 27538 | TREAT KNEE FRACTURE(S) | 090 | A | | | 4.5 | | | | 140 | 149 | 9 | 5.09 | 6.08 | 0.99 | 0 |
| 27540 | TREAT KNEE FRACTURE | 090 | A | | | 3 | 1 | | | 334 | 347 | 13 | 11.30 | 12.29 | 0.99 | 0 |
| 27550 | TREAT KNEE DISLOCATION | 090 | A | | | 4.5 | | | | 143 | 152 | 9 | 5.98 | 6.97 | 0.99 | 0 |
| 27552 | TREAT KNEE DISLOCATION | 090 | A | | | 4.5 | | | | 228 | 237 | 9 | 8.18 | 9.17 | 0.99 | 0 |
| 27556 | TREAT KNEE DISLOCATION | 090 | A | | | 3 | 1 | | | 369 | 382 | 13 | 13.00 | 13.99 | 0.99 | 0 |
| 27557 | TREAT KNEE DISLOCATION | 090 | A | | | 3 | 1 | | | 399 | 412 | 13 | 15.90 | 16.89 | 0.99 | 0 |
| 27558 | TREAT KNEE DISLOCATION | 090 | A | | | 3 | 1 | | | 429 | 442 | 13 | 18.39 | 19.38 | 0.99 | 0 |
| 27560 | TREAT KNEECAP DISLOCATION | 090 | A | | | 3.5 | | | | 105 | 112 | 7 | 3.99 | 4.76 | 0.77 | 0 |
| 27562 | TREAT KNEECAP DISLOCATION | 090 | A | | | 4 | | | | 168 | 176 | 8 | 5.98 | 6.86 | 0.88 | 0 |
| 27566 | TREAT KNEECAP DISLOCATION | 090 | A | | | 4 | | | | 303 | 311 | 8 | 12.71 | 13.59 | 0.88 | 0 |
| 27570 | FIXATION OF KNEE JOINT | 010 | A | | | 1 | | | | 71 | 73 | 2 | 1.79 | 2.01 | 0.22 | 0 |
| 27580 | FUSION OF KNEE | 090 | A | | | | 4 | | | 450 | 478 | 28 | 21.10 | 22.42 | 1.32 | 0 |
| 27590 | AMPUTATE LEG AT THIGH | 090 | A | | | 4 | | | | 449 | 457 | 8 | 13.47 | 14.35 | 0.88 | 0 |
| 27591 | AMPUTATE LEG AT THIGH | 090 | A | | | 4 | | | | 462 | 470 | 8 | 13.94 | 14.82 | 0.88 | 0 |
| 27592 | AMPUTATE LEG AT THIGH | 090 | A | | | 4 | | | | 358 | 366 | 8 | 10.98 | 11.86 | 0.88 | 0 |
| 27594 | AMPUTATION FOLLOW-UP SURGE | 090 | A | | | 4 | | | | 268 | 276 | 8 | 7.29 | 8.17 | 0.88 | 0 |
| 27596 | AMPUTATION FOLLOW-UP SURGE | 090 | A | | | 4.5 | | | | 345 | 354 | 9 | 11.29 | 12.28 | 0.99 | 0 |
| 27598 | AMPUTATE LOWER LEG AT KNEE | 090 | A | | | 4.5 | | | | 340 | 349 | 9 | 11.22 | 12.21 | 0.99 | 0 |
| 27600 | DECOMPRESSION OF LOWER LEG | 090 | A | | | 3 | | | | 211 | 217 | 6 | 6.03 | 6.69 | 0.66 | 0 |
| 27601 | DECOMPRESSION OF LOWER LEG | 090 | A | | | 3.5 | | | | 220 | 227 | 7 | 6.05 | 6.82 | 0.77 | 0 |
| 27602 | DECOMPRESSION OF LOWER LEG | 090 | A | | | 3.5 | | | | 253 | 260 | 7 | 7.82 | 8.59 | 0.77 | 0 |
| 27603 | DRAIN LOWER LEG LESION | 090 | A | | | 3.5 | | | | 199 | 206 | 7 | 5.23 | 6.00 | 0.77 | 0 |
| 27604 | DRAIN LOWER LEG BURSA | 090 | A | | | 2.5 | | | | 130 | 135 | 5 | 4.59 | 5.14 | 0.55 | 0 |
| 27605 | INCISION OF ACHILLES TENDO | 010 | A | | | 1 | | | | 88 | 90 | 2 | 2.92 | 3.14 | 0.22 | 0 |
| 27606 | INCISION OF ACHILLES TENDO | 010 | A | | | 1 | | | | 131 | 133 | 2 | 4.18 | 4.40 | 0.22 | 0 |
| 27607 | TREAT LOWER LEG BONE LESIO | 090 | A | | | 3.5 | | | | 281 | 288 | 7 | 8.62 | 9.39 | 0.77 | 0 |
| 27610 | EXPLORE/TREAT ANKLE JOINT | 090 | A | | | 4 | | | | 311 | 319 | 8 | 9.13 | 10.01 | 0.88 | 0 |
| 27612 | EXPLORATION OF ANKLE JOINT | 090 | A | | | 4.5 | | | | 353 | 362 | 9 | 8.15 | 9.14 | 0.99 | 0 |
| 27613 | BIOPSY LOWER LEG SOFT TISS | 010 | A | | | 1 | | | | 77 | 79 | 2 | 2.22 | 2.44 | 0.22 | 0 |
| 27614 | BIOPSY LOWER LEG SOFT TISS | 090 | A | | | 3 | | | | 192 | 198 | 6 | 5.80 | 6.46 | 0.66 | 0 |
| 27615 | RESECT LEG/ANKLE TUM < 5 C | 090 | A | | | 1 | 3 | | | 416 | 439 | 23 | 15.72 | 16.93 | 1.21 | 0 |
| 27616 | RESECT LEG/ANKLE TUM 5 CM/ | 090 | A | | | 1 | 2 | 1 | | 463 | 488 | 25 | 19.63 | 20.93 | 1.30 | -2 |
| 27618 | EXC LEG/ANKLE TUM < 3 CM | 090 | A | | | 1 | 1 | | | 137 | 146 | 9 | 3.96 | 4.51 | 0.55 | 0 |
| 27619 | EXC LEG/ANKLE TUM DEEP <5 | 090 | A | | | 2 | 1 | | | 225 | 236 | 11 | 6.91 | 7.68 | 0.77 | 0 |
| 27620 | EXPLORE/TREAT ANKLE JOINT | 090 | A | | | 3.5 | | | | 180 | 187 | 7 | 6.15 | 6.92 | 0.77 | 0 |
| 27625 | REMOVE ANKLE JOINT LINING | 090 | A | | | 4 | | | | 249 | 257 | 8 | 8.49 | 9.37 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 27626 | REMOVE ANKLE JOINT LINING | 090 | A | | | 4 | | | | 268 | 276 | 8 | 9.10 | 9.98 | 0.88 | 0 |
| 27630 | REMOVAL OF TENDON LESION | 090 | A | | | 3 | | | | 146 | 152 | 6 | 4.94 | 5.60 | 0.66 | 0 |
| 27632 | EXC LEG/ANKLE LES SC 3 CM/ | 090 | A | | | 1 | 1 | | | 183 | 192 | 9 | 5.91 | 6.46 | 0.55 | 0 |
| 27634 | EXC LEG/ANKLE TUM DEP 5 CM | 090 | A | | | 1 | 2 | | | 281 | 297 | 16 | 10.13 | 11.01 | 0.88 | 0 |
| 27635 | REMOVE LOWER LEG BONE LESI | 090 | A | | | 4 | | | | 267 | 275 | 8 | 8.03 | 8.91 | 0.88 | 0 |
| 27637 | REMOVE/GRAFT LEG BONE LESI | 090 | A | | | 4.5 | | | | 336 | 345 | 9 | 10.31 | 11.30 | 0.99 | 0 |
| 27638 | REMOVE/GRAFT LEG BONE LESI | 090 | A | | | 4 | | | | 315 | 323 | 8 | 10.99 | 11.87 | 0.88 | 0 |
| 27640 | PARTIAL REMOVAL OF TIBIA | 090 | A | | | 4.5 | | | | 382 | 391 | 9 | 12.24 | 13.23 | 0.99 | 0 |
| 27641 | PARTIAL REMOVAL OF FIBULA | 090 | A | | | 4 | | | | 319 | 327 | 8 | 9.84 | 10.72 | 0.88 | 0 |
| 27645 | RESECT TIBIA TUMOR | 090 | A | | | 1 | 2 | 1 | | 553 | 578 | 25 | 27.21 | 28.51 | 1.30 | -2 |
| 27646 | RESECT FIBULA TUMOR | 090 | A | | | 1 | 2 | 1 | | 540 | 565 | 25 | 23.21 | 24.51 | 1.30 | -2 |
| 27647 | RESECT TALUS/CALCANEUS TUM | 090 | A | | | 1 | 1 | 1 | | 469 | 487 | 18 | 20.26 | 21.23 | 0.97 | -2 |
| 27650 | REPAIR ACHILLES TENDON | 090 | A | | | 2 | 3 | | | 239 | 264 | 25 | 9.21 | 10.64 | 1.43 | 0 |
| 27652 | REPAIR/GRAFT ACHILLES TEND | 090 | A | | | 4.5 | | | | 312 | 321 | 9 | 10.78 | 11.77 | 0.99 | 0 |
| 27654 | REPAIR OF ACHILLES TENDON | 090 | A | | | 2 | 3 | | | 283 | 308 | 25 | 10.53 | 11.96 | 1.43 | 0 |
| 27656 | REPAIR LEG FASCIA DEFECT | 090 | A | | | 3 | | | | 171 | 177 | 6 | 4.71 | 5.37 | 0.66 | 0 |
| 27658 | REPAIR OF LEG TENDON EACH | 090 | A | | | 3 | | | | 196 | 202 | 6 | 5.12 | 5.78 | 0.66 | 0 |
| 27659 | REPAIR OF LEG TENDON EACH | 090 | A | | | 3.5 | | | | 246 | 253 | 7 | 7.10 | 7.87 | 0.77 | 0 |
| 27664 | REPAIR OF LEG TENDON EACH | 090 | A | | | 3 | | | | 173 | 179 | 6 | 4.73 | 5.39 | 0.66 | 0 |
| 27665 | REPAIR OF LEG TENDON EACH | 090 | A | | | 3.5 | | | | 201 | 208 | 7 | 5.57 | 6.34 | 0.77 | 0 |
| 27675 | REPAIR LOWER LEG TENDONS | 090 | A | | | 3.5 | | | | 228 | 235 | 7 | 7.35 | 8.12 | 0.77 | 0 |
| 27676 | REPAIR LOWER LEG TENDONS | 090 | A | | | 4 | | | | 274 | 282 | 8 | 8.73 | 9.61 | 0.88 | 0 |
| 27680 | RELEASE OF LOWER LEG TENDO | 090 | A | | | 3 | | | | 197 | 203 | 6 | 5.88 | 6.54 | 0.66 | 0 |
| 27681 | RELEASE OF LOWER LEG TENDO | 090 | A | | | 3.5 | | | | 232 | 239 | 7 | 7.05 | 7.82 | 0.77 | 0 |
| 27685 | REVISION OF LOWER LEG TEND | 090 | A | | | 4 | | | | 200 | 208 | 8 | 6.69 | 7.57 | 0.88 | 0 |
| 27686 | REVISE LOWER LEG TENDONS | 090 | A | | | 3.5 | | | | 252 | 259 | 7 | 7.75 | 8.52 | 0.77 | 0 |
| 27687 | REVISION OF CALF TENDON | 090 | A | | | 3.5 | | | | 199 | 206 | 7 | 6.41 | 7.18 | 0.77 | 0 |
| 27690 | REVISE LOWER LEG TENDON | 090 | A | | | 2 | 3 | | | 258 | 283 | 25 | 9.17 | 10.60 | 1.43 | 0 |
| 27691 | REVISE LOWER LEG TENDON | 090 | A | | | 2 | 3 | | | 292 | 317 | 25 | 10.49 | 11.92 | 1.43 | 0 |
| 27695 | REPAIR OF ANKLE LIGAMENT | 090 | A | | | 4 | | | | 225 | 233 | 8 | 6.70 | 7.58 | 0.88 | 0 |
| 27696 | REPAIR OF ANKLE LIGAMENTS | 090 | A | | | 4 | | | | 280 | 288 | 8 | 8.58 | 9.46 | 0.88 | 0 |
| 27698 | REPAIR OF ANKLE LIGAMENT | 090 | A | | | 4 | | | | 275 | 283 | 8 | 9.61 | 10.49 | 0.88 | 0 |
| 27700 | REVISION OF ANKLE JOINT | 090 | A | | | 4 | | | | 310 | 318 | 8 | 9.66 | 10.54 | 0.88 | 0 |
| 27702 | RECONSTRUCT ANKLE JOINT | 090 | A | | | 4.5 | | | | 416 | 425 | 9 | 14.42 | 15.41 | 0.99 | 0 |
| 27703 | RECONSTRUCTION ANKLE JOINT | 090 | A | | | 5 | | | | 488 | 498 | 10 | 16.94 | 18.04 | 1.10 | 0 |
| 27704 | REMOVAL OF ANKLE IMPLANT | 090 | A | | | 4 | | | | 251 | 259 | 8 | 7.81 | 8.69 | 0.88 | 0 |
| 27705 | INCISION OF TIBIA | 090 | A | | | 4 | | | | 303 | 311 | 8 | 10.86 | 11.74 | 0.88 | 0 |
| 27707 | INCISION OF FIBULA | 090 | A | | | 3.5 | | | | 243 | 250 | 7 | 4.78 | 5.55 | 0.77 | 0 |
| 27709 | INCISION OF TIBIA & FIBULA | 090 | A | | | 2 | 2 | | | 346 | 364 | 18 | 17.48 | 18.58 | 1.10 | 0 |
| 27712 | REALIGNMENT OF LOWER LEG | 090 | A | | | | 4 | | | 400 | 428 | 28 | 15.87 | 17.19 | 1.32 | 0 |
| 27715 | REVISION OF LOWER LEG | 090 | A | | | 4.5 | | | | 457 | 466 | 9 | 15.50 | 16.49 | 0.99 | 0 |
| 27720 | REPAIR OF TIBIA | 090 | A | | | 4.5 | | | | 356 | 365 | 9 | 12.36 | 13.35 | 0.99 | 0 |
| 27722 | REPAIR/GRAFT OF TIBIA | 090 | A | | | 4.5 | | | | 389 | 398 | 9 | 12.45 | 13.44 | 0.99 | 0 |
| 27724 | REPAIR/GRAFT OF TIBIA | 090 | A | | | 1 | 2 | | | 460 | 476 | 16 | 19.31 | 20.19 | 0.88 | 0 |
| 27725 | REPAIR OF LOWER LEG | 090 | A | | | | 2 | 2 | | 464 | 496 | 32 | 17.41 | 18.91 | 1.50 | -4 |
| 27726 | REPAIR FIBULA NONUNION | 090 | A | | | 3 | 1 | | | 319 | 332 | 13 | 14.34 | 15.33 | 0.99 | 0 |
| 27727 | REPAIR OF LOWER LEG | 090 | A | | | 5 | | | | 445 | 455 | 10 | 14.84 | 15.94 | 1.10 | 0 |
| 27730 | REPAIR OF TIBIA EPIPHYSIS | 090 | A | | | 3.5 | | | | 241 | 248 | 7 | 7.70 | 8.47 | 0.77 | 0 |
| 27732 | REPAIR OF FIBULA EPIPHYSIS | 090 | A | | | 3 | | | | 183 | 189 | 6 | 5.46 | 6.12 | 0.66 | 0 |
| 27734 | REPAIR LOWER LEG EPIPHYSES | 090 | A | | | 3.5 | | | | 273 | 280 | 7 | 8.83 | 9.60 | 0.77 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 27740 | REPAIR OF LEG EPIPHYSES | 090 | A | | | 4 | | | | 315 | 323 | 8 | 9.61 | 10.49 | 0.88 | 0 |
| 27742 | REPAIR OF LEG EPIPHYSES | 090 | A | | | 4.5 | | | | 340 | 349 | 9 | 10.63 | 11.62 | 0.99 | 0 |
| 27745 | REINFORCE TIBIA | 090 | A | | | 4 | | | | 312 | 320 | 8 | 10.49 | 11.37 | 0.88 | 0 |
| 27750 | TREATMENT OF TIBIA FRACTUR | 090 | A | | | 3.5 | | | | 143 | 150 | 7 | 3.37 | 4.14 | 0.77 | 0 |
| 27752 | TREATMENT OF TIBIA FRACTUR | 090 | A | | | 4 | | | | 250 | 258 | 8 | 6.27 | 7.15 | 0.88 | 0 |
| 27756 | TREATMENT OF TIBIA FRACTUR | 090 | A | | | 4 | | | | 344 | 352 | 8 | 7.45 | 8.33 | 0.88 | 0 |
| 27758 | TREATMENT OF TIBIA FRACTUR | 090 | A | | | 4.5 | | | | 435 | 444 | 9 | 12.54 | 13.53 | 0.99 | 0 |
| 27759 | TREATMENT OF TIBIA FRACTUR | 090 | A | | | 3 | 1 | | | 324 | 337 | 13 | 14.45 | 15.44 | 0.99 | 0 |
| 27760 | CLTX MEDIAL ANKLE FX | 090 | A | | | 4 | | | | 124 | 132 | 8 | 3.21 | 4.09 | 0.88 | 0 |
| 27762 | CLTX MED ANKLE FX W/MNPJ | 090 | A | | | 4.5 | | | | 212 | 221 | 9 | 5.47 | 6.46 | 0.99 | 0 |
| 27766 | OPTX MEDIAL ANKLE FX | 090 | A | | | 2 | 2 | | | 266 | 284 | 18 | 7.89 | 8.99 | 1.10 | 0 |
| 27767 | CLTX POST ANKLE FX | 090 | A | | | 3 | 1 | | | 96 | 109 | 13 | 2.64 | 3.63 | 0.99 | 0 |
| 27768 | CLTX POST ANKLE FX W/MNPJ | 090 | A | | | 3 | 1 | | | 170 | 183 | 13 | 5.14 | 6.13 | 0.99 | 0 |
| 27769 | OPTX POST ANKLE FX | 090 | A | | | 3 | 1 | | | 279 | 292 | 13 | 10.14 | 11.13 | 0.99 | 0 |
| 27780 | TREATMENT OF FIBULA FRACTU | 090 | A | | | 3.5 | | | | 110 | 117 | 7 | 2.83 | 3.60 | 0.77 | 0 |
| 27781 | TREATMENT OF FIBULA FRACTU | 090 | A | | | 4 | | | | 146 | 154 | 8 | 4.59 | 5.47 | 0.88 | 0 |
| 27784 | TREATMENT OF FIBULA FRACTU | 090 | A | | | 2 | 2 | | | 281 | 299 | 18 | 9.67 | 10.77 | 1.10 | 0 |
| 27786 | TREATMENT OF ANKLE FRACTUR | 090 | A | | | 3.5 | | | | 114 | 121 | 7 | 3.02 | 3.79 | 0.77 | 0 |
| 27788 | TREATMENT OF ANKLE FRACTUR | 090 | A | | | 4 | | | | 148 | 156 | 8 | 4.64 | 5.52 | 0.88 | 0 |
| 27792 | TREATMENT OF ANKLE FRACTUR | 090 | A | | | 2 | 2 | | | 245 | 263 | 18 | 8.75 | 9.85 | 1.10 | 0 |
| 27808 | TREATMENT OF ANKLE FRACTUR | 090 | A | | | 4 | | | | 127 | 135 | 8 | 3.03 | 3.91 | 0.88 | 0 |
| 27810 | TREATMENT OF ANKLE FRACTUR | 090 | A | | | 4 | | | | 180 | 188 | 8 | 5.32 | 6.20 | 0.88 | 0 |
| 27814 | TREATMENT OF ANKLE FRACTUR | 090 | A | | | 2 | 2 | | | 346 | 364 | 18 | 10.62 | 11.72 | 1.10 | 0 |
| 27816 | TREATMENT OF ANKLE FRACTUR | 090 | A | | | 3.5 | | | | 119 | 126 | 7 | 3.07 | 3.84 | 0.77 | 0 |
| 27818 | TREATMENT OF ANKLE FRACTUR | 090 | A | | | 4 | | | | 193 | 201 | 8 | 5.69 | 6.57 | 0.88 | 0 |
| 27822 | TREATMENT OF ANKLE FRACTUR | 090 | A | | | 1 | 3 | | | 353 | 376 | 23 | 11.21 | 12.42 | 1.21 | 0 |
| 27823 | TREATMENT OF ANKLE FRACTUR | 090 | A | | | 1 | 3 | | | 366 | 389 | 23 | 13.16 | 14.37 | 1.21 | 0 |
| 27824 | TREAT LOWER LEG FRACTURE | 090 | A | | | 2 | 1 | | | 137 | 148 | 11 | 3.31 | 4.08 | 0.77 | 0 |
| 27825 | TREAT LOWER LEG FRACTURE | 090 | A | | | 3 | | | | 345 | 351 | 6 | 6.69 | 7.35 | 0.66 | 0 |
| 27826 | TREAT LOWER LEG FRACTURE | 090 | A | | | 1 | 3 | | | 328 | 351 | 23 | 11.10 | 12.31 | 1.21 | 0 |
| 27827 | TREAT LOWER LEG FRACTURE | 090 | A | | | 1 | 4 | | | 441 | 471 | 30 | 14.79 | 16.33 | 1.54 | 0 |
| 27828 | TREAT LOWER LEG FRACTURE | 090 | A | | | 1 | 4 | | | 471 | 501 | 30 | 18.43 | 19.97 | 1.54 | 0 |
| 27829 | TREAT LOWER LEG JOINT | 090 | A | | | 2 | 2 | | | 271 | 289 | 18 | 8.80 | 9.90 | 1.10 | 0 |
| 27830 | TREAT LOWER LEG DISLOCATIO | 090 | A | | | 3.5 | | | | 152 | 159 | 7 | 3.96 | 4.73 | 0.77 | 0 |
| 27831 | TREAT LOWER LEG DISLOCATIO | 090 | A | | | 3.5 | | | | 166 | 173 | 7 | 4.73 | 5.50 | 0.77 | 0 |
| 27832 | TREAT LOWER LEG DISLOCATIO | 090 | A | | | 2 | 2 | | | 301 | 319 | 18 | 10.17 | 11.27 | 1.10 | 0 |
| 27840 | TREAT ANKLE DISLOCATION | 090 | A | | | 4 | | | | 160 | 168 | 8 | 4.77 | 5.65 | 0.88 | 0 |
| 27842 | TREAT ANKLE DISLOCATION | 090 | A | | | 4 | | | | 225 | 233 | 8 | 6.46 | 7.34 | 0.88 | 0 |
| 27846 | TREAT ANKLE DISLOCATION | 090 | A | | | 4 | | | | 312 | 320 | 8 | 10.28 | 11.16 | 0.88 | 0 |
| 27848 | TREAT ANKLE DISLOCATION | 090 | A | | | 4 | | | | 334 | 342 | 8 | 11.68 | 12.56 | 0.88 | 0 |
| 27860 | FIXATION OF ANKLE JOINT | 010 | A | | | 1 | | | | 105 | 107 | 2 | 2.39 | 2.61 | 0.22 | 0 |
| 27870 | FUSION OF ANKLE JOINT OPEN | 090 | A | | | | 4 | | | 400 | 428 | 28 | 15.41 | 16.73 | 1.32 | 0 |
| 27871 | FUSION OF TIBIOFIBULAR JOI | 090 | A | | | 4 | | | | 301 | 309 | 8 | 9.54 | 10.42 | 0.88 | 0 |
| 27880 | AMPUTATION OF LOWER LEG | 090 | A | | | 1 | 2 | | | 400 | 416 | 16 | 15.37 | 16.25 | 0.88 | 0 |
| 27881 | AMPUTATION OF LOWER LEG | 090 | A | | | 5 | | | | 468 | 478 | 10 | 13.47 | 14.57 | 1.10 | 0 |
| 27882 | AMPUTATION OF LOWER LEG | 090 | A | | | 4 | | | | 331 | 339 | 8 | 9.79 | 10.67 | 0.88 | 0 |
| 27884 | AMPUTATION FOLLOW-UP SURGE | 090 | A | | | 4 | | | | 292 | 300 | 8 | 8.76 | 9.64 | 0.88 | 0 |
| 27886 | AMPUTATION FOLLOW-UP SURGE | 090 | A | | | 4.5 | | | | 340 | 349 | 9 | 10.02 | 11.01 | 0.99 | 0 |
| 27888 | AMPUTATION OF FOOT AT ANKL | 090 | A | | | 4.5 | | | | 335 | 344 | 9 | 10.37 | 11.36 | 0.99 | 0 |
| 27889 | AMPUTATION OF FOOT AT ANKL | 090 | A | | | 4.5 | | | | 361 | 370 | 9 | 10.86 | 11.85 | 0.99 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 27892 | DECOMPRESSION OF LEG | 090 | A | | | 4 | | | | 307 | 315 | 8 | 7.94 | 8.82 | 0.88 | 0 |
| 27893 | DECOMPRESSION OF LEG | 090 | A | | | 4 | | | | 307 | 315 | 8 | 7.90 | 8.78 | 0.88 | 0 |
| 27894 | DECOMPRESSION OF LEG | 090 | A | | | | 5 | | | 433 | 468 | 35 | 12.67 | 14.32 | 1.65 | 0 |
| 28001 | DRAINAGE OF BURSA OF FOOT | 010 | A | | | 1 | | | | 67 | 69 | 2 | 2.78 | 3.00 | 0.22 | 0 |
| 28002 | TREATMENT OF FOOT INFECTIO | 010 | A | | | | 2 | | | 163 | 177 | 14 | 5.34 | 6.00 | 0.66 | 0 |
| 28003 | TREATMENT OF FOOT INFECTIO | 090 | A | | | 2 | 3 | | | 323 | 348 | 25 | 9.06 | 10.49 | 1.43 | 0 |
| 28005 | TREAT FOOT BONE LESION | 090 | A | | | 4.5 | | | | 320 | 329 | 9 | 9.44 | 10.43 | 0.99 | 0 |
| 28008 | INCISION OF FOOT FASCIA | 090 | A | | | 3 | | | | 159 | 165 | 6 | 4.59 | 5.25 | 0.66 | 0 |
| 28010 | INCISION OF TOE TENDON | 090 | A | | | 2.5 | | | | 90 | 95 | 5 | 2.97 | 3.52 | 0.55 | 0 |
| 28011 | INCISION OF TOE TENDONS | 090 | A | | | 3 | | | | 123 | 129 | 6 | 4.28 | 4.94 | 0.66 | 0 |
| 28020 | EXPLORATION OF FOOT JOINT | 090 | A | | | 3 | | | | 161 | 167 | 6 | 5.15 | 5.81 | 0.66 | 0 |
| 28022 | EXPLORATION OF FOOT JOINT | 090 | A | | | 3 | | | | 157 | 163 | 6 | 4.81 | 5.47 | 0.66 | 0 |
| 28024 | EXPLORATION OF TOE JOINT | 090 | A | | | 3 | | | | 151 | 157 | 6 | 4.52 | 5.18 | 0.66 | 0 |
| 28035 | DECOMPRESSION OF TIBIA NER | 090 | A | | | 3 | | | | 169 | 175 | 6 | 5.23 | 5.89 | 0.66 | 0 |
| 28039 | EXC FOOT/TOE TUM SC 1.5 CM | 090 | A | | | 1 | 1 | | | 153 | 162 | 9 | 5.42 | 5.97 | 0.55 | 0 |
| 28041 | EXC FOOT/TOE TUM DEP 1.5CM | 090 | A | | | 1 | 2 | | | 217 | 233 | 16 | 7.13 | 8.01 | 0.88 | 0 |
| 28043 | EXC FOOT/TOE TUM SC < 1.5 | 090 | A | | | 1 | 1 | | | 138 | 147 | 9 | 3.96 | 4.51 | 0.55 | 0 |
| 28045 | EXC FOOT/TOE TUM DEEP <1.5 | 090 | A | | | 2 | 1 | | | 169 | 180 | 11 | 5.45 | 6.22 | 0.77 | 0 |
| 28046 | RESECT FOOT/TOE TUMOR < 3 | 090 | A | | | 1 | 3 | | | 334 | 357 | 23 | 12.38 | 13.59 | 1.21 | 0 |
| 28047 | RESECT FOOT/TOE TUMOR 3 CM | 090 | A | | | 1 | 2 | 1 | | 413 | 438 | 25 | 17.45 | 18.75 | 1.30 | -2 |
| 28050 | BIOPSY OF FOOT JOINT LININ | 090 | A | | | 3 | | | | 163 | 169 | 6 | 4.39 | 5.05 | 0.66 | 0 |
| 28052 | BIOPSY OF FOOT JOINT LININ | 090 | A | | | 2.5 | | | | 149 | 154 | 5 | 4.06 | 4.61 | 0.55 | 0 |
| 28054 | BIOPSY OF TOE JOINT LINING | 090 | A | | | 2.5 | | | | 133 | 138 | 5 | 3.57 | 4.12 | 0.55 | 0 |
| 28055 | NEURECTOMY FOOT | 090 | A | | | 3 | | | | 197 | 203 | 6 | 6.29 | 6.95 | 0.66 | 0 |
| 28060 | PARTIAL REMOVAL FOOT FASCI | 090 | A | | | 3.5 | | | | 156 | 163 | 7 | 5.40 | 6.17 | 0.77 | 0 |
| 28062 | REMOVAL OF FOOT FASCIA | 090 | A | | | 3.5 | | | | 221 | 228 | 7 | 6.69 | 7.46 | 0.77 | 0 |
| 28070 | REMOVAL OF FOOT JOINT LINI | 090 | A | | | 3 | | | | 190 | 196 | 6 | 5.24 | 5.90 | 0.66 | 0 |
| 28072 | REMOVAL OF FOOT JOINT LINI | 090 | A | | | 3 | | | | 166 | 172 | 6 | 4.72 | 5.38 | 0.66 | 0 |
| 28080 | REMOVAL OF FOOT LESION | 090 | A | | 1 | | 4 | | | 169 | 197 | 28 | 4.86 | 6.18 | 1.32 | -2 |
| 28086 | EXCISE FOOT TENDON SHEATH | 090 | A | | | 3 | | | | 172 | 178 | 6 | 4.92 | 5.58 | 0.66 | 0 |
| 28088 | EXCISE FOOT TENDON SHEATH | 090 | A | | | 2.5 | | | | 142 | 147 | 5 | 3.98 | 4.53 | 0.55 | 0 |
| 28090 | REMOVAL OF FOOT LESION | 090 | A | | | 3 | | | | 130 | 136 | 6 | 4.55 | 5.21 | 0.66 | 0 |
| 28092 | REMOVAL OF TOE LESIONS | 090 | A | | | 3 | | | | 115 | 121 | 6 | 3.78 | 4.44 | 0.66 | 0 |
| 28100 | REMOVAL OF ANKLE/HEEL LESI | 090 | A | | | 3.5 | | | | 195 | 202 | 7 | 5.83 | 6.60 | 0.77 | 0 |
| 28102 | REMOVE/GRAFT FOOT LESION | 090 | A | | | 4 | | | | 273 | 281 | 8 | 7.92 | 8.80 | 0.88 | 0 |
| 28103 | REMOVE/GRAFT FOOT LESION | 090 | A | | | 3.5 | | | | 233 | 240 | 7 | 6.67 | 7.44 | 0.77 | 0 |
| 28104 | REMOVAL OF FOOT LESION | 090 | A | | | 3 | | | | 173 | 179 | 6 | 5.26 | 5.92 | 0.66 | 0 |
| 28106 | REMOVE/GRAFT FOOT LESION | 090 | A | | | 4 | | | | 243 | 251 | 8 | 7.35 | 8.23 | 0.88 | 0 |
| 28107 | REMOVE/GRAFT FOOT LESION | 090 | A | | | 3.5 | | | | 232 | 239 | 7 | 5.73 | 6.50 | 0.77 | 0 |
| 28108 | REMOVAL OF TOE LESIONS | 090 | A | | | 3 | | | | 134 | 140 | 6 | 4.30 | 4.96 | 0.66 | 0 |
| 28110 | PART REMOVAL OF METATARSAL | 090 | A | | | 3 | | | | 151 | 157 | 6 | 4.22 | 4.88 | 0.66 | 0 |
| 28111 | PART REMOVAL OF METATARSAL | 090 | A | | | 3 | | | | 171 | 177 | 6 | 5.15 | 5.81 | 0.66 | 0 |
| 28112 | PART REMOVAL OF METATARSAL | 090 | A | | | 3 | | | | 163 | 169 | 6 | 4.63 | 5.29 | 0.66 | 0 |
| 28113 | PART REMOVAL OF METATARSAL | 090 | A | | | 1 | 4 | | | 178 | 208 | 30 | 6.11 | 7.65 | 1.54 | 0 |
| 28114 | REMOVAL OF METATARSAL HEAD | 090 | A | | | | 3 | 3 | | 339 | 387 | 48 | 12.00 | 14.25 | 2.25 | -6 |
| 28116 | REVISION OF FOOT | 090 | A | | | | 4 | | | 320 | 348 | 28 | 9.14 | 10.46 | 1.32 | 0 |
| 28118 | REMOVAL OF HEEL BONE | 090 | A | | | 3.5 | | | | 196 | 203 | 7 | 6.13 | 6.90 | 0.77 | 0 |
| 28119 | REMOVAL OF HEEL SPUR | 090 | A | | | 3.5 | | | | 183 | 190 | 7 | 5.56 | 6.33 | 0.77 | 0 |
| 28120 | PART REMOVAL OF ANKLE/HEEL | 090 | A | | | 3 | 2 | | | 251 | 271 | 20 | 7.31 | 8.63 | 1.32 | 0 |
| 28122 | PARTIAL REMOVAL OF FOOT BO | 090 | A | | | 2 | 2 | | | 230 | 248 | 18 | 6.76 | 7.86 | 1.10 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 28124 | PARTIAL REMOVAL OF TOE | 090 | A | | | 4 | | | | 151 | 159 | 8 | 5.00 | 5.88 | 0.88 | 0 |
| 28126 | PARTIAL REMOVAL OF TOE | 090 | A | | | 2.5 | | | | 116 | 121 | 5 | 3.64 | 4.19 | 0.55 | 0 |
| 28130 | REMOVAL OF ANKLE BONE | 090 | A | | | | 4 | | | 330 | 358 | 28 | 9.50 | 10.82 | 1.32 | 0 |
| 28140 | REMOVAL OF METATARSAL | 090 | A | | | 3.5 | | | | 228 | 235 | 7 | 7.14 | 7.91 | 0.77 | 0 |
| 28150 | REMOVAL OF TOE | 090 | A | | | 3 | | | | 151 | 157 | 6 | 4.23 | 4.89 | 0.66 | 0 |
| 28153 | PARTIAL REMOVAL OF TOE | 090 | A | | | 3 | | | | 142 | 148 | 6 | 3.80 | 4.46 | 0.66 | 0 |
| 28160 | PARTIAL REMOVAL OF TOE | 090 | A | | | 3 | | | | 129 | 135 | 6 | 3.88 | 4.54 | 0.66 | 0 |
| 28171 | RESECT TARSAL TUMOR | 090 | A | | | 1 | 1 | 1 | | 365 | 383 | 18 | 16.41 | 17.38 | 0.97 | -2 |
| 28173 | RESECT METATARSAL TUMOR | 090 | A | | | 1 | 1 | 1 | | 304 | 322 | 18 | 14.16 | 15.13 | 0.97 | -2 |
| 28175 | RESECT PHALANX OF TOE TUMO | 090 | A | | | 1 | 1 | 1 | | 205 | 223 | 18 | 8.29 | 9.26 | 0.97 | -2 |
| 28190 | REMOVAL OF FOOT FOREIGN BO | 010 | A | | | 1 | | | | 64 | 66 | 2 | 2.01 | 2.23 | 0.22 | 0 |
| 28192 | REMOVAL OF FOOT FOREIGN BO | 090 | A | | | 3 | | | | 141 | 147 | 6 | 4.78 | 5.44 | 0.66 | 0 |
| 28193 | REMOVAL OF FOOT FOREIGN BO | 090 | A | | | 3.5 | | | | 189 | 196 | 7 | 5.90 | 6.67 | 0.77 | 0 |
| 28200 | REPAIR OF FOOT TENDON | 090 | A | | | 3 | | | | 149 | 155 | 6 | 4.74 | 5.40 | 0.66 | 0 |
| 28202 | REPAIR/GRAFT OF FOOT TENDO | 090 | A | | | 3.5 | | | | 240 | 247 | 7 | 7.07 | 7.84 | 0.77 | 0 |
| 28208 | REPAIR OF FOOT TENDON | 090 | A | | | 3 | | | | 154 | 160 | 6 | 4.51 | 5.17 | 0.66 | 0 |
| 28210 | REPAIR/GRAFT OF FOOT TENDO | 090 | A | | | 3.5 | | | | 209 | 216 | 7 | 6.52 | 7.29 | 0.77 | 0 |
| 28220 | RELEASE OF FOOT TENDON | 090 | A | | | 3 | | | | 149 | 155 | 6 | 4.67 | 5.33 | 0.66 | 0 |
| 28222 | RELEASE OF FOOT TENDONS | 090 | A | | | 3 | | | | 175 | 181 | 6 | 5.76 | 6.42 | 0.66 | 0 |
| 28225 | RELEASE OF FOOT TENDON | 090 | A | | | 2.5 | | | | 133 | 138 | 5 | 3.78 | 4.33 | 0.55 | 0 |
| 28226 | RELEASE OF FOOT TENDONS | 090 | A | | | 3 | | | | 162 | 168 | 6 | 4.67 | 5.33 | 0.66 | 0 |
| 28230 | INCISION OF FOOT TENDON(S) | 090 | A | | | 2.5 | | | | 143 | 148 | 5 | 4.36 | 4.91 | 0.55 | 0 |
| 28232 | INCISION OF TOE TENDON | 090 | A | | | 2.5 | | | | 107 | 112 | 5 | 3.51 | 4.06 | 0.55 | 0 |
| 28234 | INCISION OF FOOT TENDON | 090 | A | | | 3.5 | | | | 122 | 129 | 7 | 3.54 | 4.31 | 0.77 | 0 |
| 28238 | REVISION OF FOOT TENDON | 090 | A | | | 3.5 | | | | 248 | 255 | 7 | 7.96 | 8.73 | 0.77 | 0 |
| 28240 | RELEASE OF BIG TOE | 090 | A | | | 2.5 | | | | 139 | 144 | 5 | 4.48 | 5.03 | 0.55 | 0 |
| 28250 | REVISION OF FOOT FASCIA | 090 | A | | | 3 | | | | 164 | 170 | 6 | 6.06 | 6.72 | 0.66 | 0 |
| 28260 | RELEASE OF MIDFOOT JOINT | 090 | A | | | 3.5 | | | | 225 | 232 | 7 | 8.19 | 8.96 | 0.77 | 0 |
| 28261 | REVISION OF FOOT TENDON | 090 | A | | | | 4 | | | 343 | 371 | 28 | 13.11 | 14.43 | 1.32 | 0 |
| 28262 | REVISION OF FOOT AND ANKLE | 090 | A | | | | 4 | | | 380 | 408 | 28 | 17.21 | 18.53 | 1.32 | 0 |
| 28264 | RELEASE OF MIDFOOT JOINT | 090 | A | | | 4 | | | | 269 | 277 | 8 | 10.65 | 11.53 | 0.88 | 0 |
| 28270 | RELEASE OF FOOT CONTRACTUR | 090 | A | | | 3.5 | | | | 145 | 152 | 7 | 4.93 | 5.70 | 0.77 | 0 |
| 28272 | RELEASE OF TOE JOINT EACH | 090 | A | | | 2.5 | | | | 113 | 118 | 5 | 3.92 | 4.47 | 0.55 | 0 |
| 28280 | FUSION OF TOES | 090 | A | | | 3 | | | | 167 | 173 | 6 | 5.33 | 5.99 | 0.66 | 0 |
| 28285 | REPAIR OF HAMMERTOES | 090 | A | | | 2 | 2 | | | 190 | 208 | 18 | 5.62 | 6.72 | 1.10 | 0 |
| 28286 | REPAIR OF HAMMERTOES | 090 | A | | | 3 | | | | 145 | 151 | 6 | 4.70 | 5.36 | 0.66 | 0 |
| 28288 | PARTIAL REMOVAL OF FOOT BO | 090 | A | | 1 | | 4 | | | 169 | 197 | 28 | 6.02 | 7.34 | 1.32 | -2 |
| 28289 | CORRJ HALUX RIGDUS W/O IMP | 090 | A | | | 2 | 2 | | | 210 | 228 | 18 | 6.90 | 8.00 | 1.10 | 0 |
| 28291 | CORRJ HALUX RIGDUS W/IMPLT | 090 | A | | | 2 | 2 | | | 215 | 233 | 18 | 8.01 | 9.11 | 1.10 | 0 |
| 28292 | CORRECTION HALLUX VALGUS | 090 | A | | | 3 | 2 | | | 226 | 246 | 20 | 7.44 | 8.76 | 1.32 | 0 |
| 28295 | CORRECTION HALLUX VALGUS | 090 | A | | | 3 | 2 | | | 241 | 261 | 20 | 8.57 | 9.89 | 1.32 | 0 |
| 28296 | CORRECTION HALLUX VALGUS | 090 | A | | | 3 | 2 | | | 241 | 261 | 20 | 8.25 | 9.57 | 1.32 | 0 |
| 28297 | CORRECTION HALLUX VALGUS | 090 | A | | | 3 | 2 | | | 256 | 276 | 20 | 9.29 | 10.61 | 1.32 | 0 |
| 28298 | CORRECTION HALLUX VALGUS | 090 | A | | | 2 | 2 | | | 225 | 243 | 18 | 7.75 | 8.85 | 1.10 | 0 |
| 28299 | CORRECTION HALLUX VALGUS | 090 | A | | | 3 | 2 | | | 256 | 276 | 20 | 9.29 | 10.61 | 1.32 | 0 |
| 28300 | INCISION OF HEEL BONE | 090 | A | | | 4 | | | | 218 | 226 | 8 | 9.73 | 10.61 | 0.88 | 0 |
| 28302 | INCISION OF ANKLE BONE | 090 | A | | | 4 | | | | 234 | 242 | 8 | 9.74 | 10.62 | 0.88 | 0 |
| 28304 | INCISION OF MIDFOOT BONES | 090 | A | | | 4 | | | | 239 | 247 | 8 | 9.41 | 10.29 | 0.88 | 0 |
| 28305 | INCISE/GRAFT MIDFOOT BONES | 090 | A | | | 4.5 | | | | 283 | 292 | 9 | 10.77 | 11.76 | 0.99 | 0 |
| 28306 | INCISION OF METATARSAL | 090 | A | | | 3 | | | | 163 | 169 | 6 | 6.00 | 6.66 | 0.66 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 28307 | INCISION OF METATARSAL | 090 | A | | | 3.5 | | | | 213 | 220 | 7 | 6.50 | 7.27 | 0.77 | 0 |
| 28308 | INCISION OF METATARSAL | 090 | A | | | 4 | | | | 165 | 173 | 8 | 5.48 | 6.36 | 0.88 | 0 |
| 28309 | INCISION OF METATARSALS | 090 | A | | | | 4 | | | 350 | 378 | 28 | 14.16 | 15.48 | 1.32 | 0 |
| 28310 | REVISION OF BIG TOE | 090 | A | | | 3 | | | | 165 | 171 | 6 | 5.57 | 6.23 | 0.66 | 0 |
| 28312 | REVISION OF TOE | 090 | A | | | 3 | | | | 160 | 166 | 6 | 4.69 | 5.35 | 0.66 | 0 |
| 28313 | REPAIR DEFORMITY OF TOE | 090 | A | | | 3 | | | | 151 | 157 | 6 | 5.15 | 5.81 | 0.66 | 0 |
| 28315 | REMOVAL OF SESAMOID BONE | 090 | A | | | 3 | | | | 156 | 162 | 6 | 5.00 | 5.66 | 0.66 | 0 |
| 28320 | REPAIR OF FOOT BONES | 090 | A | | | 4 | | | | 254 | 262 | 8 | 9.37 | 10.25 | 0.88 | 0 |
| 28322 | REPAIR OF METATARSALS | 090 | A | | | 4 | | | | 221 | 229 | 8 | 8.53 | 9.41 | 0.88 | 0 |
| 28340 | RESECT ENLARGED TOE TISSUE | 090 | A | | | 3.5 | | | | 230 | 237 | 7 | 7.15 | 7.92 | 0.77 | 0 |
| 28341 | RESECT ENLARGED TOE | 090 | A | | | 4 | | | | 298 | 306 | 8 | 8.72 | 9.60 | 0.88 | 0 |
| 28344 | REPAIR EXTRA TOE(S) | 090 | A | | | 3 | | | | 185 | 191 | 6 | 4.40 | 5.06 | 0.66 | 0 |
| 28345 | REPAIR WEBBED TOE(S) | 090 | A | | | 3.5 | | | | 222 | 229 | 7 | 6.09 | 6.86 | 0.77 | 0 |
| 28360 | RECONSTRUCT CLEFT FOOT | 090 | A | | | | 5 | | | 395 | 430 | 35 | 14.92 | 16.57 | 1.65 | 0 |
| 28400 | TREATMENT OF HEEL FRACTURE | 090 | A | | | 3 | | | | 97 | 103 | 6 | 2.31 | 2.97 | 0.66 | 0 |
| 28405 | TREATMENT OF HEEL FRACTURE | 090 | A | | | 3.5 | | | | 164 | 171 | 7 | 4.74 | 5.51 | 0.77 | 0 |
| 28406 | TREATMENT OF HEEL FRACTURE | 090 | A | | | 4 | | | | 229 | 237 | 8 | 6.56 | 7.44 | 0.88 | 0 |
| 28415 | TREAT HEEL FRACTURE | 090 | A | | | 1 | 4 | | | 441 | 471 | 30 | 16.19 | 17.73 | 1.54 | 0 |
| 28420 | TREAT/GRAFT HEEL FRACTURE | 090 | A | | | 1 | 4 | | | 481 | 511 | 30 | 17.52 | 19.06 | 1.54 | 0 |
| 28430 | TREATMENT OF ANKLE FRACTUR | 090 | A | | | 2.5 | | | | 89 | 94 | 5 | 2.22 | 2.77 | 0.55 | 0 |
| 28435 | TREATMENT OF ANKLE FRACTUR | 090 | A | | | 3 | | | | 116 | 122 | 6 | 3.54 | 4.20 | 0.66 | 0 |
| 28436 | TREATMENT OF ANKLE FRACTUR | 090 | A | | | 4 | | | | 190 | 198 | 8 | 4.90 | 5.78 | 0.88 | 0 |
| 28445 | TREAT ANKLE FRACTURE | 090 | A | | | 1 | 4 | | | 444 | 474 | 30 | 15.76 | 17.30 | 1.54 | 0 |
| 28446 | OSTEOCHONDRAL TALUS AUTOGR | 090 | A | | | 2 | 3 | | | 339 | 364 | 25 | 17.71 | 19.14 | 1.43 | 0 |
| 28450 | TREAT MIDFOOT FRACTURE EAC | 090 | A | | | 2.5 | | | | 87 | 92 | 5 | 2.03 | 2.58 | 0.55 | 0 |
| 28455 | TREAT MIDFOOT FRACTURE EAC | 090 | A | | | 3 | | | | 113 | 119 | 6 | 3.24 | 3.90 | 0.66 | 0 |
| 28456 | TREAT MIDFOOT FRACTURE | 090 | A | | | 3.5 | | | | 182 | 189 | 7 | 2.86 | 3.63 | 0.77 | 0 |
| 28465 | TREAT MIDFOOT FRACTURE EAC | 090 | A | | | 2 | 2 | | | 257 | 275 | 18 | 8.80 | 9.90 | 1.10 | 0 |
| 28470 | TREAT METATARSAL FRACTURE | 090 | A | | | 3 | | | | 77 | 83 | 6 | 2.03 | 2.69 | 0.66 | 0 |
| 28475 | TREAT METATARSAL FRACTURE | 090 | A | | 3.5 | | | | | 80.5 | 80.5 | 0 | 3.01 | 3.01 | 0.00 | -7 |
| 28476 | TREAT METATARSAL FRACTURE | 090 | A | | | 4.5 | | | | 168 | 177 | 9 | 3.60 | 4.59 | 0.99 | 0 |
| 28485 | TREAT METATARSAL FRACTURE | 090 | A | | | 2 | 2 | | | 242 | 260 | 18 | 7.44 | 8.54 | 1.10 | 0 |
| 28490 | TREAT BIG TOE FRACTURE | 090 | A | | | 1.5 | | | | 64 | 67 | 3 | 1.17 | 1.50 | 0.33 | 0 |
| 28495 | TREAT BIG TOE FRACTURE | 090 | A | | | 2 | | | | 89 | 93 | 4 | 1.68 | 2.12 | 0.44 | 0 |
| 28496 | TREAT BIG TOE FRACTURE | 090 | A | | | 3 | | | | 142 | 148 | 6 | 2.48 | 3.14 | 0.66 | 0 |
| 28505 | TREAT BIG TOE FRACTURE | 090 | A | | | 2 | 2 | | | 227 | 245 | 18 | 7.44 | 8.54 | 1.10 | 0 |
| 28510 | TREATMENT OF TOE FRACTURE | 090 | A | | | 1.5 | | | | 53 | 56 | 3 | 1.17 | 1.50 | 0.33 | 0 |
| 28515 | TREATMENT OF TOE FRACTURE | 090 | A | | | 2 | | | | 71 | 75 | 4 | 1.56 | 2.00 | 0.44 | 0 |
| 28525 | TREAT TOE FRACTURE | 090 | A | | | 2 | 2 | | | 207 | 225 | 18 | 5.62 | 6.72 | 1.10 | 0 |
| 28530 | TREAT SESAMOID BONE FRACTU | 090 | A | | | 1 | | | | 56 | 58 | 2 | 1.11 | 1.33 | 0.22 | 0 |
| 28531 | TREAT SESAMOID BONE FRACTU | 090 | A | | | 2 | | | | 225 | 229 | 4 | 2.57 | 3.01 | 0.44 | 0 |
| 28540 | TREAT FOOT DISLOCATION | 090 | A | | | 3 | | | | 106 | 112 | 6 | 2.19 | 2.85 | 0.66 | 0 |
| 28545 | TREAT FOOT DISLOCATION | 090 | A | | | 3 | | | | 142 | 148 | 6 | 2.60 | 3.26 | 0.66 | 0 |
| 28546 | TREAT FOOT DISLOCATION | 090 | A | | | 4 | | | | 184 | 192 | 8 | 3.40 | 4.28 | 0.88 | 0 |
| 28555 | REPAIR FOOT DISLOCATION | 090 | A | | | 2 | 2 | | | 281 | 299 | 18 | 9.65 | 10.75 | 1.10 | 0 |
| 28570 | TREAT FOOT DISLOCATION | 090 | A | | | 2 | | | | 92 | 96 | 4 | 1.76 | 2.20 | 0.44 | 0 |
| 28575 | TREAT FOOT DISLOCATION | 090 | A | | | 3.5 | | | | 178 | 185 | 7 | 3.49 | 4.26 | 0.77 | 0 |
| 28576 | TREAT FOOT DISLOCATION | 090 | A | | | 4 | | | | 277 | 285 | 8 | 4.60 | 5.48 | 0.88 | 0 |
| 28585 | REPAIR FOOT DISLOCATION | 090 | A | | | 2 | 3 | | | 324 | 349 | 25 | 11.13 | 12.56 | 1.43 | 0 |
| 28600 | TREAT FOOT DISLOCATION | 090 | A | | | 2.5 | | | | 105 | 110 | 5 | 2.02 | 2.57 | 0.55 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 28605 | TREAT FOOT DISLOCATION | 090 | A | | | 3.5 | | | | 156 | 163 | 7 | 2.89 | 3.66 | 0.77 | 0 |
| 28606 | TREAT FOOT DISLOCATION | 090 | A | | | 4 | | | | 224 | 232 | 8 | 5.09 | 5.97 | 0.88 | 0 |
| 28615 | REPAIR FOOT DISLOCATION | 090 | A | | | 3 | 3 | | | 323 | 350 | 27 | 10.70 | 12.35 | 1.65 | 0 |
| 28630 | TREAT TOE DISLOCATION | 010 | A | | | 1 | | | | 55 | 57 | 2 | 1.75 | 1.97 | 0.22 | 0 |
| 28635 | TREAT TOE DISLOCATION | 010 | A | | | 1 | | | | 61 | 63 | 2 | 1.96 | 2.18 | 0.22 | 0 |
| 28645 | REPAIR TOE DISLOCATION | 090 | A | | | 2 | 2 | | | 217 | 235 | 18 | 7.44 | 8.54 | 1.10 | 0 |
| 28660 | TREAT TOE DISLOCATION | 010 | A | | | 1 | | | | 49 | 51 | 2 | 1.28 | 1.50 | 0.22 | 0 |
| 28665 | TREAT TOE DISLOCATION | 010 | A | | | 1 | | | | 53 | 55 | 2 | 1.97 | 2.19 | 0.22 | 0 |
| 28675 | REPAIR OF TOE DISLOCATION | 090 | A | | | 2 | 2 | | | 197 | 215 | 18 | 5.62 | 6.72 | 1.10 | 0 |
| 28705 | FUSION OF FOOT BONES | 090 | A | | | 1 | 2 | 1 | | 490 | 515 | 25 | 20.33 | 21.63 | 1.30 | -2 |
| 28715 | FUSION OF FOOT BONES | 090 | A | | | 2 | 4 | | | 366 | 398 | 32 | 13.42 | 15.18 | 1.76 | 0 |
| 28725 | FUSION OF FOOT BONES | 090 | A | | | 2 | 3 | | | 298 | 323 | 25 | 11.22 | 12.65 | 1.43 | 0 |
| 28730 | FUSION OF FOOT BONES | 090 | A | | | 2 | 3 | | | 308 | 333 | 25 | 10.70 | 12.13 | 1.43 | 0 |
| 28735 | FUSION OF FOOT BONES | 090 | A | | | | 4 | | | 360 | 388 | 28 | 12.23 | 13.55 | 1.32 | 0 |
| 28737 | REVISION OF FOOT BONES | 090 | A | | | | 4 | | | 340 | 368 | 28 | 11.03 | 12.35 | 1.32 | 0 |
| 28740 | FUSION OF FOOT BONES | 090 | A | | | | 4 | | | 266 | 294 | 28 | 9.29 | 10.61 | 1.32 | 0 |
| 28750 | FUSION OF BIG TOE JOINT | 090 | A | | | | 4 | | | 237 | 265 | 28 | 8.57 | 9.89 | 1.32 | 0 |
| 28755 | FUSION OF BIG TOE JOINT | 090 | A | | | 3 | | | | 172 | 178 | 6 | 4.88 | 5.54 | 0.66 | 0 |
| 28760 | FUSION OF BIG TOE JOINT | 090 | A | | | | 4 | | | 330 | 358 | 28 | 9.14 | 10.46 | 1.32 | 0 |
| 28800 | AMPUTATION OF MIDFOOT | 090 | A | | | 4.5 | | | | 306 | 315 | 9 | 8.79 | 9.78 | 0.99 | 0 |
| 28805 | AMPUTATION THRU METATARSAL | 090 | A | | | 2 | 2 | | | 376 | 394 | 18 | 12.71 | 13.81 | 1.10 | 0 |
| 28810 | AMPUTATION TOE & METATARSA | 090 | A | | | 4 | | | | 251 | 259 | 8 | 6.64 | 7.52 | 0.88 | 0 |
| 28820 | AMPUTATION OF TOE | 090 | A | | | 2 | 2 | | | 215 | 233 | 18 | 5.82 | 6.92 | 1.10 | 0 |
| 28825 | PARTIAL AMPUTATION OF TOE | 090 | A | | | 2 | 2 | | | 205 | 223 | 18 | 5.37 | 6.47 | 1.10 | 0 |
| 28890 | HI ENRGY ESWT PLANTAR FASC | 090 | A | | | 3 | | | | 140 | 146 | 6 | 3.45 | 4.11 | 0.66 | 0 |
| 29800 | JAW ARTHROSCOPY/SURGERY | 090 | A | | | 2 | 1 | | | 161 | 172 | 11 | 6.84 | 7.61 | 0.77 | 0 |
| 29804 | JAW ARTHROSCOPY/SURGERY | 090 | A | | | 2 | 2 | | | 206 | 224 | 18 | 8.87 | 9.97 | 1.10 | 0 |
| 29805 | SHOULDER ARTHROSCOPY DX | 090 | A | | | 3 | | | | 154 | 160 | 6 | 6.03 | 6.69 | 0.66 | 0 |
| 29806 | SHOULDER ARTHROSCOPY/SURGE | 090 | A | | | 3 | 2 | | | 298 | 318 | 20 | 15.14 | 16.46 | 1.32 | 0 |
| 29807 | SHOULDER ARTHROSCOPY/SURGE | 090 | A | | | 3 | 2 | | | 288 | 308 | 20 | 14.67 | 15.99 | 1.32 | 0 |
| 29819 | SHOULDER ARTHROSCOPY/SURGE | 090 | A | | | 3.5 | | | | 196 | 203 | 7 | 7.79 | 8.56 | 0.77 | 0 |
| 29820 | SHOULDER ARTHROSCOPY/SURGE | 090 | A | | | 3 | | | | 189 | 195 | 6 | 7.21 | 7.87 | 0.66 | 0 |
| 29821 | SHOULDER ARTHROSCOPY/SURGE | 090 | A | | | 3.5 | | | | 223 | 230 | 7 | 7.89 | 8.66 | 0.77 | 0 |
| 29822 | SHOULDER ARTHROSCOPY/SURGE | 090 | A | | | 3.5 | | | | 204 | 211 | 7 | 7.60 | 8.37 | 0.77 | 0 |
| 29823 | SHOULDER ARTHROSCOPY/SURGE | 090 | A | | | 4 | | | | 230 | 238 | 8 | 8.36 | 9.24 | 0.88 | 0 |
| 29824 | SHOULDER ARTHROSCOPY/SURGE | 090 | A | | | 2 | 2 | | | 225 | 243 | 18 | 8.98 | 10.08 | 1.10 | 0 |
| 29825 | SHOULDER ARTHROSCOPY/SURGE | 090 | A | | | 3.5 | | | | 212 | 219 | 7 | 7.79 | 8.56 | 0.77 | 0 |
| 29827 | ARTHROSCOP ROTATOR CUFF RE | 090 | A | | | 5 | | | | 334 | 344 | 10 | 15.59 | 16.69 | 1.10 | 0 |
| 29828 | ARTHROSCOPY BICEPS TENODES | 090 | A | | | 2 | 2 | | | 252 | 270 | 18 | 13.16 | 14.26 | 1.10 | 0 |
| 29830 | ELBOW ARTHROSCOPY | 090 | A | | | 2.5 | | | | 132 | 137 | 5 | 5.88 | 6.43 | 0.55 | 0 |
| 29834 | ELBOW ARTHROSCOPY/SURGERY | 090 | A | | | 3 | | | | 153 | 159 | 6 | 6.42 | 7.08 | 0.66 | 0 |
| 29835 | ELBOW ARTHROSCOPY/SURGERY | 090 | A | | | 3 | | | | 160 | 166 | 6 | 6.62 | 7.28 | 0.66 | 0 |
| 29836 | ELBOW ARTHROSCOPY/SURGERY | 090 | A | | | 3.5 | | | | 196 | 203 | 7 | 7.72 | 8.49 | 0.77 | 0 |
| 29837 | ELBOW ARTHROSCOPY/SURGERY | 090 | A | | | 3 | | | | 165 | 171 | 6 | 7.01 | 7.67 | 0.66 | 0 |
| 29838 | ELBOW ARTHROSCOPY/SURGERY | 090 | A | | | 3.5 | | | | 220 | 227 | 7 | 7.88 | 8.65 | 0.77 | 0 |
| 29840 | WRIST ARTHROSCOPY | 090 | A | | | 3 | | | | 146 | 152 | 6 | 5.68 | 6.34 | 0.66 | 0 |
| 29843 | WRIST ARTHROSCOPY/SURGERY | 090 | A | | | 3 | | | | 157 | 163 | 6 | 6.15 | 6.81 | 0.66 | 0 |
| 29844 | WRIST ARTHROSCOPY/SURGERY | 090 | A | | | 3 | | | | 160 | 166 | 6 | 6.51 | 7.17 | 0.66 | 0 |
| 29845 | WRIST ARTHROSCOPY/SURGERY | 090 | A | | | 3.5 | | | | 199 | 206 | 7 | 7.69 | 8.46 | 0.77 | 0 |
| 29846 | WRIST ARTHROSCOPY/SURGERY | 090 | A | | | 3 | | | | 179 | 185 | 6 | 6.89 | 7.55 | 0.66 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 29847 | WRIST ARTHROSCOPY/SURGERY | 090 | A | | | 3 | | | | 190 | 196 | 6 | 7.22 | 7.88 | 0.66 | 0 |
| 29848 | WRIST ENDOSCOPY/SURGERY | 090 | A | | | | 3 | | | 179 | 200 | 21 | 6.39 | 7.38 | 0.99 | 0 |
| 29850 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | 3 | | | | 192 | 198 | 6 | 8.27 | 8.93 | 0.66 | 0 |
| 29851 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | 1 | 3 | | | 274 | 297 | 23 | 13.26 | 14.47 | 1.21 | 0 |
| 29855 | TIBIAL ARTHROSCOPY/SURGERY | 090 | A | | | 2 | 2 | | | 255 | 273 | 18 | 10.76 | 11.86 | 1.10 | 0 |
| 29856 | TIBIAL ARTHROSCOPY/SURGERY | 090 | A | | | 2 | 2 | | | 314 | 332 | 18 | 14.28 | 15.38 | 1.10 | 0 |
| 29860 | HIP ARTHROSCOPY DX | 090 | A | | | | 3 | | | 244 | 265 | 21 | 9.00 | 9.99 | 0.99 | 0 |
| 29861 | HIP ARTHRO W/FB REMOVAL | 090 | A | | | | 3 | | | 254 | 275 | 21 | 10.10 | 11.09 | 0.99 | 0 |
| 29862 | HIP ARTHRO W/DEBRIDEMENT | 090 | A | | | | 4 | | | 297 | 325 | 28 | 11.17 | 12.49 | 1.32 | 0 |
| 29863 | HIP ARTHRO W/SYNOVECTOMY | 090 | A | | | | 4 | | | 297 | 325 | 28 | 11.17 | 12.49 | 1.32 | 0 |
| 29866 | AUTGRFT IMPLNT KNEE W/SCOP | 090 | A | | | 3 | 2 | | | 308 | 328 | 20 | 14.67 | 15.99 | 1.32 | 0 |
| 29867 | ALLGRFT IMPLNT KNEE W/SCOP | 090 | A | | | 2 | 3 | | | 404 | 429 | 25 | 18.39 | 19.82 | 1.43 | 0 |
| 29868 | MENISCAL TRNSPL KNEE W/SCP | 090 | A | | | 2 | 3 | | | 484 | 509 | 25 | 25.10 | 26.53 | 1.43 | 0 |
| 29870 | KNEE ARTHROSCOPY DX | 090 | A | | | 2.5 | | | | 129 | 134 | 5 | 5.19 | 5.74 | 0.55 | 0 |
| 29871 | KNEE ARTHROSCOPY/DRAINAGE | 090 | A | | | 3 | | | | 184 | 190 | 6 | 6.69 | 7.35 | 0.66 | 0 |
| 29873 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | 5 | | | | 249 | 259 | 10 | 6.24 | 7.34 | 1.10 | 0 |
| 29874 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | 3 | | | | 181 | 187 | 6 | 7.19 | 7.85 | 0.66 | 0 |
| 29875 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | 3 | | | | 168 | 174 | 6 | 6.45 | 7.11 | 0.66 | 0 |
| 29876 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | | 3 | | | 233 | 254 | 21 | 8.87 | 9.86 | 0.99 | 0 |
| 29877 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | | 3 | | | 197 | 218 | 21 | 8.30 | 9.29 | 0.99 | 0 |
| 29879 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | | 3 | | | 217 | 238 | 21 | 8.99 | 9.98 | 0.99 | 0 |
| 29880 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | 1 | 2 | | | 199 | 215 | 16 | 7.39 | 8.27 | 0.88 | 0 |
| 29881 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | 1 | 2 | | | 194 | 210 | 16 | 7.03 | 7.91 | 0.88 | 0 |
| 29882 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | | 3 | | | 244 | 265 | 21 | 9.60 | 10.59 | 0.99 | 0 |
| 29883 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | 2 | 2 | | | 311 | 329 | 18 | 11.77 | 12.87 | 1.10 | 0 |
| 29884 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | | 3 | | | 208 | 229 | 21 | 8.28 | 9.27 | 0.99 | 0 |
| 29885 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | | 3.5 | | | 250.5 | 275 | 24.5 | 10.21 | 11.37 | 1.16 | 0 |
| 29886 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | | 3 | | | 221 | 242 | 21 | 8.49 | 9.48 | 0.99 | 0 |
| 29887 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | | 3.5 | | | 261.5 | 286 | 24.5 | 10.16 | 11.31 | 1.16 | 0 |
| 29888 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | 2 | 2 | | | 295 | 313 | 18 | 14.30 | 15.40 | 1.10 | 0 |
| 29889 | KNEE ARTHROSCOPY/SURGERY | 090 | A | | | 1 | 3 | 1 | | 433 | 465 | 32 | 17.41 | 19.04 | 1.63 | -2 |
| 29891 | ANKLE ARTHROSCOPY/SURGERY | 090 | A | | | | 4 | | | 227 | 255 | 28 | 9.67 | 10.99 | 1.32 | 0 |
| 29892 | ANKLE ARTHROSCOPY/SURGERY | 090 | A | | | | 4 | | | 272 | 300 | 28 | 10.27 | 11.59 | 1.32 | 0 |
| 29893 | SCOPE PLANTAR FASCIOTOMY | 090 | A | | | 3 | 3 | | | 247 | 274 | 27 | 6.32 | 7.97 | 1.65 | 0 |
| 29894 | ANKLE ARTHROSCOPY/SURGERY | 090 | A | | | 3 | | | | 179 | 185 | 6 | 7.35 | 8.01 | 0.66 | 0 |
| 29895 | ANKLE ARTHROSCOPY/SURGERY | 090 | A | | | 3 | | | | 178 | 184 | 6 | 7.13 | 7.79 | 0.66 | 0 |
| 29897 | ANKLE ARTHROSCOPY/SURGERY | 090 | A | | | 3 | | | | 186 | 192 | 6 | 7.32 | 7.98 | 0.66 | 0 |
| 29898 | ANKLE ARTHROSCOPY/SURGERY | 090 | A | | | 3.5 | | | | 222 | 229 | 7 | 8.49 | 9.26 | 0.77 | 0 |
| 29899 | ANKLE ARTHROSCOPY/SURGERY | 090 | A | | | | 4 | | | 395 | 423 | 28 | 15.41 | 16.73 | 1.32 | 0 |
| 29900 | MCP JOINT ARTHROSCOPY DX | 090 | A | | | 3 | 1 | | | 220 | 233 | 13 | 5.88 | 6.87 | 0.99 | 0 |
| 29901 | MCP JOINT ARTHROSCOPY SURG | 090 | A | | | 3 | 1 | | | 235 | 248 | 13 | 6.59 | 7.58 | 0.99 | 0 |
| 29902 | MCP JOINT ARTHROSCOPY SURG | 090 | A | | | 3 | 1 | | | 250 | 263 | 13 | 7.16 | 8.15 | 0.99 | 0 |
| 29904 | SUBTALAR ARTHRO W/FB RMVL | 090 | A | | | | 3 | | | 228 | 249 | 21 | 8.65 | 9.64 | 0.99 | 0 |
| 29905 | SUBTALAR ARTHRO W/EXC | 090 | A | | | 1 | 3 | | | 244 | 267 | 23 | 9.18 | 10.39 | 1.21 | 0 |
| 29906 | SUBTALAR ARTHRO W/DEB | 090 | A | | | 1 | 3 | | | 244 | 267 | 23 | 9.65 | 10.86 | 1.21 | 0 |
| 29907 | SUBTALAR ARTHRO W/FUSION | 090 | A | | | 1 | 3 | | | 293 | 316 | 23 | 12.18 | 13.39 | 1.21 | 0 |
| 29914 | HIP ARTHRO W/FEMOROPLASTY | 090 | A | | | 2 | 2 | | | 280 | 298 | 18 | 14.67 | 15.77 | 1.10 | 0 |
| 29915 | HIP ARTHRO ACETABULOPLASTY | 090 | A | | | 2 | 2 | | | 270 | 288 | 18 | 15.00 | 16.10 | 1.10 | 0 |
| 29916 | HIP ARTHRO W/LABRAL REPAIR | 090 | A | | | 2 | 2 | | | 270 | 288 | 18 | 15.00 | 16.10 | 1.10 | 0 |
| 30000 | DRAINAGE OF NOSE LESION | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.48 | 1.70 | 0.22 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 30020 | DRAINAGE OF NOSE LESION | 010 | A | | | 1 | | | | 57 | 59 | 2 | 1.48 | 1.70 | 0.22 | 0 |
| 30110 | REMOVAL OF NOSE POLYP(S) | 010 | A | | | 1 | | | | 62 | 64 | 2 | 1.68 | 1.90 | 0.22 | 0 |
| 30115 | REMOVAL OF NOSE POLYP(S) | 090 | A | | | 2 | | | | 120 | 124 | 4 | 4.44 | 4.88 | 0.44 | 0 |
| 30117 | REMOVAL OF INTRANASAL LESI | 090 | A | | | 2 | | | | 110 | 114 | 4 | 3.26 | 3.70 | 0.44 | 0 |
| 30118 | REMOVAL OF INTRANASAL LESI | 090 | A | | | 3.5 | | | | 288 | 295 | 7 | 9.92 | 10.69 | 0.77 | 0 |
| 30120 | REVISION OF NOSE | 090 | A | | | 2.5 | | | | 160 | 165 | 5 | 5.39 | 5.94 | 0.55 | 0 |
| 30124 | REMOVAL OF NOSE LESION | 090 | A | | | 2 | | | | 101 | 105 | 4 | 3.20 | 3.64 | 0.44 | 0 |
| 30125 | REMOVAL OF NOSE LESION | 090 | A | | | 3 | | | | 252 | 258 | 6 | 7.30 | 7.96 | 0.66 | 0 |
| 30130 | EXCISE INFERIOR TURBINATE | 090 | A | | | 2 | | | | 122 | 126 | 4 | 3.47 | 3.91 | 0.44 | 0 |
| 30150 | PARTIAL REMOVAL OF NOSE | 090 | A | | | 3.5 | | | | 267 | 274 | 7 | 9.55 | 10.32 | 0.77 | 0 |
| 30160 | REMOVAL OF NOSE | 090 | A | | | 3.5 | | | | 302 | 309 | 7 | 9.99 | 10.76 | 0.77 | 0 |
| 30210 | NASAL SINUS THERAPY | 010 | A | | | 1 | | | | 39 | 41 | 2 | 1.13 | 1.35 | 0.22 | 0 |
| 30220 | INSERT NASAL SEPTAL BUTTON | 010 | A | | | 1 | | | | 51 | 53 | 2 | 1.59 | 1.81 | 0.22 | 0 |
| 30300 | REMOVE NASAL FOREIGN BODY | 010 | A | | | 1 | | | | 46 | 48 | 2 | 1.09 | 1.31 | 0.22 | 0 |
| 30310 | REMOVE NASAL FOREIGN BODY | 010 | A | | | 1 | | | | 68 | 70 | 2 | 2.01 | 2.23 | 0.22 | 0 |
| 30320 | REMOVE NASAL FOREIGN BODY | 090 | A | | | 2.5 | | | | 151 | 156 | 5 | 4.64 | 5.19 | 0.55 | 0 |
| 30400 | RECONSTRUCTION OF NOSE | 090 | R | | | 4 | | 2 | | 312 | 338 | 26 | 10.86 | 12.58 | 1.72 | -4 |
| 30410 | RECONSTRUCTION OF NOSE | 090 | R | | | 4 | | 2 | | 362 | 388 | 26 | 14.00 | 15.72 | 1.72 | -4 |
| 30420 | RECONSTRUCTION OF NOSE | 090 | R | | | 4 | | 2 | | 399 | 425 | 26 | 16.90 | 18.62 | 1.72 | -4 |
| 30430 | REVISION OF NOSE | 090 | R | | | 4 | | 2 | | 274 | 300 | 26 | 8.24 | 9.96 | 1.72 | -4 |
| 30435 | REVISION OF NOSE | 090 | R | | | 4 | | 2 | | 354 | 380 | 26 | 12.73 | 14.45 | 1.72 | -4 |
| 30450 | REVISION OF NOSE | 090 | R | | | 4 | | 2 | | 414 | 440 | 26 | 19.66 | 21.38 | 1.72 | -4 |
| 30460 | REVISION OF NOSE | 090 | A | | | 1 | 1 | | | 232 | 241 | 9 | 10.32 | 10.87 | 0.55 | 0 |
| 30462 | REVISION OF NOSE | 090 | A | | | 2 | 2 | | | 388 | 406 | 18 | 20.28 | 21.38 | 1.10 | 0 |
| 30465 | REPAIR NASAL STENOSIS | 090 | A | | | 2 | 2 | | | 277 | 295 | 18 | 12.36 | 13.46 | 1.10 | 0 |
| 30520 | REPAIR OF NASAL SEPTUM | 090 | A | | | 2 | 2 | | | 210.5 | 228.5 | 18 | 7.01 | 8.11 | 1.10 | 0 |
| 30540 | REPAIR NASAL DEFECT | 090 | A | | | 3.5 | | | | 196 | 203 | 7 | 7.92 | 8.69 | 0.77 | 0 |
| 30545 | REPAIR NASAL DEFECT | 090 | A | | | 4 | | | | 305 | 313 | 8 | 11.62 | 12.50 | 0.88 | 0 |
| 30560 | RELEASE OF NASAL ADHESIONS | 010 | A | | | 1 | | | | 46 | 48 | 2 | 1.31 | 1.53 | 0.22 | 0 |
| 30580 | REPAIR UPPER JAW FISTULA | 090 | A | | | 4 | | | | 204 | 212 | 8 | 6.88 | 7.76 | 0.88 | 0 |
| 30600 | REPAIR MOUTH/NOSE FISTULA | 090 | A | | | 3 | | | | 167 | 173 | 6 | 6.16 | 6.82 | 0.66 | 0 |
| 30620 | INTRANASAL RECONSTRUCTION | 090 | A | | | 4 | | | | 234 | 242 | 8 | 6.16 | 7.04 | 0.88 | 0 |
| 30630 | REPAIR NASAL SEPTUM DEFECT | 090 | A | | | 3.5 | | | | 260 | 267 | 7 | 7.29 | 8.06 | 0.77 | 0 |
| 30801 | ABLATE INF TURBINATE SUPER | 010 | A | | | 1 | | | | 46 | 48 | 2 | 1.14 | 1.36 | 0.22 | 0 |
| 30802 | ABLATE INF TURBINATE SUBMU | 010 | A | | | 1 | | | | 56 | 58 | 2 | 2.08 | 2.30 | 0.22 | 0 |
| 30915 | LIGATION NASAL SINUS ARTER | 090 | A | | | 2.5 | | | | 242 | 247 | 5 | 7.44 | 7.99 | 0.55 | 0 |
| 30920 | LIGATION UPPER JAW ARTERY | 090 | A | | | 2 | 1 | | | 428 | 439 | 11 | 11.14 | 11.91 | 0.77 | 0 |
| 30930 | THER FX NASAL INF TURBINAT | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.31 | 1.53 | 0.22 | 0 |
| 31000 | IRRIGATION MAXILLARY SINUS | 010 | A | | | 1 | | | | 52 | 54 | 2 | 1.20 | 1.42 | 0.22 | 0 |
| 31002 | IRRIGATION SPHENOID SINUS | 010 | A | | | 1 | | | | 62 | 64 | 2 | 1.96 | 2.18 | 0.22 | 0 |
| 31020 | EXPLORATION MAXILLARY SINU | 090 | A | | | 2.5 | | | | 105 | 110 | 5 | 3.07 | 3.62 | 0.55 | 0 |
| 31030 | EXPLORATION MAXILLARY SINU | 090 | A | | | 2 | | | | 167 | 171 | 4 | 6.01 | 6.45 | 0.44 | 0 |
| 31032 | EXPLORE SINUS REMOVE POLYP | 090 | A | | | 2.5 | | | | 211 | 216 | 5 | 6.69 | 7.24 | 0.55 | 0 |
| 31040 | EXPLORATION BEHIND UPPER J | 090 | A | | | 3.5 | | | | 300 | 307 | 7 | 9.77 | 10.54 | 0.77 | 0 |
| 31050 | EXPLORATION SPHENOID SINUS | 090 | A | | | 2 | | | | 147 | 151 | 4 | 5.37 | 5.81 | 0.44 | 0 |
| 31051 | SPHENOID SINUS SURGERY | 090 | A | | | 3 | | | | 179 | 185 | 6 | 7.25 | 7.91 | 0.66 | 0 |
| 31070 | EXPLORATION OF FRONTAL SIN | 090 | A | | | 2.5 | | | | 144 | 149 | 5 | 4.40 | 4.95 | 0.55 | 0 |
| 31075 | EXPLORATION OF FRONTAL SIN | 090 | A | | | 3.5 | | | | 263 | 270 | 7 | 9.51 | 10.28 | 0.77 | 0 |
| 31080 | REMOVAL OF FRONTAL SINUS | 090 | A | | | | 4 | | | 343 | 371 | 28 | 12.74 | 14.06 | 1.32 | 0 |
| 31081 | REMOVAL OF FRONTAL SINUS | 090 | A | | | | 4 | | | 365 | 393 | 28 | 14.19 | 15.51 | 1.32 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 31084 | REMOVAL OF FRONTAL SINUS | 090 | A | | | | 4 | | | 387 | 415 | 28 | 14.95 | 16.27 | 1.32 | 0 |
| 31085 | REMOVAL OF FRONTAL SINUS | 090 | A | | | | 4 | | | 400 | 428 | 28 | 15.64 | 16.96 | 1.32 | 0 |
| 31086 | REMOVAL OF FRONTAL SINUS | 090 | A | | | | 4 | | | 370 | 398 | 28 | 14.36 | 15.68 | 1.32 | 0 |
| 31087 | REMOVAL OF FRONTAL SINUS | 090 | A | | | | 3.5 | | | 423.5 | 448 | 24.5 | 14.57 | 15.72 | 1.16 | 0 |
| 31090 | EXPLORATION OF SINUSES | 090 | A | | | 1 | 2 | 2 | | 425 | 459 | 34 | 11.17 | 12.89 | 1.72 | -4 |
| 31200 | REMOVAL OF ETHMOID SINUS | 090 | A | | | 3.5 | | | | 186 | 193 | 7 | 5.14 | 5.91 | 0.77 | 0 |
| 31201 | REMOVAL OF ETHMOID SINUS | 090 | A | | | 3.5 | | | | 237 | 244 | 7 | 8.60 | 9.37 | 0.77 | 0 |
| 31205 | REMOVAL OF ETHMOID SINUS | 090 | A | | | 3.5 | | | | 258 | 265 | 7 | 10.58 | 11.35 | 0.77 | 0 |
| 31225 | REMOVAL OF UPPER JAW | 090 | A | | | 1 | 3 | 1 | | 608 | 640 | 32 | 26.70 | 28.33 | 1.63 | -2 |
| 31230 | REMOVAL OF UPPER JAW | 090 | A | | | 1 | 3 | 1 | | 688 | 720 | 32 | 30.82 | 32.45 | 1.63 | -2 |
| 31239 | NASAL/SINUS ENDOSCOPY SURG | 010 | A | | | | 1 | | | 168 | 175 | 7 | 9.04 | 9.37 | 0.33 | 0 |
| 31290 | NASAL/SINUS ENDOSCOPY SURG | 010 | A | | | | | | 1 | 578 | 593 | 15 | 18.61 | 19.30 | 0.69 | -1 |
| 31291 | NASAL/SINUS ENDOSCOPY SURG | 010 | A | | | | | | 1 | 581 | 596 | 15 | 19.56 | 20.25 | 0.69 | -1 |
| 31292 | NASAL/SINUS ENDOSCOPY SURG | 010 | A | | | | | | 1 | 453 | 468 | 15 | 15.90 | 16.59 | 0.69 | -1 |
| 31293 | NASAL/SINUS ENDOSCOPY SURG | 010 | A | | | | | | 1 | 528 | 543 | 15 | 17.47 | 18.16 | 0.69 | -1 |
| 31294 | NASAL/SINUS ENDOSCOPY SURG | 010 | A | | | | | | 1 | 563 | 578 | 15 | 20.31 | 21.00 | 0.69 | -1 |
| 31300 | REMOVAL OF LARYNX LESION | 090 | A | | | | 4 | | | 414 | 442 | 28 | 15.91 | 17.23 | 1.32 | 0 |
| 31360 | REMOVAL OF LARYNX | 090 | A | | | 1 | 3 | 2 | | 768 | 809 | 41 | 29.91 | 31.96 | 2.05 | -4 |
| 31365 | REMOVAL OF LARYNX | 090 | A | | | 1 | 3 | 2 | | 893 | 934 | 41 | 38.81 | 40.86 | 2.05 | -4 |
| 31367 | PARTIAL REMOVAL OF LARYNX | 090 | A | | | 1 | 3 | 2 | | 728 | 769 | 41 | 30.57 | 32.62 | 2.05 | -4 |
| 31368 | PARTIAL REMOVAL OF LARYNX | 090 | A | | | 1 | 3 | 2 | | 858 | 899 | 41 | 34.19 | 36.24 | 2.05 | -4 |
| 31370 | PARTIAL REMOVAL OF LARYNX | 090 | A | | | 1 | 3 | 2 | | 728 | 769 | 41 | 27.57 | 29.62 | 2.05 | -4 |
| 31375 | PARTIAL REMOVAL OF LARYNX | 090 | A | | | 1 | 3 | 2 | | 698 | 739 | 41 | 26.07 | 28.12 | 2.05 | -4 |
| 31380 | PARTIAL REMOVAL OF LARYNX | 090 | A | | | 1 | 3 | 2 | | 708 | 749 | 41 | 25.57 | 27.62 | 2.05 | -4 |
| 31382 | PARTIAL REMOVAL OF LARYNX | 090 | A | | | 1 | 3 | 2 | | 728 | 769 | 41 | 28.57 | 30.62 | 2.05 | -4 |
| 31390 | REMOVAL OF LARYNX & PHARYN | 090 | A | | | 1 | 3 | 2 | | 988 | 1029 | 41 | 42.51 | 44.56 | 2.05 | -4 |
| 31395 | RECONSTRUCT LARYNX & PHARY | 090 | A | | | 1 | 3 | 2 | | 1048 | 1089 | 41 | 43.80 | 45.85 | 2.05 | -4 |
| 31400 | REVISION OF LARYNX | 090 | A | | | 4 | | | | 481 | 489 | 8 | 11.60 | 12.48 | 0.88 | 0 |
| 31420 | REMOVAL OF EPIGLOTTIS | 090 | A | | | 3.5 | | | | 436 | 443 | 7 | 11.43 | 12.20 | 0.77 | 0 |
| 31551 | LARYNGOPLASTY LARYNGEAL ST | 090 | A | | | | 3 | | | 658 | 679 | 21 | 21.50 | 22.49 | 0.99 | 0 |
| 31552 | LARYNGOPLASTY LARYNGEAL ST | 090 | A | | | | 3 | | | 505 | 526 | 21 | 20.50 | 21.49 | 0.99 | 0 |
| 31553 | LARYNGOPLASTY LARYNGEAL ST | 090 | A | | | | 3 | | | 718 | 739 | 21 | 22.00 | 22.99 | 0.99 | 0 |
| 31554 | LARYNGOPLASTY LARYNGEAL ST | 090 | A | | | | 3 | | | 540 | 561 | 21 | 22.00 | 22.99 | 0.99 | 0 |
| 31580 | LARYNGOPLASTY LARYNGEAL WE | 090 | A | | | | 3 | | | 405 | 426 | 21 | 14.60 | 15.59 | 0.99 | 0 |
| 31584 | LARYNGOPLASTY FX RDCTJ FIX | 090 | A | | | | 3 | | | 445 | 466 | 21 | 17.58 | 18.57 | 0.99 | 0 |
| 31587 | LARYNGOPLASTY CRICOID SPLI | 090 | A | | | | 3 | | | 445 | 466 | 21 | 15.27 | 16.26 | 0.99 | 0 |
| 31590 | REINNERVATE LARYNX | 090 | A | | | 3 | 1 | 1 | | 291 | 313 | 22 | 7.85 | 9.26 | 1.41 | -2 |
| 31591 | LARYNGOPLASTY MEDIALIZATIO | 090 | A | | | | 3 | | | 275 | 296 | 21 | 13.56 | 14.55 | 0.99 | 0 |
| 31592 | CRICOTRACHEAL RESECTION | 090 | A | | | | 3 | | | 738 | 759 | 21 | 25.00 | 25.99 | 0.99 | 0 |
| 31610 | INCISION OF WINDPIPE | 090 | A | | | | 3 | | | 367 | 388 | 21 | 12.00 | 12.99 | 0.99 | 0 |
| 31611 | SURGERY/SPEECH PROSTHESIS | 090 | A | | | 2.5 | | | | 164 | 169 | 5 | 6.00 | 6.55 | 0.55 | 0 |
| 31613 | REPAIR WINDPIPE OPENING | 090 | A | | | 2.5 | | | | 155 | 160 | 5 | 4.71 | 5.26 | 0.55 | 0 |
| 31614 | REPAIR WINDPIPE OPENING | 090 | A | | | 2 | 2 | | | 346 | 364 | 18 | 8.63 | 9.73 | 1.10 | 0 |
| 31750 | REPAIR OF WINDPIPE | 090 | A | | | | 4 | | | 540 | 568 | 28 | 15.39 | 16.71 | 1.32 | 0 |
| 31755 | REPAIR OF WINDPIPE | 090 | A | | | 3 | 2 | 2 | | 414 | 452 | 38 | 17.54 | 19.70 | 2.16 | -4 |
| 31760 | REPAIR OF WINDPIPE | 090 | A | | | 4 | | | | 623 | 631 | 8 | 23.48 | 24.36 | 0.88 | 0 |
| 31766 | RECONSTRUCTION OF WINDPIPE | 090 | A | | | 3 | | | | 788 | 794 | 6 | 31.67 | 32.33 | 0.66 | 0 |
| 31770 | REPAIR/GRAFT OF BRONCHUS | 090 | A | | | 2 | | | | 544 | 548 | 4 | 23.54 | 23.98 | 0.44 | 0 |
| 31775 | RECONSTRUCT BRONCHUS | 090 | A | | | 2.5 | | | | 557 | 562 | 5 | 24.59 | 25.14 | 0.55 | 0 |
| 31780 | RECONSTRUCT WINDPIPE | 090 | A | | | 3 | 1 | | | 619 | 632 | 13 | 19.84 | 20.83 | 0.99 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 31781 | RECONSTRUCT WINDPIPE | 090 | A | | | 2.5 | | | | 602 | 607 | 5 | 24.85 | 25.40 | 0.55 | 0 |
| 31785 | REMOVE WINDPIPE LESION | 090 | A | | | 2 | | | | 524 | 528 | 4 | 18.35 | 18.79 | 0.44 | 0 |
| 31786 | REMOVE WINDPIPE LESION | 090 | A | | | 2.5 | | | | 722 | 727 | 5 | 25.42 | 25.97 | 0.55 | 0 |
| 31800 | REPAIR OF WINDPIPE INJURY | 090 | A | | | 2.5 | | | | 301 | 306 | 5 | 8.18 | 8.73 | 0.55 | 0 |
| 31805 | REPAIR OF WINDPIPE INJURY | 090 | A | | | 2.5 | | | | 382 | 387 | 5 | 13.42 | 13.97 | 0.55 | 0 |
| 31820 | CLOSURE OF WINDPIPE LESION | 090 | A | | | 2 | | | | 168 | 172 | 4 | 4.64 | 5.08 | 0.44 | 0 |
| 31825 | REPAIR OF WINDPIPE DEFECT | 090 | A | | | 3 | | | | 230 | 236 | 6 | 7.07 | 7.73 | 0.66 | 0 |
| 31830 | REVISE WINDPIPE SCAR | 090 | A | | | 2.5 | | | | 153 | 158 | 5 | 4.62 | 5.17 | 0.55 | 0 |
| 32035 | THORACOSTOMY W/RIB RESECTI | 090 | A | | | 3 | | | | 667 | 673 | 6 | 11.29 | 11.95 | 0.66 | 0 |
| 32036 | THORACOSTOMY W/FLAP DRAIN | 090 | A | | | 3 | | | | 674 | 680 | 6 | 12.30 | 12.96 | 0.66 | 0 |
| 32096 | OPEN WEDGE/BX LUNG INFILTR | 090 | A | | | | 1 | | | 436 | 443 | 7 | 13.75 | 14.08 | 0.33 | 0 |
| 32097 | OPEN WEDGE/BX LUNG NODULE | 090 | A | | | | 1 | | | 401 | 408 | 7 | 13.75 | 14.08 | 0.33 | 0 |
| 32098 | OPEN BIOPSY OF LUNG PLEURA | 090 | A | | | | 1 | | | 341 | 348 | 7 | 12.91 | 13.24 | 0.33 | 0 |
| 32100 | EXPLORATION OF CHEST | 090 | A | | | | 1 | | | 411 | 418 | 7 | 13.75 | 14.08 | 0.33 | 0 |
| 32110 | EXPLORE/REPAIR CHEST | 090 | A | | | | 1 | 1 | | 561 | 577 | 16 | 25.28 | 26.03 | 0.75 | -2 |
| 32120 | RE-EXPLORATION OF CHEST | 090 | A | | | | | 1.5 | | 647 | 660.5 | 13.5 | 14.39 | 15.02 | 0.63 | -3 |
| 32124 | EXPLORE CHEST FREE ADHESIO | 090 | A | | | | | 1.5 | | 696 | 709.5 | 13.5 | 15.45 | 16.08 | 0.63 | -3 |
| 32140 | REMOVAL OF LUNG LESION(S) | 090 | A | | | | | 1.5 | | 664 | 677.5 | 13.5 | 16.66 | 17.29 | 0.63 | -3 |
| 32141 | REMOVE/TREAT LUNG LESIONS | 090 | A | | | 1 | 1 | | | 673 | 682 | 9 | 27.18 | 27.73 | 0.55 | 0 |
| 32150 | REMOVAL OF LUNG LESION(S) | 090 | A | | | | | 1.5 | | 626 | 639.5 | 13.5 | 16.82 | 17.45 | 0.63 | -3 |
| 32151 | REMOVE LUNG FOREIGN BODY | 090 | A | | | | | 1.5 | | 656 | 669.5 | 13.5 | 16.94 | 17.57 | 0.63 | -3 |
| 32160 | OPEN CHEST HEART MASSAGE | 090 | A | | | | | 1 | | 788 | 797 | 9 | 13.10 | 13.52 | 0.42 | -2 |
| 32200 | DRAIN OPEN LUNG LESION | 090 | A | | | | | 2.5 | | 691 | 713.5 | 22.5 | 18.68 | 19.73 | 1.05 | -5 |
| 32215 | TREAT CHEST LINING | 090 | A | | | | | 1.5 | | 471 | 484.5 | 13.5 | 13.05 | 13.68 | 0.63 | -3 |
| 32220 | RELEASE OF LUNG | 090 | A | | | 2 | 2 | 1 | | 722 | 749 | 27 | 26.65 | 28.17 | 1.52 | -2 |
| 32225 | PARTIAL RELEASE OF LUNG | 090 | A | | | | | 1.5 | | 716 | 729.5 | 13.5 | 16.75 | 17.38 | 0.63 | -3 |
| 32310 | REMOVAL OF CHEST LINING | 090 | A | | | | | 1.5 | | 516 | 529.5 | 13.5 | 15.28 | 15.91 | 0.63 | -3 |
| 32320 | FREE/REMOVE CHEST LINING | 090 | A | | | 1 | 2 | 1 | | 735 | 760 | 25 | 27.25 | 28.55 | 1.30 | -2 |
| 32440 | REMOVE LUNG PNEUMONECTOMY | 090 | A | | | 2 | 1 | | | 628 | 639 | 11 | 27.28 | 28.05 | 0.77 | 0 |
| 32442 | SLEEVE PNEUMONECTOMY | 090 | A | | | | 2 | | | 1035 | 1049 | 14 | 56.47 | 57.13 | 0.66 | 0 |
| 32445 | REMOVAL OF LUNG EXTRAPLEUR | 090 | A | | | 1 | 1 | 2 | | 1182 | 1209 | 27 | 63.84 | 65.23 | 1.39 | -4 |
| 32480 | PARTIAL REMOVAL OF LUNG | 090 | A | | | 2 | 1 | | | 593 | 604 | 11 | 25.82 | 26.59 | 0.77 | 0 |
| 32482 | BILOBECTOMY | 090 | A | | | 1 | 1 | 1 | | 680 | 698 | 18 | 27.44 | 28.41 | 0.97 | -2 |
| 32484 | SEGMENTECTOMY | 090 | A | | | 1 | 1 | | | 561 | 570 | 9 | 25.38 | 25.93 | 0.55 | 0 |
| 32486 | SLEEVE LOBECTOMY | 090 | A | | | 1 | 1 | | | 812 | 821 | 9 | 42.88 | 43.43 | 0.55 | 0 |
| 32488 | COMPLETION PNEUMONECTOMY | 090 | A | | | 1 | 1 | 1 | | 836 | 854 | 18 | 42.99 | 43.96 | 0.97 | -2 |
| 32491 | LUNG VOLUME REDUCTION | 090 | R | | | | 3 | | | 887 | 908 | 21 | 25.24 | 26.23 | 0.99 | 0 |
| 32503 | RESECT APICAL LUNG TUMOR | 090 | A | | | 1 | 2 | | | 645 | 661 | 16 | 31.74 | 32.62 | 0.88 | 0 |
| 32504 | RESECT APICAL LUNG TUM/CHE | 090 | A | | | 1 | 2 | | | 705 | 721 | 16 | 36.54 | 37.42 | 0.88 | 0 |
| 32505 | WEDGE RESECT OF LUNG INITI | 090 | A | | | 1 | 1 | | | 427 | 436 | 9 | 15.75 | 16.30 | 0.55 | 0 |
| 32540 | REMOVAL OF LUNG LESION | 090 | A | | | 1 | 2 | | | 740 | 756 | 16 | 30.35 | 31.23 | 0.88 | 0 |
| 32552 | REMOVE LUNG CATHETER | 010 | A | | | 1 | | | | 82 | 84 | 2 | 2.53 | 2.75 | 0.22 | 0 |
| 32650 | THORACOSCOPY W/PLEURODESIS | 090 | A | | | 2 | | | | 290 | 294 | 4 | 10.83 | 11.27 | 0.44 | 0 |
| 32651 | THORACOSCOPY REMOVE CORTEX | 090 | A | | | 1 | 1 | | | 502 | 511 | 9 | 18.78 | 19.33 | 0.55 | 0 |
| 32652 | THORACOSCOPY REM TOTL CORT | 090 | A | | | 1 | 2 | | | 645 | 661 | 16 | 29.13 | 30.01 | 0.88 | 0 |
| 32653 | THORACOSCOPY REMOV FB/FIBR | 090 | A | | | 1 | 1 | | | 509 | 518 | 9 | 18.17 | 18.72 | 0.55 | 0 |
| 32654 | THORACOSCOPY CONTRL BLEEDI | 090 | A | | | 1 | 1 | | | 515 | 524 | 9 | 20.52 | 21.07 | 0.55 | 0 |
| 32655 | THORACOSCOPY RESECT BULLAE | 090 | A | | | 1 | 1 | | | 425 | 434 | 9 | 16.17 | 16.72 | 0.55 | 0 |
| 32656 | THORACOSCOPY W/PLEURECTOMY | 090 | A | | | 1 | 1 | | | 377 | 386 | 9 | 13.26 | 13.81 | 0.55 | 0 |
| 32658 | THORACOSCOPY W/SAC FB REMO | 090 | A | | | 2 | | | | 330 | 334 | 4 | 11.71 | 12.15 | 0.44 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|------------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 32659 | THORACOSCOPY W/SAC DRAINAG | 090 | A | | | 1 | 1 | | | 357 | 366 | 9 | 11.94 | 12.49 | 0.55 | 0 |
| 32661 | THORACOSCOPY W/PERICARD EX | 090 | A | | | 2 | | | | 300 | 304 | 4 | 13.33 | 13.77 | 0.44 | 0 |
| 32662 | THORACOSCOPY W/MEDIAST EXC | 090 | A | | | 1 | 1 | | | 350 | 359 | 9 | 14.99 | 15.54 | 0.55 | 0 |
| 32663 | THORACOSCOPY W/LOBECTOMY | 090 | A | | | 1 | 1 | | | 507 | 516 | 9 | 24.64 | 25.19 | 0.55 | 0 |
| 32664 | THORACOSCOPY W/ TH NRV EXC | 090 | A | | | 2 | | | | 330 | 334 | 4 | 14.28 | 14.72 | 0.44 | 0 |
| 32665 | THORACOSCOPY W/ESOPH MUSC E | 090 | A | | | 1 | 1 | | | 512 | 521 | 9 | 21.53 | 22.08 | 0.55 | 0 |
| 32666 | THORACOSCOPY W/WEDGE RESEC | 090 | A | | | 1 | 1 | | | 332 | 341 | 9 | 14.50 | 15.05 | 0.55 | 0 |
| 32669 | THORACOSCOPY REMOVE SEGMENT | 090 | A | | | 1 | 1 | | | 502 | 511 | 9 | 23.53 | 24.08 | 0.55 | 0 |
| 32670 | THORACOSCOPY BILOBECTOMY | 090 | A | | | 1 | 1 | | | 532 | 541 | 9 | 28.52 | 29.07 | 0.55 | 0 |
| 32671 | THORACOSCOPY PNEUMONECTOMY | 090 | A | | | 1 | 1 | | | 602 | 611 | 9 | 31.92 | 32.47 | 0.55 | 0 |
| 32672 | THORACOSCOPY FOR LVRS | 090 | A | | | 1 | 1 | | | 567 | 576 | 9 | 27.00 | 27.55 | 0.55 | 0 |
| 32673 | THORACOSCOPY W/THYMUS RESE | 090 | A | | | 1 | 1 | | | 447 | 456 | 9 | 21.13 | 21.68 | 0.55 | 0 |
| 32800 | REPAIR LUNG HERNIA | 090 | A | | | | | 1.5 | | 578 | 591.5 | 13.5 | 15.71 | 16.34 | 0.63 | -3 |
| 32810 | CLOSE CHEST AFTER DRAINAGE | 090 | A | | | | | 1.5 | | 523 | 536.5 | 13.5 | 14.95 | 15.58 | 0.63 | -3 |
| 32815 | CLOSE BRONCHIAL FISTULA | 090 | A | | | 1 | 1 | 2 | | 1147 | 1174 | 27 | 50.03 | 51.42 | 1.39 | -4 |
| 32820 | RECONSTRUCT INJURED CHEST | 090 | A | | | | 2 | 1 | | 854 | 877 | 23 | 22.51 | 23.59 | 1.08 | -2 |
| 32851 | LUNG TRANSPLANT SINGLE | 090 | A | | | | | 1 | 1 | 1165 | 1189 | 24 | 59.64 | 60.75 | 1.11 | -3 |
| 32852 | LUNG TRANSPLANT WITH BYPASS | 090 | A | | | | | 1 | 1 | 1320 | 1344 | 24 | 65.50 | 66.61 | 1.11 | -3 |
| 32853 | LUNG TRANSPLANT DOUBLE | 090 | A | | | | | 1 | 1 | 1440 | 1464 | 24 | 84.48 | 85.59 | 1.11 | -3 |
| 32854 | LUNG TRANSPLANT WITH BYPASS | 090 | A | | | | | 1 | 1 | 1600 | 1624 | 24 | 90.00 | 91.11 | 1.11 | -3 |
| 32900 | REMOVAL OF RIB(S) | 090 | A | | | | | 1.5 | | 821 | 834.5 | 13.5 | 23.81 | 24.44 | 0.63 | -3 |
| 32905 | REVISE & REPAIR CHEST WALL | 090 | A | | | | | 1.5 | | 721 | 734.5 | 13.5 | 23.29 | 23.92 | 0.63 | -3 |
| 32906 | REVISE & REPAIR CHEST WALL | 090 | A | | | | | 1.5 | | 751 | 764.5 | 13.5 | 29.30 | 29.93 | 0.63 | -3 |
| 32940 | REVISION OF LUNG | 090 | A | | | | | 1.5 | | 546 | 559.5 | 13.5 | 21.34 | 21.97 | 0.63 | -3 |
| 32997 | TOTAL LUNG LAVAGE | 000 | A | | | | 2 | | | 424 | 438 | 14 | 7.31 | 7.97 | 0.66 | 0 |
| 33015 | INCISION OF HEART SAC | 090 | A | | | | 1.5 | | | 384.5 | 395 | 10.5 | 8.52 | 9.02 | 0.49 | 0 |
| 33020 | INCISION OF HEART SAC | 090 | A | | | | | 1 | | 565 | 574 | 9 | 14.95 | 15.37 | 0.42 | -2 |
| 33025 | INCISION OF HEART SAC | 090 | A | | | | 1 | | | 410 | 417 | 7 | 13.70 | 14.03 | 0.33 | 0 |
| 33030 | PARTIAL REMOVAL OF HEART SAC | 090 | A | | | | 1 | 1 | | 739 | 755 | 16 | 36.00 | 36.75 | 0.75 | -2 |
| 33031 | PARTIAL REMOVAL OF HEART SAC | 090 | A | | | | 1 | 1 | | 839 | 855 | 16 | 45.00 | 45.75 | 0.75 | -2 |
| 33050 | RESECT HEART SAC LESION | 090 | A | | | | | 1.5 | | 623 | 636.5 | 13.5 | 16.97 | 17.60 | 0.63 | -3 |
| 33120 | REMOVAL OF HEART LESION | 090 | A | | | | | 1 | | 686 | 695 | 9 | 38.45 | 38.87 | 0.42 | -2 |
| 33130 | REMOVAL OF HEART LESION | 090 | A | | | | | 1.5 | | 719 | 732.5 | 13.5 | 24.17 | 24.80 | 0.63 | -3 |
| 33140 | HEART REVASCULARIZE (TMR) | 090 | A | | | | | 1 | | 621 | 630 | 9 | 28.34 | 28.76 | 0.42 | -2 |
| 33202 | INSERT EPICARD ELTRD OPEN | 090 | A | | | | 1 | | | 301 | 308 | 7 | 13.20 | 13.53 | 0.33 | 0 |
| 33203 | INSERT EPICARD ELTRD ENDO | 090 | A | | | | 1 | | | 326 | 333 | 7 | 13.97 | 14.30 | 0.33 | 0 |
| 33206 | INSERT HEART PM ATRIAL | 090 | A | | | | 1.5 | | | 248.5 | 259 | 10.5 | 7.14 | 7.63 | 0.50 | 0 |
| 33207 | INSERT HEART PM VENTRICULA | 090 | A | | | | 1 | | | 233.5 | 240.5 | 7 | 7.80 | 8.13 | 0.33 | 0 |
| 33208 | INSRT HEART PM ATRIAL & VE | 090 | A | | | | 1 | | | 231 | 238 | 7 | 8.52 | 8.85 | 0.33 | 0 |
| 33212 | INSERT PULSE GEN SNGL LEAD | 090 | A | | | | 1 | | | 124 | 131 | 7 | 5.01 | 5.34 | 0.33 | 0 |
| 33213 | INSERT PULSE GEN DUAL LEAD | 090 | A | | | | 1 | | | 125 | 132 | 7 | 5.28 | 5.61 | 0.33 | 0 |
| 33214 | UPGRADE OF PACEMAKER SYSTEM | 090 | A | | | 2 | | | | 262 | 266 | 4 | 7.59 | 8.03 | 0.44 | 0 |
| 33215 | REPOSITION PACING-DEFIB LEAD | 090 | A | | | 1 | | | | 179 | 181 | 2 | 4.92 | 5.14 | 0.22 | 0 |
| 33216 | INSERT 1 ELECTRODE PM-DEFIB | 090 | A | | | 2 | | | | 262 | 266 | 4 | 5.62 | 6.06 | 0.44 | 0 |
| 33217 | INSERT 2 ELECTRODE PM-DEFIB | 090 | A | | | 2 | | | | 262 | 266 | 4 | 5.59 | 6.03 | 0.44 | 0 |
| 33218 | REPAIR LEAD PACE-DEFIB ONE | 090 | A | | | | 2 | | | 246 | 260 | 14 | 5.82 | 6.48 | 0.66 | 0 |
| 33220 | REPAIR LEAD PACE-DEFIB DUAL | 090 | A | | | | 2 | | | 276 | 290 | 14 | 5.90 | 6.56 | 0.66 | 0 |
| 33221 | INSERT PULSE GEN MULT LEAD | 090 | A | | | | 1 | | | 129 | 136 | 7 | 5.55 | 5.88 | 0.33 | 0 |
| 33222 | RELOCATION POCKET PACEMAKER | 090 | A | | | 3 | | | | 275 | 281 | 6 | 4.85 | 5.51 | 0.66 | 0 |
| 33223 | RELOCATE POCKET FOR DEFIB | 090 | A | | | 2 | | | | 230 | 234 | 4 | 6.30 | 6.74 | 0.44 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|-----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 33227 | REMOVE&REPLACE PM GEN SING | 090 | A | | | | 1 | | | 124 | 131 | 7 | 5.25 | 5.58 | 0.33 | 0 |
| 33228 | REMOV&REPLC PM GEN DUAL LEA | 090 | A | | | | 1 | | | 129 | 136 | 7 | 5.52 | 5.85 | 0.33 | 0 |
| 33229 | REMOV&REPLC PM GEN MULT LEA | 090 | A | | | | 1 | | | 139 | 146 | 7 | 5.79 | 6.12 | 0.33 | 0 |
| 33230 | INSRT PULSE GEN W/DUAL LEA | 090 | A | | | | 1 | | | 150 | 157 | 7 | 6.07 | 6.40 | 0.33 | 0 |
| 33231 | INSRT PULSE GEN W/MULT LEA | 090 | A | | | | 1 | | | 150 | 157 | 7 | 6.34 | 6.67 | 0.33 | 0 |
| 33233 | REMOVAL OF PM GENERATOR | 090 | A | | | 2 | | | | 150 | 154 | 4 | 3.14 | 3.58 | 0.44 | 0 |
| 33234 | REMOVAL OF PACEMAKER SYSTE | 090 | A | | | 2 | | | | 292 | 296 | 4 | 7.66 | 8.10 | 0.44 | 0 |
| 33235 | REMOVAL PACEMAKER ELECTROD | 090 | A | | | | | | 2 | 390 | 420 | 30 | 9.90 | 11.28 | 1.38 | -2 |
| 33236 | REMOVE ELECTRODE/THORACOTO | 090 | A | | | 3 | | | | 346 | 352 | 6 | 12.73 | 13.39 | 0.66 | 0 |
| 33237 | REMOVE ELECTRODE/THORACOTO | 090 | A | | | 3 | | | | 456 | 462 | 6 | 13.84 | 14.50 | 0.66 | 0 |
| 33238 | REMOVE ELECTRODE/THORACOTO | 090 | A | | | 4 | | | | 472 | 480 | 8 | 15.40 | 16.28 | 0.88 | 0 |
| 33240 | INSRT PULSE GEN W/SINGL LE | 090 | A | | | | 1 | | | 135 | 142 | 7 | 5.80 | 6.13 | 0.33 | 0 |
| 33241 | REMOVE PULSE GENERATOR | 090 | A | | | 1 | | | | 171 | 173 | 2 | 3.04 | 3.26 | 0.22 | 0 |
| 33243 | REMOVE ELTRD/THORACOTOMY | 090 | A | | | | 3 | | | 537 | 558 | 21 | 23.57 | 24.56 | 0.99 | 0 |
| 33244 | REMOVE ELCTRD TRANSVENOUSL | 090 | A | | | 5 | | | | 310 | 320 | 10 | 13.74 | 14.84 | 1.10 | 0 |
| 33249 | INSJ/RPLCMT DEFIB W/LEAD(S | 090 | A | | | | 3 | | | 239 | 260 | 21 | 14.92 | 15.91 | 0.99 | 0 |
| 33250 | ABLATE HEART DYSRHYTHM FOC | 090 | A | | | | | 1.5 | | 983 | 996.5 | 13.5 | 25.90 | 26.53 | 0.63 | -3 |
| 33251 | ABLATE HEART DYSRHYTHM FOC | 090 | A | | | | | 1.5 | | 1001 | 1014.5 | 13.5 | 28.92 | 29.55 | 0.63 | -3 |
| 33254 | ABLATE ATRIA LMTD | 090 | A | | | | 1 | 1 | | 416 | 432 | 16 | 23.71 | 24.46 | 0.75 | -2 |
| 33255 | ABLATE ATRIA W/O BYPASS EX | 090 | A | | | | 1 | 1 | | 516 | 532 | 16 | 29.04 | 29.79 | 0.75 | -2 |
| 33256 | ABLATE ATRIA W/BYPASS EXTE | 090 | A | | | | 1 | 1 | | 646 | 662 | 16 | 34.90 | 35.65 | 0.75 | -2 |
| 33257 | ABLATE ATRIA LMTD ADD-ON | ZZZ | A | | | | 1 | | | 180.35 | 187.35 | 7 | 9.63 | 9.96 | 0.33 | 0 |
| 33258 | ABLATE ATRIA X10SV ADD-ON | ZZZ | A | | | | 1 | | | 190.3 | 197.3 | 7 | 11.00 | 11.33 | 0.33 | 0 |
| 33259 | ABLATE ATRIA W/BYPASS ADD- | ZZZ | A | | | | 2 | | | 222.75 | 236.75 | 14 | 14.14 | 14.80 | 0.66 | 0 |
| 33261 | ABLATE HEART DYSRHYTHM FOC | 090 | A | | | | | 1.5 | | 1004 | 1017.5 | 13.5 | 28.92 | 29.55 | 0.63 | -3 |
| 33262 | RMVL& REPLC PULSE GEN 1 LE | 090 | A | | | | 1 | | | 150 | 157 | 7 | 5.81 | 6.14 | 0.33 | 0 |
| 33263 | RMVL & RPLCMT DFB GEN 2 LE | 090 | A | | | | 1 | | | 150 | 157 | 7 | 6.08 | 6.41 | 0.33 | 0 |
| 33264 | RMVL & RPLCMT DFB GEN MLT | 090 | A | | | | 1 | | | 150 | 157 | 7 | 6.35 | 6.68 | 0.33 | 0 |
| 33265 | ABLATE ATRIA LMTD ENDO | 090 | A | | | | 1 | 1 | | 446 | 462 | 16 | 23.71 | 24.46 | 0.75 | -2 |
| 33266 | ABLATE ATRIA X10SV ENDO | 090 | A | | | | 1 | 1 | | 536 | 552 | 16 | 33.04 | 33.79 | 0.75 | -2 |
| 33270 | INS/REP SUBQ DEFIBRILLATOR | 090 | A | | | | | 1 | | 232 | 241 | 9 | 9.10 | 9.52 | 0.42 | -2 |
| 33271 | INSJ SUBQ IMPLTBL DFB ELCT | 090 | A | | | | | 1 | | 202 | 211 | 9 | 7.50 | 7.92 | 0.42 | -2 |
| 33272 | RMVL OF SUBQ DEFIBRILLATOR | 090 | A | | | | 1 | | | 151 | 158 | 7 | 5.42 | 5.75 | 0.33 | 0 |
| 33273 | REPOS PREV IMPLTBL SUBQ DF | 090 | A | | | | | 1 | | 202 | 211 | 9 | 6.50 | 6.92 | 0.42 | -2 |
| 33274 | TCAT INSJ/RPL PERM LDLS PM | 090 | A | | | | 1 | | | 173 | 180 | 7 | 7.80 | 8.13 | 0.33 | 0 |
| 33275 | TCAT RMVL PERM LDLS PM | 090 | A | | | | 1 | | | 188 | 195 | 7 | 8.59 | 8.92 | 0.33 | 0 |
| 33300 | REPAIR OF HEART WOUND | 090 | A | | | | | 1 | | 859 | 868 | 9 | 44.97 | 45.39 | 0.42 | -2 |
| 33305 | REPAIR OF HEART WOUND | 090 | A | | | | | 1 | | 1251 | 1260 | 9 | 76.93 | 77.35 | 0.42 | -2 |
| 33310 | EXPLORATORY HEART SURGERY | 090 | A | | | | | 1.5 | | 532 | 545.5 | 13.5 | 20.34 | 20.97 | 0.63 | -3 |
| 33315 | EXPLORATORY HEART SURGERY | 090 | A | | | | | 1 | | 621 | 630 | 9 | 35.00 | 35.42 | 0.42 | -2 |
| 33320 | REPAIR MAJOR BLOOD VESSEL(| 090 | A | | | | 1.5 | | | 516.5 | 527 | 10.5 | 18.54 | 19.04 | 0.50 | 0 |
| 33321 | REPAIR MAJOR VESSEL | 090 | A | | | | 2 | | | 754 | 768 | 14 | 20.81 | 21.47 | 0.66 | 0 |
| 33322 | REPAIR MAJOR BLOOD VESSEL(| 090 | A | | | | | 1.5 | | 884 | 897.5 | 13.5 | 24.42 | 25.05 | 0.63 | -3 |
| 33330 | INSERT MAJOR VESSEL GRAFT | 090 | A | | | | | 1.5 | | 916 | 929.5 | 13.5 | 25.29 | 25.92 | 0.63 | -3 |
| 33335 | INSERT MAJOR VESSEL GRAFT | 090 | A | | | | | 1.5 | | 963 | 976.5 | 13.5 | 33.91 | 34.54 | 0.63 | -3 |
| 33390 | VALVULOPLASTY AORTIC VALVE | 090 | A | | | 1 | 1 | | | 622 | 631 | 9 | 35.00 | 35.55 | 0.55 | 0 |
| 33391 | VALVULOPLASTY AORTIC VALVE | 090 | A | | | | 1 | 1 | | 676 | 692 | 16 | 41.50 | 42.25 | 0.75 | -2 |
| 33404 | PREPARE HEART-AORTA CONDUI | 090 | A | | | | | 1.5 | | 846 | 859.5 | 13.5 | 31.37 | 32.00 | 0.63 | -3 |
| 33405 | REPLACEMENT AORTIC VALVE O | 090 | A | | | | 1 | 1 | | 768 | 784 | 16 | 41.32 | 42.07 | 0.75 | -2 |
| 33406 | REPLACEMENT AORTIC VALVE O | 090 | A | | | | 1 | 1 | | 853 | 869 | 16 | 52.68 | 53.43 | 0.75 | -2 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 33410 | REPLACEMENT AORTIC VALVE O | 090 | A | | | | 1 | 1 | | 800 | 816 | 16 | 46.41 | 47.16 | 0.75 | -2 |
| 33411 | REPLACEMENT OF AORTIC VALV | 090 | A | | | | 1 | 1 | | 1059 | 1075 | 16 | 62.07 | 62.82 | 0.75 | -2 |
| 33412 | REPLACEMENT OF AORTIC VALV | 090 | A | | | | | 1 | | 866 | 875 | 9 | 59.00 | 59.42 | 0.42 | -2 |
| 33413 | REPLACEMENT OF AORTIC VALV | 090 | A | | | | 1 | 1 | | 898 | 914 | 16 | 59.87 | 60.62 | 0.75 | -2 |
| 33414 | REPAIR OF AORTIC VALVE | 090 | A | | | | | 1 | | 763 | 772 | 9 | 39.37 | 39.79 | 0.42 | -2 |
| 33415 | REVISION SUBVALVULAR TISSU | 090 | A | | | | | 1 | | 679 | 688 | 9 | 37.27 | 37.69 | 0.42 | -2 |
| 33416 | REVISE VENTRICLE MUSCLE | 090 | A | | | | 1 | 1 | | 664 | 680 | 16 | 36.56 | 37.31 | 0.75 | -2 |
| 33417 | REPAIR OF AORTIC VALVE | 090 | A | | | | | 2 | | 750 | 768 | 18 | 29.33 | 30.17 | 0.84 | -4 |
| 33418 | REPAIR TCAT MITRAL VALVE | 090 | A | | | | | 2 | | 561 | 579 | 18 | 32.25 | 33.09 | 0.84 | -4 |
| 33420 | REVISION OF MITRAL VALVE | 090 | A | | | | | 1.5 | | 761 | 774.5 | 13.5 | 25.79 | 26.42 | 0.63 | -3 |
| 33422 | REVISION OF MITRAL VALVE | 090 | A | | | | | 1.5 | | 892 | 905.5 | 13.5 | 29.73 | 30.36 | 0.63 | -3 |
| 33425 | REPAIR OF MITRAL VALVE | 090 | A | | | | 1 | 1 | | 880 | 896 | 16 | 49.96 | 50.71 | 0.75 | -2 |
| 33426 | REPAIR OF MITRAL VALVE | 090 | A | | | | 1 | 1 | | 776 | 792 | 16 | 43.28 | 44.03 | 0.75 | -2 |
| 33427 | REPAIR OF MITRAL VALVE | 090 | A | | | | 1 | 1 | | 737 | 753 | 16 | 44.83 | 45.58 | 0.75 | -2 |
| 33430 | REPLACEMENT OF MITRAL VALV | 090 | A | | | | 2 | 1 | | 913 | 936 | 23 | 50.93 | 52.01 | 1.08 | -2 |
| 33440 | RPLCMT A-VALVE TLCJ AUTOL | 090 | A | | | | | 1 | | 998 | 1007 | 9 | 64.00 | 64.42 | 0.42 | -2 |
| 33460 | REVISION OF TRICUSPID VALV | 090 | A | | | | | 1 | | 877 | 886 | 9 | 44.70 | 45.12 | 0.42 | -2 |
| 33463 | VALVULOPLASTY TRICUSPID | 090 | A | | | | 1 | 1 | | 1127 | 1143 | 16 | 57.08 | 57.83 | 0.75 | -2 |
| 33464 | VALVULOPLASTY TRICUSPID | 090 | A | | | | 1 | 1 | | 871 | 887 | 16 | 44.62 | 45.37 | 0.75 | -2 |
| 33465 | REPLACE TRICUSPID VALVE | 090 | A | | | | 1 | 1 | | 972 | 988 | 16 | 50.72 | 51.47 | 0.75 | -2 |
| 33468 | REVISION OF TRICUSPID VALV | 090 | A | | | | | 1 | | 806 | 815 | 9 | 45.13 | 45.55 | 0.42 | -2 |
| 33470 | REVISION OF PULMONARY VALV | 090 | A | | | | | | 2 | 769 | 799 | 30 | 21.54 | 22.92 | 1.38 | -2 |
| 33471 | VALVOTOMY PULMONARY VALVE | 090 | A | | | | 1 | 1 | | 572 | 588 | 16 | 22.96 | 23.71 | 0.75 | -2 |
| 33474 | REVISION OF PULMONARY VALV | 090 | A | | | | 1 | 1 | | 738 | 754 | 16 | 39.40 | 40.15 | 0.75 | -2 |
| 33475 | REPLACEMENT PULMONARY VALV | 090 | A | | | | 1 | 1 | | 750 | 766 | 16 | 42.40 | 43.15 | 0.75 | -2 |
| 33476 | REVISION OF HEART CHAMBER | 090 | A | | | | | 2 | | 859 | 877 | 18 | 26.57 | 27.41 | 0.84 | -4 |
| 33478 | REVISION OF HEART CHAMBER | 090 | A | | | | | 2 | | 882 | 900 | 18 | 27.54 | 28.38 | 0.84 | -4 |
| 33496 | REPAIR PROSTH VALVE CLOT | 090 | A | | | | 1 | 1 | | 881 | 897 | 16 | 29.84 | 30.59 | 0.75 | -2 |
| 33500 | REPAIR HEART VESSEL FISTUL | 090 | A | | | | | 1.5 | | 690 | 703.5 | 13.5 | 27.94 | 28.57 | 0.63 | -3 |
| 33501 | REPAIR HEART VESSEL FISTUL | 090 | A | | | 1 | 1 | | | 411 | 420 | 9 | 19.51 | 20.06 | 0.55 | 0 |
| 33502 | CORONARY ARTERY CORRECTION | 090 | A | | | | | 2 | | 688 | 706 | 18 | 21.85 | 22.69 | 0.84 | -4 |
| 33503 | CORONARY ARTERY GRAFT | 090 | A | | | | | | 2 | 838 | 868 | 30 | 22.51 | 23.89 | 1.38 | -2 |
| 33504 | CORONARY ARTERY GRAFT | 090 | A | | | | | 2 | | 789 | 807 | 18 | 25.46 | 26.30 | 0.84 | -4 |
| 33505 | REPAIR ARTERY W/TUNNEL | 090 | A | | | | 1 | | | 678 | 685 | 7 | 38.40 | 38.73 | 0.33 | 0 |
| 33506 | REPAIR ARTERY TRANSLOCATIO | 090 | A | | | | 1 | | | 678 | 685 | 7 | 37.85 | 38.18 | 0.33 | 0 |
| 33507 | REPAIR ART INTRAMURAL | 090 | A | | | | 1 | | | 563.5 | 570.5 | 7 | 31.40 | 31.73 | 0.33 | 0 |
| 33510 | CABG VEIN SINGLE | 090 | A | | | 1 | | 1 | | 718 | 729 | 11 | 34.98 | 35.62 | 0.64 | -2 |
| 33511 | CABG VEIN TWO | 090 | A | | | 1 | | 1 | | 750 | 761 | 11 | 38.45 | 39.09 | 0.64 | -2 |
| 33512 | CABG VEIN THREE | 090 | A | | | 1 | | 1 | | 832 | 843 | 11 | 43.98 | 44.62 | 0.64 | -2 |
| 33513 | CABG VEIN FOUR | 090 | A | | | 1 | | 1 | | 850 | 861 | 11 | 45.37 | 46.01 | 0.64 | -2 |
| 33514 | CABG VEIN FIVE | 090 | A | | | 1 | | 1 | | 867 | 878 | 11 | 48.08 | 48.72 | 0.64 | -2 |
| 33516 | CABG VEIN SIX OR MORE | 090 | A | | | 1 | | 1 | | 883 | 894 | 11 | 49.76 | 50.40 | 0.64 | -2 |
| 33533 | CABG ARTERIAL SINGLE | 090 | A | | | 1 | | 1 | | 682 | 693 | 11 | 33.75 | 34.39 | 0.64 | -2 |
| 33534 | CABG ARTERIAL TWO | 090 | A | | | 1 | | 1 | | 717 | 728 | 11 | 39.88 | 40.52 | 0.64 | -2 |
| 33535 | CABG ARTERIAL THREE | 090 | A | | | 1 | | 1 | | 755 | 766 | 11 | 44.75 | 45.39 | 0.64 | -2 |
| 33536 | CABG ARTERIAL FOUR OR MORE | 090 | A | | | 1 | | 1 | | 783 | 794 | 11 | 48.43 | 49.07 | 0.64 | -2 |
| 33542 | REMOVAL OF HEART LESION | 090 | A | | | | 1 | 1 | | 848 | 864 | 16 | 48.21 | 48.96 | 0.75 | -2 |
| 33545 | REPAIR OF HEART DAMAGE | 090 | A | | | | 1 | 1 | | 939 | 955 | 16 | 57.06 | 57.81 | 0.75 | -2 |
| 33548 | RESTORE/REMODEL VENTRICLE | 090 | A | | | | 2 | 1 | | 928 | 951 | 23 | 54.14 | 55.22 | 1.08 | -2 |
| 33600 | CLOSURE OF VALVE | 090 | A | | | | | 2 | | 628 | 646 | 18 | 30.31 | 31.15 | 0.84 | -4 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 33602 | CLOSURE OF VALVE | 090 | A | | | | | 2 | | 628 | 646 | 18 | 29.34 | 30.18 | 0.84 | -4 |
| 33606 | ANASTOMOSIS/ARTERY-AORTA | 090 | A | | | | | 2 | | 728 | 746 | 18 | 31.53 | 32.37 | 0.84 | -4 |
| 33608 | REPAIR ANOMALY W/CONDUIT | 090 | A | | | | | 2 | | 668 | 686 | 18 | 31.88 | 32.72 | 0.84 | -4 |
| 33610 | REPAIR BY ENLARGEMENT | 090 | A | | | | | 2 | | 648 | 666 | 18 | 31.40 | 32.24 | 0.84 | -4 |
| 33611 | REPAIR DOUBLE VENTRICLE | 090 | A | | | | | 1 | | 673 | 682 | 9 | 35.57 | 35.99 | 0.42 | -2 |
| 33612 | REPAIR DOUBLE VENTRICLE | 090 | A | | | | | 1 | | 673 | 682 | 9 | 36.57 | 36.99 | 0.42 | -2 |
| 33615 | REPAIR MODIFIED FONTAN | 090 | A | | | | 1 | 1 | | 696 | 712 | 16 | 35.89 | 36.64 | 0.75 | -2 |
| 33617 | REPAIR SINGLE VENTRICLE | 090 | A | | | | 1 | 1 | | 811 | 827 | 16 | 39.09 | 39.84 | 0.75 | -2 |
| 33619 | REPAIR SINGLE VENTRICLE | 090 | A | | 5 | 1 | | 1 | | 1039 | 1050 | 11 | 48.76 | 49.40 | 0.64 | -12 |
| 33620 | APPLY R&L PULM ART BANDS | 090 | A | | | | 1 | | | 609 | 616 | 7 | 30.00 | 30.33 | 0.33 | 0 |
| 33621 | TRANSTHOR CATH FOR STENT | 090 | A | | | | 1 | | | 363.5 | 370.5 | 7 | 16.18 | 16.51 | 0.33 | 0 |
| 33622 | REDO COMPL CARDIAC ANOMALY | 090 | A | | | | | 1 | | 986 | 995 | 9 | 64.00 | 64.42 | 0.42 | -2 |
| 33641 | REPAIR HEART SEPTUM DEFECT | 090 | A | | | | | 1 | | 562 | 571 | 9 | 29.58 | 30.00 | 0.42 | -2 |
| 33645 | REVISION OF HEART VEINS | 090 | A | | | | | 1 | | 546 | 555 | 9 | 31.30 | 31.72 | 0.42 | -2 |
| 33647 | REPAIR HEART SEPTUM DEFECT | 090 | A | | | | | 1 | | 614 | 623 | 9 | 33.00 | 33.42 | 0.42 | -2 |
| 33660 | REPAIR OF HEART DEFECTS | 090 | A | | | | | 1 | | 613 | 622 | 9 | 31.83 | 32.25 | 0.42 | -2 |
| 33665 | REPAIR OF HEART DEFECTS | 090 | A | | | | | 1 | | 613 | 622 | 9 | 34.85 | 35.27 | 0.42 | -2 |
| 33670 | REPAIR OF HEART CHAMBERS | 090 | A | | | | 1 | | | 626 | 633 | 7 | 36.63 | 36.96 | 0.33 | 0 |
| 33675 | CLOSE MULT VSD | 090 | A | | | | | 1 | | 628 | 637 | 9 | 35.95 | 36.37 | 0.42 | -2 |
| 33676 | CLOSE MULT VSD W/RESECTION | 090 | A | | | | | 1 | | 658 | 667 | 9 | 36.95 | 37.37 | 0.42 | -2 |
| 33677 | CL MULT VSD W/REM PUL BAND | 090 | A | | | | | 1 | | 688 | 697 | 9 | 38.45 | 38.87 | 0.42 | -2 |
| 33681 | REPAIR HEART SEPTUM DEFECT | 090 | A | | | | 2 | 1 | | 506.5 | 529.5 | 23 | 32.34 | 33.42 | 1.08 | -2 |
| 33684 | REPAIR HEART SEPTUM DEFECT | 090 | A | | | | | 1 | | 616 | 625 | 9 | 34.37 | 34.79 | 0.42 | -2 |
| 33688 | REPAIR HEART SEPTUM DEFECT | 090 | A | | | | | 1 | | 628 | 637 | 9 | 34.75 | 35.17 | 0.42 | -2 |
| 33690 | REINFORCE PULMONARY ARTERY | 090 | A | | | | | 2 | | 636 | 654 | 18 | 20.36 | 21.20 | 0.84 | -4 |
| 33692 | REPAIR OF HEART DEFECTS | 090 | A | | | | | 1 | | 684 | 693 | 9 | 36.15 | 36.57 | 0.42 | -2 |
| 33694 | REPAIR OF HEART DEFECTS | 090 | A | | | | | 1 | | 718 | 727 | 9 | 35.57 | 35.99 | 0.42 | -2 |
| 33697 | REPAIR OF HEART DEFECTS | 090 | A | | | | | 1 | | 693 | 702 | 9 | 37.57 | 37.99 | 0.42 | -2 |
| 33702 | REPAIR OF HEART DEFECTS | 090 | A | | | | 1 | 1 | | 751 | 767 | 16 | 27.24 | 27.99 | 0.75 | -2 |
| 33710 | REPAIR OF HEART DEFECTS | 090 | A | | | | | 1 | | 656 | 665 | 9 | 37.50 | 37.92 | 0.42 | -2 |
| 33720 | REPAIR OF HEART DEFECT | 090 | A | | | | 1 | 1 | | 770 | 786 | 16 | 27.26 | 28.01 | 0.75 | -2 |
| 33722 | REPAIR OF HEART DEFECT | 090 | A | | | | | 2 | | 608 | 626 | 18 | 29.21 | 30.05 | 0.84 | -4 |
| 33724 | REPAIR VENOUS ANOMALY | 090 | A | | | | | 1 | | 559 | 568 | 9 | 27.63 | 28.05 | 0.42 | -2 |
| 33726 | REPAIR PUL VENOUS STENOSIS | 090 | A | | | | | 1 | | 643 | 652 | 9 | 37.12 | 37.54 | 0.42 | -2 |
| 33730 | REPAIR HEART-VEIN DEFECT(S | 090 | A | | | | 1 | 1 | | 671 | 687 | 16 | 36.14 | 36.89 | 0.75 | -2 |
| 33732 | REPAIR HEART-VEIN DEFECT | 090 | A | | | | | 2 | | 578 | 596 | 18 | 28.96 | 29.80 | 0.84 | -4 |
| 33735 | REVISION OF HEART CHAMBER | 090 | A | | | | | 2 | | 770 | 788 | 18 | 22.20 | 23.04 | 0.84 | -4 |
| 33736 | REVISION OF HEART CHAMBER | 090 | A | | | | | 2 | | 548 | 566 | 18 | 24.32 | 25.16 | 0.84 | -4 |
| 33737 | REVISION OF HEART CHAMBER | 090 | A | | | | 1 | 1 | | 706 | 722 | 16 | 22.47 | 23.22 | 0.75 | -2 |
| 33750 | MAJOR VESSEL SHUNT | 090 | A | | | | | 2 | | 722 | 740 | 18 | 22.22 | 23.06 | 0.84 | -4 |
| 33755 | MAJOR VESSEL SHUNT | 090 | A | | | | | 2 | | 750 | 768 | 18 | 22.60 | 23.44 | 0.84 | -4 |
| 33762 | MAJOR VESSEL SHUNT | 090 | A | | | | | 2 | | 755 | 773 | 18 | 22.60 | 23.44 | 0.84 | -4 |
| 33764 | MAJOR VESSEL SHUNT & GRAFT | 090 | A | | | | | 2 | | 750 | 768 | 18 | 22.60 | 23.44 | 0.84 | -4 |
| 33766 | MAJOR VESSEL SHUNT | 090 | A | | | | | 2 | | 756 | 774 | 18 | 23.57 | 24.41 | 0.84 | -4 |
| 33767 | MAJOR VESSEL SHUNT | 090 | A | | | | | 2 | | 608 | 626 | 18 | 25.30 | 26.14 | 0.84 | -4 |
| 33770 | REPAIR GREAT VESSELS DEFEC | 090 | A | | | | 1 | | | 696 | 703 | 7 | 39.07 | 39.40 | 0.33 | 0 |
| 33771 | REPAIR GREAT VESSELS DEFEC | 090 | A | | | | 1 | | | 716 | 723 | 7 | 40.63 | 40.96 | 0.33 | 0 |
| 33774 | REPAIR GREAT VESSELS DEFEC | 090 | A | | | | | 1 | 1 | 998 | 1022 | 24 | 31.73 | 32.84 | 1.11 | -3 |
| 33775 | REPAIR GREAT VESSELS DEFEC | 090 | A | | | | | 2 | | 1043 | 1061 | 18 | 32.99 | 33.83 | 0.84 | -4 |
| 33776 | REPAIR GREAT VESSELS DEFEC | 090 | A | | | | | | 2 | 1096 | 1126 | 30 | 34.75 | 36.13 | 1.38 | -2 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 33777 | REPAIR GREAT VESSELS DEFEC | 090 | A | | | | | | 2 | 993 | 1023 | 30 | 34.17 | 35.55 | 1.38 | -2 |
| 33778 | REPAIR GREAT VESSELS DEFEC | 090 | A | | | | 1 | 1 | | 838.5 | 854.5 | 16 | 42.75 | 43.50 | 0.75 | -2 |
| 33779 | REPAIR GREAT VESSELS DEFEC | 090 | A | | | | | 1 | | 733 | 742 | 9 | 43.23 | 43.65 | 0.42 | -2 |
| 33780 | REPAIR GREAT VESSELS DEFEC | 090 | A | | | | 1 | | | 731 | 738 | 7 | 43.90 | 44.23 | 0.33 | 0 |
| 33781 | REPAIR GREAT VESSELS DEFEC | 090 | A | | | | 1 | | | 738 | 745 | 7 | 43.21 | 43.54 | 0.33 | 0 |
| 33782 | NIKAIDOH PROC | 090 | A | | | | | 1 | | 866 | 875 | 9 | 60.08 | 60.50 | 0.42 | -2 |
| 33783 | NIKAIDOH PROC W/OSTIA IMPL | 090 | A | | | | | 1 | | 926 | 935 | 9 | 65.08 | 65.50 | 0.42 | -2 |
| 33786 | REPAIR ARTERIAL TRUNK | 090 | A | | | | 1 | 1 | | 838.5 | 854.5 | 16 | 41.87 | 42.62 | 0.75 | -2 |
| 33788 | REVISION OF PULMONARY ARTE | 090 | A | | | | | 2 | | 736 | 754 | 18 | 27.42 | 28.26 | 0.84 | -4 |
| 33800 | AORTIC SUSPENSION | 090 | A | | | | 1 | | | 375 | 382 | 7 | 17.28 | 17.61 | 0.33 | 0 |
| 33802 | REPAIR VESSEL DEFECT | 090 | A | | | | 1 | 1 | | 556 | 572 | 16 | 18.37 | 19.12 | 0.75 | -2 |
| 33803 | REPAIR VESSEL DEFECT | 090 | A | | | | 1 | 1 | | 586 | 602 | 16 | 20.31 | 21.06 | 0.75 | -2 |
| 33813 | REPAIR SEPTAL DEFECT | 090 | A | | | | 1 | 1 | | 664 | 680 | 16 | 21.36 | 22.11 | 0.75 | -2 |
| 33814 | REPAIR SEPTAL DEFECT | 090 | A | | | | | 2 | | 838 | 856 | 18 | 26.57 | 27.41 | 0.84 | -4 |
| 33820 | REVISE MAJOR VESSEL | 090 | A | | | | | 1 | | 414 | 423 | 9 | 16.69 | 17.11 | 0.42 | -2 |
| 33822 | REVISE MAJOR VESSEL | 090 | A | | | | | 1 | | 463 | 472 | 9 | 17.71 | 18.13 | 0.42 | -2 |
| 33824 | REVISE MAJOR VESSEL | 090 | A | | | | 1 | 1 | | 615 | 631 | 16 | 20.23 | 20.98 | 0.75 | -2 |
| 33840 | REMOVE AORTA CONSTRICTION | 090 | A | | | | 1 | 1 | | 639 | 655 | 16 | 21.34 | 22.09 | 0.75 | -2 |
| 33845 | REMOVE AORTA CONSTRICTION | 090 | A | | | | | 2 | | 726 | 744 | 18 | 22.93 | 23.77 | 0.84 | -4 |
| 33851 | REMOVE AORTA CONSTRICTION | 090 | A | | | | 1 | 1 | | 700 | 716 | 16 | 21.98 | 22.73 | 0.75 | -2 |
| 33852 | REPAIR SEPTAL DEFECT | 090 | A | | | | 1 | 1 | | 719 | 735 | 16 | 24.41 | 25.16 | 0.75 | -2 |
| 33853 | REPAIR SEPTAL DEFECT | 090 | A | | | | | 2 | | 668 | 686 | 18 | 32.51 | 33.35 | 0.84 | -4 |
| 33860 | ASCENDING AORTIC GRAFT | 090 | A | | | | 1 | 1 | | 931 | 947 | 16 | 59.46 | 60.21 | 0.75 | -2 |
| 33863 | ASCENDING AORTIC GRAFT | 090 | A | | | | | 1 | | 905 | 914 | 9 | 58.79 | 59.21 | 0.42 | -2 |
| 33864 | ASCENDING AORTIC GRAFT | 090 | A | | | | | 1 | | 853 | 862 | 9 | 60.08 | 60.50 | 0.42 | -2 |
| 33870 | TRANSVERSE AORTIC ARCH GRA | 090 | A | | | 1 | 2 | | | 770 | 786 | 16 | 46.06 | 46.94 | 0.88 | 0 |
| 33875 | THORACIC AORTIC GRAFT | 090 | A | | | | 1 | 1 | | 993 | 1009 | 16 | 50.72 | 51.47 | 0.75 | -2 |
| 33877 | THORACOABDOMINAL GRAFT | 090 | A | | | | 2 | 1 | | 1110 | 1133 | 23 | 69.03 | 70.11 | 1.08 | -2 |
| 33880 | ENDOVASC TAA REPR INCL SUB | 090 | A | | | | 2 | | | 599 | 613 | 14 | 34.58 | 35.24 | 0.66 | 0 |
| 33881 | ENDOVASC TAA REPR W/O SUBC | 090 | A | | | | 2 | | | 554 | 568 | 14 | 29.58 | 30.24 | 0.66 | 0 |
| 33883 | INSERT ENDOVASC PROSTH TAA | 090 | A | | | | 2 | | | 404 | 418 | 14 | 21.09 | 21.75 | 0.66 | 0 |
| 33886 | ENDOVASC PROSTH DELAYED | 090 | A | | | | 2 | | | 379 | 393 | 14 | 18.09 | 18.75 | 0.66 | 0 |
| 33910 | REMOVE LUNG ARTERY EMBOLI | 090 | A | | | | 1 | 1 | | 889 | 905 | 16 | 48.21 | 48.96 | 0.75 | -2 |
| 33915 | REMOVE LUNG ARTERY EMBOLI | 090 | A | | | | | 1.5 | | 858 | 871.5 | 13.5 | 24.95 | 25.58 | 0.63 | -3 |
| 33916 | SURGERY OF GREAT VESSEL | 090 | A | | | | 1 | 1 | | 1259 | 1275 | 16 | 78.00 | 78.75 | 0.75 | -2 |
| 33917 | REPAIR PULMONARY ARTERY | 090 | A | | | | | 2 | | 608 | 626 | 18 | 25.30 | 26.14 | 0.84 | -4 |
| 33920 | REPAIR PULMONARY ATRESIA | 090 | A | | | | | 2 | | 658 | 676 | 18 | 32.74 | 33.58 | 0.84 | -4 |
| 33922 | TRANSECT PULMONARY ARTERY | 090 | A | | | | 1 | 1 | | 546 | 562 | 16 | 24.22 | 24.97 | 0.75 | -2 |
| 33925 | RPR PUL ART UNIFOCA W/O C | 090 | A | | | | 1 | | | 641 | 648 | 7 | 31.30 | 31.63 | 0.33 | 0 |
| 33926 | REPR PUL ART UNIFOCA W/CP | 090 | A | | | | 1 | | | 846 | 853 | 7 | 44.73 | 45.06 | 0.33 | 0 |
| 33935 | TRANSPLANTATION HEART/LUNG | 090 | R | | | | 1 | 1 | 1 | 1713 | 1744 | 31 | 91.78 | 93.22 | 1.44 | -3 |
| 33945 | TRANSPLANTATION OF HEART | 090 | R | | | | 3 | 2 | 1 | 1716 | 1770 | 54 | 89.50 | 92.02 | 2.52 | -5 |
| 33971 | AORTIC CIRCULATION ASSIST | 090 | A | | | | | 1 | | 494 | 503 | 9 | 11.99 | 12.41 | 0.42 | -2 |
| 33974 | REMOVE INTRA-AORTIC BALLOO | 090 | A | | | | 2 | | | 314 | 328 | 14 | 15.03 | 15.69 | 0.66 | 0 |
| 34001 | REMOVAL OF ARTERY CLOT | 090 | A | | | | 2 | | | 384 | 398 | 14 | 17.88 | 18.54 | 0.66 | 0 |
| 34051 | REMOVAL OF ARTERY CLOT | 090 | A | | | 2.5 | | | | 594 | 599 | 5 | 16.99 | 17.54 | 0.55 | 0 |
| 34101 | REMOVAL OF ARTERY CLOT | 090 | A | | | 1 | 1 | | | 322 | 331 | 9 | 10.93 | 11.48 | 0.55 | 0 |
| 34111 | REMOVAL OF ARM ARTERY CLOT | 090 | A | | | 1 | 1 | | | 307 | 316 | 9 | 10.93 | 11.48 | 0.55 | 0 |
| 34151 | REMOVAL OF ARTERY CLOT | 090 | A | | | 2 | 1 | | | 508 | 519 | 11 | 26.52 | 27.29 | 0.77 | 0 |
| 34201 | REMOVAL OF ARTERY CLOT | 090 | A | | | | 2 | | | 422 | 436 | 14 | 19.48 | 20.14 | 0.66 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 34203 | REMOVAL OF LEG ARTERY CLOT | 090 | A | | | 1 | 2 | | | 413 | 429 | 16 | 17.86 | 18.74 | 0.88 | 0 |
| 34401 | REMOVAL OF VEIN CLOT | 090 | A | | | 2 | 1 | | | 503 | 514 | 11 | 26.52 | 27.29 | 0.77 | 0 |
| 34421 | REMOVAL OF VEIN CLOT | 090 | A | | | 1 | 1 | | | 412 | 421 | 9 | 13.37 | 13.92 | 0.55 | 0 |
| 34451 | REMOVAL OF VEIN CLOT | 090 | A | | | 2 | 1 | | | 533 | 544 | 11 | 28.52 | 29.29 | 0.77 | 0 |
| 34471 | REMOVAL OF VEIN CLOT | 090 | A | | | 2 | 1 | | | 453 | 464 | 11 | 21.11 | 21.88 | 0.77 | 0 |
| 34490 | REMOVAL OF VEIN CLOT | 090 | A | | | 1 | 1 | | | 367 | 376 | 9 | 10.91 | 11.46 | 0.55 | 0 |
| 34501 | REPAIR VALVE FEMORAL VEIN | 090 | A | | | 2 | 1 | | | 393 | 404 | 11 | 16.85 | 17.62 | 0.77 | 0 |
| 34502 | RECONSTRUCT VENA CAVA | 090 | A | | | | 1 | 2 | | 741 | 766 | 25 | 28.07 | 29.24 | 1.17 | -4 |
| 34510 | TRANSPOSITION OF VEIN VALV | 090 | A | | | 2 | 1 | | | 448 | 459 | 11 | 19.91 | 20.68 | 0.77 | 0 |
| 34520 | CROSS-OVER VEIN GRAFT | 090 | A | | | 1 | 2 | | | 443 | 459 | 16 | 19.18 | 20.06 | 0.88 | 0 |
| 34530 | LEG VEIN FUSION | 090 | A | | | 2 | 2 | | | 436 | 454 | 18 | 17.93 | 19.03 | 1.10 | 0 |
| 34701 | EVASC RPR A-AO NDGFT | 090 | A | | | 1 | 1 | | | 482 | 491 | 9 | 23.71 | 24.26 | 0.55 | 0 |
| 34702 | EVASC RPR A-AO NDGFT RPT | 090 | A | | | 1 | 1 | 1 | | 677 | 695 | 18 | 36.00 | 36.97 | 0.97 | -2 |
| 34703 | EVASC RPR A-UNILAC NDGFT | 090 | A | | | 1 | 1 | | | 507 | 516 | 9 | 26.52 | 27.07 | 0.55 | 0 |
| 34704 | EVASC RPR A-UNILAC NDGFT R | 090 | A | | | 1 | 1 | 1 | | 737 | 755 | 18 | 45.00 | 45.97 | 0.97 | -2 |
| 34705 | EVAC RPR A-BIILIAC NDGFT | 090 | A | | | 1 | 1 | | | 512 | 521 | 9 | 29.58 | 30.13 | 0.55 | 0 |
| 34706 | EVASC RPR A-BIILIAC RPT | 090 | A | | | 1 | 1 | 1 | | 735 | 753 | 18 | 45.00 | 45.97 | 0.97 | -2 |
| 34707 | EVASC RPR ILIO-ILIAC NDGFT | 090 | A | | | 1 | 1 | | | 482 | 491 | 9 | 22.28 | 22.83 | 0.55 | 0 |
| 34708 | EVASC RPR ILIO-ILIAC RPT | 090 | A | | | 1 | 1 | 1 | | 677 | 695 | 18 | 36.50 | 37.47 | 0.97 | -2 |
| 34710 | DLVD PLMT XTN PROSTH 1ST V | 090 | A | | | 1 | 1 | | | 397 | 406 | 9 | 15.00 | 15.55 | 0.55 | 0 |
| 34712 | TCAT DLVR ENHNCD FIXJ DEV | 090 | A | | | 1 | 1 | | | 307 | 316 | 9 | 12.00 | 12.55 | 0.55 | 0 |
| 34830 | OPEN AORTIC TUBE PROSTH RE | 090 | A | | | 1 | 2 | | | 665 | 681 | 16 | 35.23 | 36.11 | 0.88 | 0 |
| 34831 | OPEN AORTOILIAC PROSTH REP | 090 | A | | | 1 | 2 | | | 690 | 706 | 16 | 37.98 | 38.86 | 0.88 | 0 |
| 34832 | OPEN AORTOFEMOR PROSTH REP | 090 | A | | | 1 | 2 | | | 710 | 726 | 16 | 37.98 | 38.86 | 0.88 | 0 |
| 35001 | REPAIR DEFECT OF ARTERY | 090 | A | | | 3.5 | | | | 568 | 575 | 7 | 20.81 | 21.58 | 0.77 | 0 |
| 35002 | REPAIR ARTERY RUPTURE NECK | 090 | A | | | 3.5 | | | | 592 | 599 | 7 | 22.23 | 23.00 | 0.77 | 0 |
| 35005 | REPAIR DEFECT OF ARTERY | 090 | A | | | 3.5 | | | | 551 | 558 | 7 | 19.29 | 20.06 | 0.77 | 0 |
| 35011 | REPAIR DEFECT OF ARTERY | 090 | A | | | 1 | 1 | | | 357 | 366 | 9 | 18.58 | 19.13 | 0.55 | 0 |
| 35013 | REPAIR ARTERY RUPTURE ARM | 090 | A | | | 1 | 2 | | | 433 | 449 | 16 | 23.23 | 24.11 | 0.88 | 0 |
| 35021 | REPAIR DEFECT OF ARTERY | 090 | A | | | 2.5 | | | | 745 | 750 | 5 | 22.17 | 22.72 | 0.55 | 0 |
| 35022 | REPAIR ARTERY RUPTURE CHES | 090 | A | | | 2.5 | | | | 764 | 769 | 5 | 25.70 | 26.25 | 0.55 | 0 |
| 35045 | REPAIR DEFECT OF ARM ARTER | 090 | A | | | 0.5 | 1 | | | 329 | 337 | 8 | 18.01 | 18.45 | 0.44 | 0 |
| 35081 | REPAIR DEFECT OF ARTERY | 090 | A | | | 1 | 1 | 1 | | 677 | 695 | 18 | 33.53 | 34.50 | 0.97 | -2 |
| 35082 | REPAIR ARTERY RUPTURE AORT | 090 | A | | | 1 | 1 | 1 | | 792 | 810 | 18 | 42.09 | 43.06 | 0.97 | -2 |
| 35092 | REPAIR ARTERY RUPTURE AORT | 090 | A | | | 1 | 1 | 1 | | 1172 | 1190 | 18 | 50.97 | 51.94 | 0.97 | -2 |
| 35102 | REPAIR DEFECT OF ARTERY | 090 | A | | | 1 | 1 | 1 | | 732 | 750 | 18 | 36.53 | 37.50 | 0.97 | -2 |
| 35103 | REPAIR ARTERY RUPTURE AORT | 090 | A | | | 1 | 2 | | | 740 | 756 | 16 | 43.62 | 44.50 | 0.88 | 0 |
| 35111 | REPAIR DEFECT OF ARTERY | 090 | A | | | 2 | 1 | | | 483 | 494 | 11 | 26.28 | 27.05 | 0.77 | 0 |
| 35112 | REPAIR ARTERY RUPTURE SPLE | 090 | A | | | 1 | 2 | | | 690 | 706 | 16 | 32.57 | 33.45 | 0.88 | 0 |
| 35121 | REPAIR DEFECT OF ARTERY | 090 | A | | | 2 | 1 | | | 563 | 574 | 11 | 31.52 | 32.29 | 0.77 | 0 |
| 35122 | REPAIR ARTERY RUPTURE BELL | 090 | A | | | 1 | 2 | | | 770 | 786 | 16 | 37.89 | 38.77 | 0.88 | 0 |
| 35131 | REPAIR DEFECT OF ARTERY | 090 | A | | | 2 | 1 | | | 528 | 539 | 11 | 26.40 | 27.17 | 0.77 | 0 |
| 35132 | REPAIR ARTERY RUPTURE GROI | 090 | A | | | 1 | 2 | | | 655 | 671 | 16 | 32.57 | 33.45 | 0.88 | 0 |
| 35141 | REPAIR DEFECT OF ARTERY | 090 | A | | | 1 | 1 | | | 427 | 436 | 9 | 20.91 | 21.46 | 0.55 | 0 |
| 35142 | REPAIR ARTERY RUPTURE THIG | 090 | A | | | 1 | 2 | | | 555 | 571 | 16 | 25.16 | 26.04 | 0.88 | 0 |
| 35151 | REPAIR DEFECT OF ARTERY | 090 | A | | | 2 | 1 | | | 473 | 484 | 11 | 23.72 | 24.49 | 0.77 | 0 |
| 35152 | REPAIR RUPTD POPLITEAL ART | 090 | A | | | 1 | 2 | | | 590 | 606 | 16 | 27.66 | 28.54 | 0.88 | 0 |
| 35180 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 3 | | | | 500 | 506 | 6 | 15.10 | 15.76 | 0.66 | 0 |
| 35182 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 2 | | | 553 | 569 | 16 | 31.71 | 32.59 | 0.88 | 0 |
| 35184 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1.5 | 1 | | | 413 | 423 | 10 | 18.82 | 19.48 | 0.66 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 35188 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 1 | | | 380 | 389 | 9 | 18.00 | 18.55 | 0.55 | 0 |
| 35189 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 2 | | | 548 | 564 | 16 | 29.98 | 30.86 | 0.88 | 0 |
| 35190 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 3 | | | | 416 | 422 | 6 | 13.42 | 14.08 | 0.66 | 0 |
| 35201 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 3 | | | | 382 | 388 | 6 | 16.93 | 17.59 | 0.66 | 0 |
| 35206 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 1 | | | 282 | 291 | 9 | 13.84 | 14.39 | 0.55 | 0 |
| 35207 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 3 | | | | 376 | 382 | 6 | 10.94 | 11.60 | 0.66 | 0 |
| 35211 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 2.5 | | | | 806 | 811 | 5 | 24.58 | 25.13 | 0.55 | 0 |
| 35216 | REPAIR BLOOD VESSEL LESION | 090 | A | | 1 | | 1 | 1 | | 658 | 674 | 16 | 36.61 | 37.36 | 0.75 | -4 |
| 35221 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 1 | | | 545 | 554 | 9 | 26.62 | 27.17 | 0.55 | 0 |
| 35226 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 1 | | | 327 | 336 | 9 | 15.30 | 15.85 | 0.55 | 0 |
| 35231 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 1 | | | 382 | 391 | 9 | 21.16 | 21.71 | 0.55 | 0 |
| 35236 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 1 | | | 367 | 376 | 9 | 18.02 | 18.57 | 0.55 | 0 |
| 35241 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 2.5 | | | | 797 | 802 | 5 | 25.58 | 26.13 | 0.55 | 0 |
| 35246 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 1 | | | 577 | 586 | 9 | 28.23 | 28.78 | 0.55 | 0 |
| 35251 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 1 | | | 532 | 541 | 9 | 31.91 | 32.46 | 0.55 | 0 |
| 35256 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 1 | | | 347 | 356 | 9 | 19.06 | 19.61 | 0.55 | 0 |
| 35261 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 1 | | | 382 | 391 | 9 | 18.96 | 19.51 | 0.55 | 0 |
| 35266 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 1 | | | 337 | 346 | 9 | 15.83 | 16.38 | 0.55 | 0 |
| 35271 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 2.5 | | | | 778 | 783 | 5 | 24.58 | 25.13 | 0.55 | 0 |
| 35276 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 1.5 | | | 553.5 | 566 | 12.5 | 25.83 | 26.54 | 0.72 | 0 |
| 35281 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 2 | | | 595 | 611 | 16 | 30.06 | 30.94 | 0.88 | 0 |
| 35286 | REPAIR BLOOD VESSEL LESION | 090 | A | | | 1 | 2 | | | 350 | 366 | 16 | 17.19 | 18.07 | 0.88 | 0 |
| 35301 | RECHANNELING OF ARTERY | 090 | A | | | | 2 | | | 404 | 418 | 14 | 21.16 | 21.82 | 0.66 | 0 |
| 35302 | RECHANNELING OF ARTERY | 090 | A | | | 1 | 1 | | | 392 | 401 | 9 | 21.35 | 21.90 | 0.55 | 0 |
| 35303 | RECHANNELING OF ARTERY | 090 | A | | | 1 | 1 | | | 392 | 401 | 9 | 23.60 | 24.15 | 0.55 | 0 |
| 35304 | RECHANNELING OF ARTERY | 090 | A | | | 1 | 1 | | | 422 | 431 | 9 | 24.60 | 25.15 | 0.55 | 0 |
| 35305 | RECHANNELING OF ARTERY | 090 | A | | | 1 | 1 | | | 402 | 411 | 9 | 23.60 | 24.15 | 0.55 | 0 |
| 35311 | RECHANNELING OF ARTERY | 090 | A | | | 1 | 1 | | | 532 | 541 | 9 | 28.60 | 29.15 | 0.55 | 0 |
| 35321 | RECHANNELING OF ARTERY | 090 | A | | | 1 | 1 | | | 337 | 346 | 9 | 16.59 | 17.14 | 0.55 | 0 |
| 35331 | RECHANNELING OF ARTERY | 090 | A | | | 2 | 1 | | | 558 | 569 | 11 | 27.72 | 28.49 | 0.77 | 0 |
| 35341 | RECHANNELING OF ARTERY | 090 | A | | | 3.5 | | | | 549 | 556 | 7 | 26.21 | 26.98 | 0.77 | 0 |
| 35351 | RECHANNELING OF ARTERY | 090 | A | | | 1 | 1 | | | 502 | 511 | 9 | 24.61 | 25.16 | 0.55 | 0 |
| 35355 | RECHANNELING OF ARTERY | 090 | A | | | 1 | 1 | | | 457 | 466 | 9 | 19.86 | 20.41 | 0.55 | 0 |
| 35361 | RECHANNELING OF ARTERY | 090 | A | | | 1 | 2 | | | 605 | 621 | 16 | 30.24 | 31.12 | 0.88 | 0 |
| 35363 | RECHANNELING OF ARTERY | 090 | A | | | 1 | 2 | | | 655 | 671 | 16 | 32.35 | 33.23 | 0.88 | 0 |
| 35371 | RECHANNELING OF ARTERY | 090 | A | | | 1 | 1 | | | 325 | 334 | 9 | 15.31 | 15.86 | 0.55 | 0 |
| 35372 | RECHANNELING OF ARTERY | 090 | A | | | 1 | 1 | | | 347 | 356 | 9 | 18.58 | 19.13 | 0.55 | 0 |
| 35501 | ART BYP GRFT IPSILAT CAROT | 090 | A | | | | 2 | | | 449 | 463 | 14 | 29.09 | 29.75 | 0.66 | 0 |
| 35506 | ART BYP GRFT SUBCLAV-CAROT | 090 | A | | | | 2 | | | 452 | 466 | 14 | 25.33 | 25.99 | 0.66 | 0 |
| 35508 | ART BYP GRFT CAROTID-VERTB | 090 | A | | | | 2 | | | 404 | 418 | 14 | 26.09 | 26.75 | 0.66 | 0 |
| 35509 | ART BYP GRFT CONTRAL CAROT | 090 | A | | | | 2 | | | 439 | 453 | 14 | 28.09 | 28.75 | 0.66 | 0 |
| 35510 | ART BYP GRFT CAROTID-BRCHI | 090 | A | | | | 2 | | | 497 | 511 | 14 | 24.39 | 25.05 | 0.66 | 0 |
| 35511 | ART BYP GRFT SUBCLAV-SUBCL | 090 | A | | | 1 | 1 | | | 407 | 416 | 9 | 22.20 | 22.75 | 0.55 | 0 |
| 35512 | ART BYP GRFT SUBCLAV-BRCHI | 090 | A | | | | 2 | | | 462 | 476 | 14 | 23.89 | 24.55 | 0.66 | 0 |
| 35515 | ART BYP GRFT SUBCLAV-VERTB | 090 | A | | | | 2 | | | 414 | 428 | 14 | 26.09 | 26.75 | 0.66 | 0 |
| 35516 | ART BYP GRFT SUBCLAV-AXILA | 090 | A | | | | 2 | | | 424 | 438 | 14 | 24.21 | 24.87 | 0.66 | 0 |
| 35518 | ART BYP GRFT AXILLARY-AXIL | 090 | A | | | 1 | 1 | | | 457 | 466 | 9 | 22.65 | 23.20 | 0.55 | 0 |
| 35521 | ART BYP GRFT AXILL-FEMORAL | 090 | A | | | 1 | 2 | | | 530 | 546 | 16 | 24.13 | 25.01 | 0.88 | 0 |
| 35522 | ART BYP GRFT AXILL-BRACHIA | 090 | A | | | | 2 | | | 497 | 511 | 14 | 23.15 | 23.81 | 0.66 | 0 |
| 35523 | ART BYP GRFT BRCHL-ULNR-RD | 090 | A | | | 1 | 2 | | | 485 | 501 | 16 | 24.13 | 25.01 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 35525 | ART BYP GRFT BRACHIAL-BRCH | 090 | A | | | | 2 | | | 415 | 429 | 14 | 21.69 | 22.35 | 0.66 | 0 |
| 35526 | ART BYP GRFT AOR/CAROT/INN | 090 | A | | | 1 | 1 | | | 562 | 571 | 9 | 31.55 | 32.10 | 0.55 | 0 |
| 35531 | ART BYP GRFT AORCEL/AORMES | 090 | A | | | 1 | 2 | | | 740 | 756 | 16 | 39.11 | 39.99 | 0.88 | 0 |
| 35533 | ART BYP GRFT AXILL/FEM/FEM | 090 | A | | | 1 | 2 | | | 615 | 631 | 16 | 29.92 | 30.80 | 0.88 | 0 |
| 35535 | ART BYP GRFT HEPATORENAL | 090 | A | | | 1 | 2 | | | 690 | 706 | 16 | 38.13 | 39.01 | 0.88 | 0 |
| 35536 | ART BYP GRFT SPLENORENAL | 090 | A | | | 1 | 2 | | | 550 | 566 | 16 | 33.73 | 34.61 | 0.88 | 0 |
| 35537 | ART BYP GRFT AORTOILIAC | 090 | A | | | 1 | 2 | | | 683 | 699 | 16 | 41.88 | 42.76 | 0.88 | 0 |
| 35538 | ART BYP GRFT AORTOBI-ILIAC | 090 | A | | | 1 | 2 | 1 | | 798 | 823 | 25 | 47.03 | 48.33 | 1.30 | -2 |
| 35539 | ART BYP GRFT AORTOFEMORAL | 090 | A | | | 1 | 2 | | | 720 | 736 | 16 | 44.11 | 44.99 | 0.88 | 0 |
| 35540 | ART BYP GRFT AORTBIFEMORAL | 090 | A | | | 1 | 2 | | | 780 | 796 | 16 | 49.33 | 50.21 | 0.88 | 0 |
| 35556 | ART BYP GRFT FEM-POPLITEAL | 090 | A | | | 1 | 2 | | | 586 | 602 | 16 | 26.75 | 27.63 | 0.88 | 0 |
| 35558 | ART BYP GRFT FEM-FEMORAL | 090 | A | | | 1 | 2 | | | 530 | 546 | 16 | 23.13 | 24.01 | 0.88 | 0 |
| 35560 | ART BYP GRFT AORTORENAL | 090 | A | | | 1 | 2 | | | 590 | 606 | 16 | 34.03 | 34.91 | 0.88 | 0 |
| 35563 | ART BYP GRFT ILIOILIAC | 090 | A | | | 1 | 2 | | | 535 | 551 | 16 | 26.12 | 27.00 | 0.88 | 0 |
| 35565 | ART BYP GRFT ILIOFEMORAL | 090 | A | | | 1 | 2 | | | 535 | 551 | 16 | 25.13 | 26.01 | 0.88 | 0 |
| 35566 | ART BYP FEM-ANT-POST TIB/P | 090 | A | | | 1 | 2 | | | 718 | 734 | 16 | 32.35 | 33.23 | 0.88 | 0 |
| 35570 | ART BYP TIBIAL-TIB/PERONEA | 090 | A | | | | 3 | | | 667 | 688 | 21 | 29.15 | 30.14 | 0.99 | 0 |
| 35571 | ART BYP POP-TIBL-PRL-OTHER | 090 | A | | | 1 | 2 | | | 510 | 526 | 16 | 25.52 | 26.40 | 0.88 | 0 |
| 35583 | VEIN BYP GRFT FEM-POPLITEA | 090 | A | | | 1 | 2 | | | 588 | 604 | 16 | 27.75 | 28.63 | 0.88 | 0 |
| 35585 | VEIN BYP FEM-TIBIAL PERONE | 090 | A | | | 1 | 2 | | | 717 | 733 | 16 | 32.35 | 33.23 | 0.88 | 0 |
| 35587 | VEIN BYP POP-TIBL PERONEAL | 090 | A | | | 1 | 2 | | | 523 | 539 | 16 | 26.21 | 27.09 | 0.88 | 0 |
| 35601 | ART BYP COMMON IPSI CAROTI | 090 | A | | | | 2 | | | 484 | 498 | 14 | 27.09 | 27.75 | 0.66 | 0 |
| 35606 | ART BYP CAROTID-SUBCLAVIAN | 090 | A | | | | 2 | | | 414 | 428 | 14 | 22.46 | 23.12 | 0.66 | 0 |
| 35612 | ART BYP SUBCLAV-SUBCLAVIAN | 090 | A | | | 1 | 2 | | | 485 | 501 | 16 | 20.35 | 21.23 | 0.88 | 0 |
| 35616 | ART BYP SUBCLAV-AXILLARY | 090 | A | | | 1 | 1 | | | 367 | 376 | 9 | 21.82 | 22.37 | 0.55 | 0 |
| 35621 | ART BYP AXILLARY-FEMORAL | 090 | A | | | 1 | 1 | | | 412 | 421 | 9 | 21.03 | 21.58 | 0.55 | 0 |
| 35623 | ART BYP AXILLARY-POP-TIBIA | 090 | A | | | 1 | 2 | | | 475 | 491 | 16 | 25.92 | 26.80 | 0.88 | 0 |
| 35626 | ART BYP AORSUBCL/CAROT/INN | 090 | A | | | 1 | 1 | | | 520 | 529 | 9 | 29.14 | 29.69 | 0.55 | 0 |
| 35631 | ART BYP AOR-CELIAC-MSN-REN | 090 | A | | | 1 | 2 | | | 648 | 664 | 16 | 36.03 | 36.91 | 0.88 | 0 |
| 35632 | ART BYP ILIO-CELIAC | 090 | A | | | 1 | 2 | | | 690 | 706 | 16 | 36.13 | 37.01 | 0.88 | 0 |
| 35633 | ART BYP ILIO-MESENTERIC | 090 | A | | | 1 | 2 | | | 705 | 721 | 16 | 39.11 | 39.99 | 0.88 | 0 |
| 35634 | ART BYP ILIORENAL | 090 | A | | | 1 | 2 | | | 680 | 696 | 16 | 35.33 | 36.21 | 0.88 | 0 |
| 35636 | ART BYP SPENORENAL | 090 | A | | | 1 | 2 | | | 603 | 619 | 16 | 31.75 | 32.63 | 0.88 | 0 |
| 35637 | ART BYP AORTOILIAC | 090 | A | | | 1 | 2 | | | 605 | 621 | 16 | 33.05 | 33.93 | 0.88 | 0 |
| 35638 | ART BYP AORTOBI-ILIAC | 090 | A | | | 1 | 2 | | | 635 | 651 | 16 | 33.60 | 34.48 | 0.88 | 0 |
| 35642 | ART BYP CAROTID-VERTEBRAL | 090 | A | | | 3 | | | | 463 | 469 | 6 | 18.94 | 19.60 | 0.66 | 0 |
| 35645 | ART BYP SUBCLAV-VERTEBRL | 090 | A | | | 3 | | | | 463 | 469 | 6 | 18.43 | 19.09 | 0.66 | 0 |
| 35646 | ART BYP AORTOBIFEMORAL | 090 | A | | | 2 | | 1 | | 645 | 658 | 13 | 32.98 | 33.84 | 0.86 | -2 |
| 35647 | ART BYP AORTOFEMORAL | 090 | A | | | 2 | 1 | | | 573 | 584 | 11 | 29.73 | 30.50 | 0.77 | 0 |
| 35650 | ART BYP AXILLARY-AXILLARY | 090 | A | | | 1 | 1 | | | 382 | 391 | 9 | 20.16 | 20.71 | 0.55 | 0 |
| 35654 | ART BYP AXILL-FEM-FEMORAL | 090 | A | | | 2 | 1 | | | 513 | 524 | 11 | 26.28 | 27.05 | 0.77 | 0 |
| 35656 | ART BYP FEMORAL-POPLITEAL | 090 | A | | | 1 | 1 | | | 447 | 456 | 9 | 20.47 | 21.02 | 0.55 | 0 |
| 35661 | ART BYP FEMORAL-FEMORAL | 090 | A | | | 1 | 2 | | | 440 | 456 | 16 | 20.35 | 21.23 | 0.88 | 0 |
| 35663 | ART BYP ILIOILIAC | 090 | A | | | 1 | 2 | | | 503 | 519 | 16 | 23.93 | 24.81 | 0.88 | 0 |
| 35665 | ART BYP ILIOFEMORAL | 090 | A | | | 1 | 2 | | | 480 | 496 | 16 | 22.35 | 23.23 | 0.88 | 0 |
| 35666 | ART BYP FEM-ANT-POST TIB/P | 090 | A | | | 1 | 2 | | | 490 | 506 | 16 | 23.66 | 24.54 | 0.88 | 0 |
| 35671 | ART BYP POP-TIBL-PRL-OTHER | 090 | A | | | 1 | 2 | | | 435 | 451 | 16 | 20.77 | 21.65 | 0.88 | 0 |
| 35691 | ART TRNSPOSJ VERTBRL CAROT | 090 | A | | | 3 | | | | 417 | 423 | 6 | 18.41 | 19.07 | 0.66 | 0 |
| 35693 | ART TRNSPOSJ SUBCLAVIAN | 090 | A | | | 3 | | | | 372 | 378 | 6 | 15.73 | 16.39 | 0.66 | 0 |
| 35694 | ART TRNSPOSJ SUBCLAV CAROT | 090 | A | | | 3 | | | | 456 | 462 | 6 | 19.28 | 19.94 | 0.66 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 35695 | ART TRNSPOSJ CAROTID SUBCL | 090 | A | | | 3 | | | | 532 | 538 | 6 | 20.06 | 20.72 | 0.66 | 0 |
| 35701 | EXPLORATION CAROTID ARTERY | 090 | A | | | 1 | 1 | | | 262 | 271 | 9 | 9.19 | 9.74 | 0.55 | 0 |
| 35721 | EXPLORATION FEMORAL ARTERY | 090 | A | | | 2 | | | | 273 | 277 | 4 | 7.72 | 8.16 | 0.44 | 0 |
| 35741 | EXPLORATION POPLITEAL ARTE | 090 | A | | | 1 | 1 | | | 272 | 281 | 9 | 8.69 | 9.24 | 0.55 | 0 |
| 35761 | EXPLORATION OF ARTERY/VEIN | 090 | A | | | 3 | | | | 317 | 323 | 6 | 5.93 | 6.59 | 0.66 | 0 |
| 35800 | EXPLORE NECK VESSELS | 090 | A | | | 2 | 1 | | | 336 | 347 | 11 | 12.00 | 12.77 | 0.77 | 0 |
| 35820 | EXPLORE CHEST VESSELS | 090 | A | | | | | 1 | | 799 | 808 | 9 | 36.89 | 37.31 | 0.42 | -2 |
| 35840 | EXPLORE ABDOMINAL VESSELS | 090 | A | | | 2 | 1 | | | 431 | 442 | 11 | 20.75 | 21.52 | 0.77 | 0 |
| 35860 | EXPLORE LIMB VESSELS | 090 | A | | | 2 | 1 | | | 376 | 387 | 11 | 15.25 | 16.02 | 0.77 | 0 |
| 35870 | REPAIR VESSEL GRAFT DEFECT | 090 | A | | | 3.5 | | | | 715 | 722 | 7 | 24.50 | 25.27 | 0.77 | 0 |
| 35875 | REMOVAL OF CLOT IN GRAFT | 090 | A | | | 1 | 1 | | | 297 | 306 | 9 | 10.72 | 11.27 | 0.55 | 0 |
| 35876 | REMOVAL OF CLOT IN GRAFT | 090 | A | | | 1 | 1 | | | 402 | 411 | 9 | 17.82 | 18.37 | 0.55 | 0 |
| 35879 | REVISE GRAFT W/VEIN | 090 | A | | | | 1 | 1 | | 421 | 437 | 16 | 17.41 | 18.16 | 0.75 | -2 |
| 35881 | REVISE GRAFT W/VEIN | 090 | A | | | 1 | 2 | | | 450 | 466 | 16 | 19.35 | 20.23 | 0.88 | 0 |
| 35883 | REVISE GRAFT W/NONAUTO GRA | 090 | A | | | 1 | 1 | | | 462 | 471 | 9 | 23.15 | 23.70 | 0.55 | 0 |
| 35884 | REVISE GRAFT W/VEIN | 090 | A | | | 1 | 1 | | | 482 | 491 | 9 | 24.65 | 25.20 | 0.55 | 0 |
| 35901 | EXCISION GRAFT NECK | 090 | A | | | 4 | | | | 482 | 490 | 8 | 8.38 | 9.26 | 0.88 | 0 |
| 35903 | EXCISION GRAFT EXTREMITY | 090 | A | | | 3 | | | | 416 | 422 | 6 | 9.53 | 10.19 | 0.66 | 0 |
| 35905 | EXCISION GRAFT THORAX | 090 | A | | | 1 | 2 | | | 720 | 736 | 16 | 33.52 | 34.40 | 0.88 | 0 |
| 35907 | EXCISION GRAFT ABDOMEN | 090 | A | | | 1 | 2 | | | 720 | 736 | 16 | 37.27 | 38.15 | 0.88 | 0 |
| 36260 | INSERTION OF INFUSION PUMP | 090 | A | | | 3 | | | | 287 | 293 | 6 | 9.91 | 10.57 | 0.66 | 0 |
| 36261 | REVISION OF INFUSION PUMP | 090 | A | | | 2.5 | | | | 233 | 238 | 5 | 5.63 | 6.18 | 0.55 | 0 |
| 36262 | REMOVAL OF INFUSION PUMP | 090 | A | | | 2 | | | | 181 | 185 | 4 | 4.11 | 4.55 | 0.44 | 0 |
| 36557 | INSERT TUNNELED CV CATH | 010 | A | | | 1 | | | | 117 | 119 | 2 | 4.89 | 5.11 | 0.22 | 0 |
| 36558 | INSERT TUNNELED CV CATH | 010 | A | | | 1 | | | | 111 | 113 | 2 | 4.59 | 4.81 | 0.22 | 0 |
| 36560 | INSERT TUNNELED CV CATH | 010 | A | | | 1 | | | | 134 | 136 | 2 | 6.04 | 6.26 | 0.22 | 0 |
| 36561 | INSERT TUNNELED CV CATH | 010 | A | | | 1 | | | | 120 | 122 | 2 | 5.79 | 6.01 | 0.22 | 0 |
| 36563 | INSERT TUNNELED CV CATH | 010 | A | | | 1 | | | | 140 | 142 | 2 | 5.99 | 6.21 | 0.22 | 0 |
| 36565 | INSERT TUNNELED CV CATH | 010 | A | | | 1 | | | | 120 | 122 | 2 | 5.79 | 6.01 | 0.22 | 0 |
| 36566 | INSERT TUNNELED CV CATH | 010 | A | | | 1 | | | | 135 | 137 | 2 | 6.29 | 6.51 | 0.22 | 0 |
| 36570 | INSERT PICVAD CATH | 010 | A | | | 1 | | | | 135 | 137 | 2 | 5.11 | 5.33 | 0.22 | 0 |
| 36571 | INSERT PICVAD CATH | 010 | A | | | 1 | | | | 130 | 132 | 2 | 5.09 | 5.31 | 0.22 | 0 |
| 36576 | REPAIR TUNNELED CV CATH | 010 | A | | | 1 | | | | 114 | 116 | 2 | 2.99 | 3.21 | 0.22 | 0 |
| 36578 | REPLACE TUNNELED CV CATH | 010 | A | | | 1 | | | | 106 | 108 | 2 | 3.29 | 3.51 | 0.22 | 0 |
| 36581 | REPLACE TUNNELED CV CATH | 010 | A | | | 1 | | | | 110 | 112 | 2 | 3.23 | 3.45 | 0.22 | 0 |
| 36582 | REPLACE TUNNELED CV CATH | 010 | A | | | 1 | | | | 146 | 148 | 2 | 4.99 | 5.21 | 0.22 | 0 |
| 36583 | REPLACE TUNNELED CV CATH | 010 | A | | | 1 | | | | 147 | 149 | 2 | 5.04 | 5.26 | 0.22 | 0 |
| 36585 | REPLACE PICVAD CATH | 010 | A | | | 1 | | | | 131 | 133 | 2 | 4.59 | 4.81 | 0.22 | 0 |
| 36589 | REMOVAL TUNNELED CV CATH | 010 | A | | 1 | | | | | 79 | 79 | 0 | 2.28 | 2.28 | 0.00 | -2 |
| 36590 | REMOVAL TUNNELED CV CATH | 010 | A | | | 1 | | | | 105 | 107 | 2 | 3.10 | 3.32 | 0.22 | 0 |
| 36818 | AV FUSE UPPR ARM CEPHALIC | 090 | A | | | 1 | 1 | | | 248 | 257 | 9 | 12.39 | 12.94 | 0.55 | 0 |
| 36819 | AV FUSE UPPR ARM BASILIC | 090 | A | | | 1 | 1 | | | 283 | 292 | 9 | 13.29 | 13.84 | 0.55 | 0 |
| 36820 | AV FUSION/FOREARM VEIN | 090 | A | | | 1 | 1 | | | 258 | 267 | 9 | 13.07 | 13.62 | 0.55 | 0 |
| 36821 | AV FUSION DIRECT ANY SITE | 090 | A | | | 1 | 1 | | | 233 | 242 | 9 | 11.90 | 12.45 | 0.55 | 0 |
| 36823 | INSERTION OF CANNULA(S) | 090 | A | | | 2 | 2 | | | 606 | 624 | 18 | 22.98 | 24.08 | 1.10 | 0 |
| 36825 | ARTERY-VEIN AUTOGRAFT | 090 | A | | | 1 | 2 | | | 306 | 322 | 16 | 14.17 | 15.05 | 0.88 | 0 |
| 36830 | ARTERY-VEIN NONAUTOGRAFT | 090 | A | | | 1 | 1 | | | 248 | 257 | 9 | 12.03 | 12.58 | 0.55 | 0 |
| 36831 | OPEN THROMBECT AV FISTULA | 090 | A | | | 1 | 1 | | | 248 | 257 | 9 | 11.00 | 11.55 | 0.55 | 0 |
| 36832 | AV FISTULA REVISION OPEN | 090 | A | | | 1 | 2 | | | 276 | 292 | 16 | 13.50 | 14.38 | 0.88 | 0 |
| 36833 | AV FISTULA REVISION | 090 | A | | | 1 | 2 | | | 306 | 322 | 16 | 14.50 | 15.38 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 36835 | ARTERY TO VEIN SHUNT | 090 | A | | | 2.5 | | | | 242 | 247 | 5 | 7.51 | 8.06 | 0.55 | 0 |
| 36838 | DIST REVAS LIGATION HEMO | 090 | A | | | | 2 | | | 424 | 438 | 14 | 21.69 | 22.35 | 0.66 | 0 |
| 37140 | REVISION OF CIRCULATION | 090 | A | | | | 3 | | | 845 | 866 | 21 | 40.00 | 40.99 | 0.99 | 0 |
| 37145 | REVISION OF CIRCULATION | 090 | A | | | | 3 | | | 798 | 819 | 21 | 37.00 | 37.99 | 0.99 | 0 |
| 37160 | REVISION OF CIRCULATION | 090 | A | | | | 3 | | | 785 | 806 | 21 | 38.00 | 38.99 | 0.99 | 0 |
| 37180 | REVISION OF CIRCULATION | 090 | A | | | | 3 | | | 805 | 826 | 21 | 36.50 | 37.49 | 0.99 | 0 |
| 37181 | SPLICE SPLEEN/KIDNEY VEINS | 090 | A | | | | 3 | | | 785 | 806 | 21 | 40.00 | 40.99 | 0.99 | 0 |
| 37215 | TRANSCATH STENT CCA W/EPS | 090 | R | | | | 2 | | | 337 | 351 | 14 | 17.75 | 18.41 | 0.66 | 0 |
| 37216 | TRANSCATH STENT CCA W/O EP | 090 | N | | | | 2 | | | 341 | 355 | 14 | 17.98 | 18.64 | 0.66 | 0 |
| 37217 | STENT PLACEMT RETRO CAROTI | 090 | A | | | | 2 | | | 403 | 417 | 14 | 20.38 | 21.04 | 0.66 | 0 |
| 37218 | STENT PLACEMT ANTE CAROTID | 090 | A | | | | 2 | | | 255 | 269 | 14 | 14.75 | 15.41 | 0.66 | 0 |
| 37500 | ENDOSCOPY LIGATE PERF VEIN | 090 | A | | | 1 | 2 | | | 261 | 277 | 16 | 11.67 | 12.55 | 0.88 | 0 |
| 37565 | LIGATION OF NECK VEIN | 090 | A | | | 1 | 1 | | | 312 | 321 | 9 | 12.05 | 12.60 | 0.55 | 0 |
| 37600 | LIGATION OF NECK ARTERY | 090 | A | | | 1 | 1 | | | 322 | 331 | 9 | 12.42 | 12.97 | 0.55 | 0 |
| 37605 | LIGATION OF NECK ARTERY | 090 | A | | | 1 | 1 | | | 342 | 351 | 9 | 14.28 | 14.83 | 0.55 | 0 |
| 37606 | LIGATION OF NECK ARTERY | 090 | A | | | 3 | | | | 606 | 612 | 6 | 8.81 | 9.47 | 0.66 | 0 |
| 37607 | LIGATION OF A-V FISTULA | 090 | A | | | 2 | | | | 242 | 246 | 4 | 6.25 | 6.69 | 0.44 | 0 |
| 37609 | TEMPORAL ARTERY PROCEDURE | 010 | A | | | 1 | | | | 130 | 132 | 2 | 3.05 | 3.27 | 0.22 | 0 |
| 37615 | LIGATION OF NECK ARTERY | 090 | A | | | 2.5 | | | | 489 | 494 | 5 | 7.80 | 8.35 | 0.55 | 0 |
| 37616 | LIGATION OF CHEST ARTERY | 090 | A | | | 2.5 | | | | 656 | 661 | 5 | 18.97 | 19.52 | 0.55 | 0 |
| 37617 | LIGATION OF ABDOMEN ARTERY | 090 | A | | | 1 | 1 | | | 475 | 484 | 9 | 23.79 | 24.34 | 0.55 | 0 |
| 37618 | LIGATION OF EXTREMITY ARTE | 090 | A | | | 2.5 | | | | 359 | 364 | 5 | 6.03 | 6.58 | 0.55 | 0 |
| 37619 | LIGATION OF INF VENA CAVA | 090 | A | | | 1 | 2 | | | 683 | 699 | 16 | 30.00 | 30.88 | 0.88 | 0 |
| 37650 | REVISION OF MAJOR VEIN | 090 | A | | | 1 | 1 | | | 262 | 271 | 9 | 8.49 | 9.04 | 0.55 | 0 |
| 37660 | REVISION OF MAJOR VEIN | 090 | A | | | 1 | 1 | | | 397 | 406 | 9 | 22.28 | 22.83 | 0.55 | 0 |
| 37700 | REVISE LEG VEIN | 090 | A | | | 2 | | | | 152 | 156 | 4 | 3.82 | 4.26 | 0.44 | 0 |
| 37718 | LIGATE/STRIP SHORT LEG VEI | 090 | A | | | 1 | 1 | | | 178 | 187 | 9 | 7.13 | 7.68 | 0.55 | 0 |
| 37722 | LIGATE/STRIP LONG LEG VEIN | 090 | A | | | 1 | 1 | | | 198 | 207 | 9 | 8.16 | 8.71 | 0.55 | 0 |
| 37735 | REMOVAL OF LEG VEINS/LESIO | 090 | A | | | 3 | | | | 365 | 371 | 6 | 10.90 | 11.56 | 0.66 | 0 |
| 37760 | LIGATE LEG VEINS RADICAL | 090 | A | | | 3 | | | | 335 | 341 | 6 | 10.78 | 11.44 | 0.66 | 0 |
| 37761 | LIGATE LEG VEINS OPEN | 090 | A | | | 1 | 2 | | | 224 | 240 | 16 | 9.13 | 10.01 | 0.88 | 0 |
| 37765 | STAB PHLEB VEINS XTR 10-20 | 090 | A | | | 1 | 1 | | | 201 | 210 | 9 | 7.71 | 8.26 | 0.55 | 0 |
| 37766 | PHLEB VEINS - EXTREM 20+ | 090 | A | | | 1 | 1 | | | 231 | 240 | 9 | 9.66 | 10.21 | 0.55 | 0 |
| 37780 | REVISION OF LEG VEIN | 090 | A | | | 2 | | | | 179 | 183 | 4 | 3.93 | 4.37 | 0.44 | 0 |
| 37785 | LIGATE/DIVIDE/EXCISE VEIN | 090 | A | | | 2 | | | | 177 | 181 | 4 | 3.93 | 4.37 | 0.44 | 0 |
| 37788 | REVASCULARIZATION PENIS | 090 | A | | | 4 | | | | 627 | 635 | 8 | 23.33 | 24.21 | 0.88 | 0 |
| 37790 | PENILE VENOUS OCCLUSION | 090 | A | | | 2 | | | | 257 | 261 | 4 | 8.43 | 8.87 | 0.44 | 0 |
| 38100 | REMOVAL OF SPLEEN TOTAL | 090 | A | | | 1 | 1 | | | 442 | 451 | 9 | 19.55 | 20.10 | 0.55 | 0 |
| 38101 | REMOVAL OF SPLEEN PARTIAL | 090 | A | | | 1 | 1 | | | 442 | 451 | 9 | 19.55 | 20.10 | 0.55 | 0 |
| 38115 | REPAIR OF RUPTURED SPLEEN | 090 | A | | | 1 | 1 | | | 492 | 501 | 9 | 21.88 | 22.43 | 0.55 | 0 |
| 38120 | LAPAROSCOPY SPLENECTOMY | 090 | A | | | | 2 | | | 434 | 448 | 14 | 17.07 | 17.73 | 0.66 | 0 |
| 38300 | DRAINAGE LYMPH NODE LESION | 010 | A | | | 1 | 1 | | | 134 | 143 | 9 | 2.36 | 2.91 | 0.55 | 0 |
| 38305 | DRAINAGE LYMPH NODE LESION | 090 | A | | | 1 | 2 | | | 186 | 202 | 16 | 6.68 | 7.56 | 0.88 | 0 |
| 38308 | INCISION OF LYMPH CHANNELS | 090 | A | | | 1 | 1 | | | 178 | 187 | 9 | 6.81 | 7.36 | 0.55 | 0 |
| 38380 | THORACIC DUCT PROCEDURE | 090 | A | | | 4 | | | | 350 | 358 | 8 | 8.46 | 9.34 | 0.88 | 0 |
| 38381 | THORACIC DUCT PROCEDURE | 090 | A | | | 2 | | | | 348 | 352 | 4 | 13.38 | 13.82 | 0.44 | 0 |
| 38382 | THORACIC DUCT PROCEDURE | 090 | A | | | 4.5 | | | | 335 | 344 | 9 | 10.65 | 11.64 | 0.99 | 0 |
| 38500 | BIOPSY/REMOVAL LYMPH NODES | 010 | A | | | 1 | | | | 115 | 117 | 2 | 3.79 | 4.01 | 0.22 | 0 |
| 38510 | BIOPSY/REMOVAL LYMPH NODES | 010 | A | | | | 1 | | | 152 | 159 | 7 | 6.74 | 7.07 | 0.33 | 0 |
| 38520 | BIOPSY/REMOVAL LYMPH NODES | 090 | A | | | 1 | 1 | | | 193 | 202 | 9 | 7.03 | 7.58 | 0.55 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 38525 | BIOPSY/REMOVAL LYMPH NODES | 090 | A | | | 1 | 1 | | | 178 | 187 | 9 | 6.43 | 6.98 | 0.55 | 0 |
| 38530 | BIOPSY/REMOVAL LYMPH NODES | 090 | A | | | 1 | 1 | | | 205.5 | 214.5 | 9 | 8.34 | 8.89 | 0.55 | 0 |
| 38531 | OPEN BX/EXC INGUINOFEM NOD | 090 | A | | | | 2 | | | 223 | 237 | 14 | 6.74 | 7.40 | 0.66 | 0 |
| 38542 | EXPLORE DEEP NODE(S) NECK | 090 | A | | | | 2 | | | 198 | 212 | 14 | 7.95 | 8.61 | 0.66 | 0 |
| 38550 | REMOVAL NECK/ARMPIT LESION | 090 | A | | | 4 | | | | 211 | 219 | 8 | 7.11 | 7.99 | 0.88 | 0 |
| 38555 | REMOVAL NECK/ARMPIT LESION | 090 | A | | | 5.5 | | | | 536 | 547 | 11 | 15.59 | 16.80 | 1.21 | 0 |
| 38562 | REMOVAL PELVIC LYMPH NODES | 090 | A | | | 4.5 | | | | 326 | 335 | 9 | 11.06 | 12.05 | 0.99 | 0 |
| 38564 | REMOVAL ABDOMEN LYMPH NODE | 090 | A | | | 3 | | | | 349 | 355 | 6 | 11.38 | 12.04 | 0.66 | 0 |
| 38570 | LAPAROSCOPY LYMPH NODE BIO | 010 | A | | | 1 | 1 | | | 220 | 229 | 9 | 8.49 | 9.04 | 0.55 | 0 |
| 38571 | LAPAROSCOPY LYMPHADENECTOM | 010 | A | | | 1 | 1 | | | 250 | 259 | 9 | 12.00 | 12.55 | 0.55 | 0 |
| 38572 | LAPAROSCOPY LYMPHADENECTOM | 010 | A | | | | 1 | 1 | | 321 | 337 | 16 | 15.60 | 16.35 | 0.75 | -2 |
| 38573 | LAPS PELVIC LYMPHADEC | 010 | A | | | | 1 | 1 | | 360 | 376 | 16 | 20.00 | 20.75 | 0.75 | -2 |
| 38700 | REMOVAL OF LYMPH NODES NEC | 090 | A | | | 1 | 2 | | | 300 | 316 | 16 | 12.81 | 13.69 | 0.88 | 0 |
| 38720 | REMOVAL OF LYMPH NODES NEC | 090 | A | | | | 3 | 1 | | 482 | 512 | 30 | 21.95 | 23.36 | 1.41 | -2 |
| 38724 | REMOVAL OF LYMPH NODES NEC | 090 | A | | | | 3 | 1 | | 512 | 542 | 30 | 23.95 | 25.36 | 1.41 | -2 |
| 38740 | REMOVE ARMPIT LYMPH NODES | 090 | A | | | 1 | 2 | | | 231 | 247 | 16 | 10.70 | 11.58 | 0.88 | 0 |
| 38745 | REMOVE ARMPIT LYMPH NODES | 090 | A | | | 1 | 1 | 1 | | 270.5 | 288.5 | 18 | 13.87 | 14.84 | 0.97 | -2 |
| 38760 | REMOVE GROIN LYMPH NODES | 090 | A | | | 1 | 2 | | | 241 | 257 | 16 | 13.62 | 14.50 | 0.88 | 0 |
| 38765 | REMOVE GROIN LYMPH NODES | 090 | A | | | 1 | 2 | | | 465 | 481 | 16 | 21.91 | 22.79 | 0.88 | 0 |
| 38770 | REMOVE PELVIS LYMPH NODES | 090 | A | | | 2.5 | | | | 403 | 408 | 5 | 14.06 | 14.61 | 0.55 | 0 |
| 38780 | REMOVE ABDOMEN LYMPH NODES | 090 | A | | | 4.5 | | | | 551 | 560 | 9 | 17.70 | 18.69 | 0.99 | 0 |
| 38794 | ACCESS THORACIC LYMPH DUCT | 090 | A | | | 3.5 | | | | 207 | 214 | 7 | 4.62 | 5.39 | 0.77 | 0 |
| 39000 | EXPLORATION OF CHEST | 090 | A | | | | 1.5 | | | 381.5 | 392 | 10.5 | 7.57 | 8.07 | 0.50 | 0 |
| 39010 | EXPLORATION OF CHEST | 090 | A | | | | 1.5 | | | 423.5 | 434 | 10.5 | 13.19 | 13.68 | 0.50 | 0 |
| 39200 | RESECT MEDIASTINAL CYST | 090 | A | | | | 1 | | | 459 | 466 | 7 | 15.09 | 15.42 | 0.33 | 0 |
| 39220 | RESECT MEDIASTINAL TUMOR | 090 | A | | | 1 | 1 | | | 436 | 445 | 9 | 19.55 | 20.10 | 0.55 | 0 |
| 39501 | REPAIR DIAPHRAGM LACERATIO | 090 | A | | | 3 | | | | 378 | 384 | 6 | 13.98 | 14.64 | 0.66 | 0 |
| 39503 | REPAIR OF DIAPHRAGM HERNIA | 090 | A | | | 2 | 2 | 1 | | 2138 | 2165 | 27 | 108.91 | 110.43 | 1.52 | -2 |
| 39540 | REPAIR OF DIAPHRAGM HERNIA | 090 | A | | | 2 | | | | 490 | 494 | 4 | 14.57 | 15.01 | 0.44 | 0 |
| 39541 | REPAIR OF DIAPHRAGM HERNIA | 090 | A | | | 2.5 | | | | 522 | 527 | 5 | 15.75 | 16.30 | 0.55 | 0 |
| 39545 | REVISION OF DIAPHRAGM | 090 | A | | | 3 | | | | 466 | 472 | 6 | 14.67 | 15.33 | 0.66 | 0 |
| 39560 | RESECT DIAPHRAGM SIMPLE | 090 | A | | | 3 | | | | 323 | 329 | 6 | 13.06 | 13.72 | 0.66 | 0 |
| 39561 | RESECT DIAPHRAGM COMPLEX | 090 | A | | | | | 3 | | 505 | 532 | 27 | 19.99 | 21.25 | 1.26 | -6 |
| 40500 | PARTIAL EXCISION OF LIP | 090 | A | | | 4 | | | | 206 | 214 | 8 | 4.47 | 5.35 | 0.88 | 0 |
| 40510 | PARTIAL EXCISION OF LIP | 090 | A | | | 2.5 | | | | 153 | 158 | 5 | 4.82 | 5.37 | 0.55 | 0 |
| 40520 | PARTIAL EXCISION OF LIP | 090 | A | | | 2.5 | | | | 151 | 156 | 5 | 4.79 | 5.34 | 0.55 | 0 |
| 40525 | RECONSTRUCT LIP WITH FLAP | 090 | A | | | 3.5 | | | | 270 | 277 | 7 | 7.72 | 8.49 | 0.77 | 0 |
| 40527 | RECONSTRUCT LIP WITH FLAP | 090 | A | | | 4 | | | | 316 | 324 | 8 | 9.32 | 10.20 | 0.88 | 0 |
| 40530 | PARTIAL REMOVAL OF LIP | 090 | A | | | 3 | | | | 191 | 197 | 6 | 5.54 | 6.20 | 0.66 | 0 |
| 40650 | REPAIR LIP | 090 | A | | | 3 | | | | 126 | 132 | 6 | 3.78 | 4.44 | 0.66 | 0 |
| 40652 | REPAIR LIP | 090 | A | | | 3.5 | | | | 154 | 161 | 7 | 4.43 | 5.20 | 0.77 | 0 |
| 40654 | REPAIR LIP | 090 | A | | | 3.5 | | | | 183 | 190 | 7 | 5.48 | 6.25 | 0.77 | 0 |
| 40700 | REPAIR CLEFT LIP/NASAL | 090 | A | | | | 4 | | | 337 | 365 | 28 | 14.17 | 15.49 | 1.32 | 0 |
| 40701 | REPAIR CLEFT LIP/NASAL | 090 | A | | | | 4 | | | 380 | 408 | 28 | 17.23 | 18.55 | 1.32 | 0 |
| 40702 | REPAIR CLEFT LIP/NASAL | 090 | A | | | | 3.5 | | | 348.5 | 373 | 24.5 | 14.27 | 15.43 | 1.16 | 0 |
| 40720 | REPAIR CLEFT LIP/NASAL | 090 | A | | | | 3.5 | | | 357.5 | 382 | 24.5 | 14.72 | 15.88 | 1.16 | 0 |
| 40761 | REPAIR CLEFT LIP/NASAL | 090 | A | | | | 3 | | | 387 | 408 | 21 | 15.84 | 16.83 | 0.99 | 0 |
| 40800 | DRAINAGE OF MOUTH LESION | 010 | A | | 1 | 1 | | | | 63 | 65 | 2 | 1.23 | 1.45 | 0.22 | -2 |
| 40801 | DRAINAGE OF MOUTH LESION | 010 | A | | | 2 | | | | 87 | 91 | 4 | 2.63 | 3.07 | 0.44 | 0 |
| 40804 | REMOVAL FOREIGN BODY MOUTH | 010 | A | | 1 | 1 | | | | 78 | 80 | 2 | 1.30 | 1.52 | 0.22 | -2 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 40805 | REMOVAL FOREIGN BODY MOUTH | 010 | A | | | 2 | | | | 97 | 101 | 4 | 2.79 | 3.23 | 0.44 | 0 |
| 40808 | BIOPSY OF MOUTH LESION | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.01 | 1.23 | 0.22 | 0 |
| 40810 | EXCISION OF MOUTH LESION | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.36 | 1.58 | 0.22 | 0 |
| 40812 | EXCISE/REPAIR MOUTH LESION | 010 | A | | 1 | 1 | | | | 68 | 70 | 2 | 2.37 | 2.59 | 0.22 | -2 |
| 40814 | EXCISE/REPAIR MOUTH LESION | 090 | A | | 1 | 2 | | | | 96 | 100 | 4 | 3.52 | 3.96 | 0.44 | -2 |
| 40816 | EXCISION OF MOUTH LESION | 090 | A | | 1 | 2 | | | | 114 | 118 | 4 | 3.77 | 4.21 | 0.44 | -2 |
| 40818 | EXCISE ORAL MUCOSA FOR GRA | 090 | A | | | 2 | 1 | | | 123 | 134 | 11 | 2.83 | 3.60 | 0.77 | 0 |
| 40819 | EXCISE LIP OR CHEEK FOLD | 090 | A | | | 2 | | | | 77 | 81 | 4 | 2.51 | 2.95 | 0.44 | 0 |
| 40820 | TREATMENT OF MOUTH LESION | 010 | A | | 1 | 1 | | | | 68 | 70 | 2 | 1.34 | 1.56 | 0.22 | -2 |
| 40830 | REPAIR MOUTH LACERATION | 010 | A | | 1 | 1 | | | | 68 | 70 | 2 | 1.82 | 2.04 | 0.22 | -2 |
| 40831 | REPAIR MOUTH LACERATION | 010 | A | | 1 | 2 | | | | 99 | 103 | 4 | 2.57 | 3.01 | 0.44 | -2 |
| 40840 | RECONSTRUCTION OF MOUTH | 090 | R | | 1 | 2 | 1 | | | 272 | 283 | 11 | 9.15 | 9.92 | 0.77 | -2 |
| 40842 | RECONSTRUCTION OF MOUTH | 090 | R | | 1 | 2 | 1 | | | 250 | 261 | 11 | 9.15 | 9.92 | 0.77 | -2 |
| 40843 | RECONSTRUCTION OF MOUTH | 090 | R | | 1 | | 1 | | 1 | 370 | 392 | 22 | 12.79 | 13.81 | 1.02 | -3 |
| 40844 | RECONSTRUCTION OF MOUTH | 090 | R | | 1 | 2 | 1 | | 1 | 417 | 443 | 26 | 16.80 | 18.26 | 1.46 | -3 |
| 40845 | RECONSTRUCTION OF MOUTH | 090 | R | | 1 | 2 | 1 | | 1 | 397 | 423 | 26 | 19.36 | 20.82 | 1.46 | -3 |
| 41000 | DRAINAGE OF MOUTH LESION | 010 | A | | | 1 | | | | 51 | 53 | 2 | 1.35 | 1.57 | 0.22 | 0 |
| 41005 | DRAINAGE OF MOUTH LESION | 010 | A | | | 1 | | | | 53 | 55 | 2 | 1.31 | 1.53 | 0.22 | 0 |
| 41006 | DRAINAGE OF MOUTH LESION | 090 | A | | | 2 | | | | 104 | 108 | 4 | 3.34 | 3.78 | 0.44 | 0 |
| 41007 | DRAINAGE OF MOUTH LESION | 090 | A | | | 2 | | | | 106 | 110 | 4 | 3.20 | 3.64 | 0.44 | 0 |
| 41008 | DRAINAGE OF MOUTH LESION | 090 | A | | | 2 | | | | 109 | 113 | 4 | 3.46 | 3.90 | 0.44 | 0 |
| 41009 | DRAINAGE OF MOUTH LESION | 090 | A | | | 2.5 | | | | 119 | 124 | 5 | 3.71 | 4.26 | 0.55 | 0 |
| 41010 | INCISION OF TONGUE FOLD | 010 | A | | | 1 | | | | 40 | 42 | 2 | 1.11 | 1.33 | 0.22 | 0 |
| 41015 | DRAINAGE OF MOUTH LESION | 090 | A | | | 2.5 | | | | 131 | 136 | 5 | 4.08 | 4.63 | 0.55 | 0 |
| 41016 | DRAINAGE OF MOUTH LESION | 090 | A | | | 2.5 | | | | 169 | 174 | 5 | 4.19 | 4.74 | 0.55 | 0 |
| 41017 | DRAINAGE OF MOUTH LESION | 090 | A | | | 2.5 | | | | 176 | 181 | 5 | 4.19 | 4.74 | 0.55 | 0 |
| 41018 | DRAINAGE OF MOUTH LESION | 090 | A | | | 2.5 | | | | 179 | 184 | 5 | 5.22 | 5.77 | 0.55 | 0 |
| 41100 | BIOPSY OF TONGUE | 010 | A | | | 1 | | | | 66 | 68 | 2 | 1.42 | 1.64 | 0.22 | 0 |
| 41105 | BIOPSY OF TONGUE | 010 | A | | | 1 | | | | 51 | 53 | 2 | 1.47 | 1.69 | 0.22 | 0 |
| 41108 | BIOPSY OF FLOOR OF MOUTH | 010 | A | | | 1 | | | | 42 | 44 | 2 | 1.10 | 1.32 | 0.22 | 0 |
| 41110 | EXCISION OF TONGUE LESION | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.56 | 1.78 | 0.22 | 0 |
| 41112 | EXCISION OF TONGUE LESION | 090 | A | | | 2 | | | | 93 | 97 | 4 | 2.83 | 3.27 | 0.44 | 0 |
| 41113 | EXCISION OF TONGUE LESION | 090 | A | | | 2 | | | | 104 | 108 | 4 | 3.29 | 3.73 | 0.44 | 0 |
| 41114 | EXCISION OF TONGUE LESION | 090 | A | | | 3.5 | | | | 275 | 282 | 7 | 8.82 | 9.59 | 0.77 | 0 |
| 41115 | EXCISION OF TONGUE FOLD | 010 | A | | | 1 | | | | 48 | 50 | 2 | 1.79 | 2.01 | 0.22 | 0 |
| 41116 | EXCISION OF MOUTH LESION | 090 | A | | | 1.5 | | | | 74 | 77 | 3 | 2.52 | 2.85 | 0.33 | 0 |
| 41120 | PARTIAL REMOVAL OF TONGUE | 090 | A | | | | 3 | 1 | | 278 | 308 | 30 | 11.14 | 12.55 | 1.41 | -2 |
| 41130 | PARTIAL REMOVAL OF TONGUE | 090 | A | | | | 3 | 1 | | 407 | 437 | 30 | 15.74 | 17.15 | 1.41 | -2 |
| 41135 | TONGUE AND NECK SURGERY | 090 | A | | | 1 | 4 | 1 | | 696 | 735 | 39 | 30.14 | 32.10 | 1.96 | -2 |
| 41140 | REMOVAL OF TONGUE | 090 | A | | | 1 | 3 | 2 | | 728 | 769 | 41 | 29.15 | 31.20 | 2.05 | -4 |
| 41145 | TONGUE REMOVAL NECK SURGER | 090 | A | | | 1 | 3 | 2 | | 913 | 954 | 41 | 37.93 | 39.98 | 2.05 | -4 |
| 41150 | TONGUE MOUTH JAW SURGERY | 090 | A | | | 1 | 3 | 2 | | 713 | 754 | 41 | 29.86 | 31.91 | 2.05 | -4 |
| 41153 | TONGUE MOUTH NECK SURGERY | 090 | A | | | 1 | 4 | 1 | | 826 | 865 | 39 | 33.59 | 35.55 | 1.96 | -2 |
| 41155 | TONGUE JAW & NECK SURGERY | 090 | A | | | 1 | 3 | 2 | | 968 | 1009 | 41 | 44.30 | 46.35 | 2.05 | -4 |
| 41250 | REPAIR TONGUE LACERATION | 010 | A | | | 1 | | | | 69 | 71 | 2 | 1.96 | 2.18 | 0.22 | 0 |
| 41251 | REPAIR TONGUE LACERATION | 010 | A | | | 1 | | | | 80 | 82 | 2 | 2.32 | 2.54 | 0.22 | 0 |
| 41252 | REPAIR TONGUE LACERATION | 010 | A | | | 1 | | | | 91 | 93 | 2 | 3.02 | 3.24 | 0.22 | 0 |
| 41510 | TONGUE TO LIP SURGERY | 090 | A | | | 2 | | | | 97 | 101 | 4 | 3.51 | 3.95 | 0.44 | 0 |
| 41512 | TONGUE SUSPENSION | 090 | A | | | 2 | 1 | | | 209 | 220 | 11 | 6.86 | 7.63 | 0.77 | 0 |
| 41520 | RECONSTRUCTION TONGUE FOLD | 090 | A | | | 2 | | | | 90 | 94 | 4 | 2.83 | 3.27 | 0.44 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 41800 | DRAINAGE OF GUM LESION | 010 | A | | | 2 | | | | 59 | 63 | 4 | 1.27 | 1.71 | 0.44 | 0 |
| 41805 | REMOVAL FOREIGN BODY GUM | 010 | A | | | 2 | | | | 55 | 59 | 4 | 1.34 | 1.78 | 0.44 | 0 |
| 41806 | REMOVAL FOREIGN BODY JAWBO | 010 | A | | | 2 | | | | 80 | 84 | 4 | 2.79 | 3.23 | 0.44 | 0 |
| 41822 | EXCISION OF GUM LESION | 010 | R | | | 2 | | | | 107 | 111 | 4 | 2.41 | 2.85 | 0.44 | 0 |
| 41823 | EXCISION OF GUM LESION | 090 | R | | | 3 | 1 | | | 138 | 151 | 13 | 3.77 | 4.76 | 0.99 | 0 |
| 41825 | EXCISION OF GUM LESION | 010 | A | | | 2 | | | | 57 | 61 | 4 | 1.41 | 1.85 | 0.44 | 0 |
| 41826 | EXCISION OF GUM LESION | 010 | A | | | 2 | | | | 73 | 77 | 4 | 2.41 | 2.85 | 0.44 | 0 |
| 41827 | EXCISION OF GUM LESION | 090 | A | | | 2 | 1 | | | 141 | 152 | 11 | 3.83 | 4.60 | 0.77 | 0 |
| 41828 | EXCISION OF GUM LESION | 010 | R | | | 1 | | | | 129 | 131 | 2 | 3.14 | 3.36 | 0.22 | 0 |
| 41830 | REMOVAL OF GUM TISSUE | 010 | R | | 1 | 2 | | | | 154 | 158 | 4 | 3.45 | 3.89 | 0.44 | -2 |
| 41872 | REPAIR GUM | 090 | R | | | 2 | 1 | | | 122 | 133 | 11 | 3.01 | 3.78 | 0.77 | 0 |
| 41874 | REPAIR TOOTH SOCKET | 090 | R | | | 2 | | | | 152 | 156 | 4 | 3.19 | 3.63 | 0.44 | 0 |
| 42000 | DRAINAGE MOUTH ROOF LESION | 010 | A | | | 1 | | | | 49 | 51 | 2 | 1.28 | 1.50 | 0.22 | 0 |
| 42100 | BIOPSY ROOF OF MOUTH | 010 | A | | | 1 | | | | 42 | 44 | 2 | 1.36 | 1.58 | 0.22 | 0 |
| 42104 | EXCISION LESION MOUTH ROOF | 010 | A | | | 1 | | | | 52 | 54 | 2 | 1.69 | 1.91 | 0.22 | 0 |
| 42106 | EXCISION LESION MOUTH ROOF | 010 | A | | | 1 | | | | 68 | 70 | 2 | 2.15 | 2.37 | 0.22 | 0 |
| 42107 | EXCISION LESION MOUTH ROOF | 090 | A | | | 2.5 | | | | 160 | 165 | 5 | 4.56 | 5.11 | 0.55 | 0 |
| 42120 | REMOVE PALATE/LESION | 090 | A | | | 2 | 2 | | | 306 | 324 | 18 | 11.86 | 12.96 | 1.10 | 0 |
| 42140 | EXCISION OF UVULA | 090 | A | | | 1.5 | | | | 84 | 87 | 3 | 1.70 | 2.03 | 0.33 | 0 |
| 42145 | REPAIR PALATE PHARYNX/UVUL | 090 | A | | | | 3 | | | 262 | 283 | 21 | 9.78 | 10.77 | 0.99 | 0 |
| 42160 | TREATMENT MOUTH ROOF LESIO | 010 | A | | | 1 | | | | 54 | 56 | 2 | 1.85 | 2.07 | 0.22 | 0 |
| 42180 | REPAIR PALATE | 010 | A | | | 1 | | | | 65 | 67 | 2 | 2.55 | 2.77 | 0.22 | 0 |
| 42182 | REPAIR PALATE | 010 | A | | | 1 | | | | 90 | 92 | 2 | 3.87 | 4.09 | 0.22 | 0 |
| 42200 | RECONSTRUCT CLEFT PALATE | 090 | A | | 1 | 2 | 1 | | | 330 | 341 | 11 | 12.53 | 13.30 | 0.77 | -2 |
| 42205 | RECONSTRUCT CLEFT PALATE | 090 | A | | | 3 | | | | 288 | 294 | 6 | 13.66 | 14.32 | 0.66 | 0 |
| 42210 | RECONSTRUCT CLEFT PALATE | 090 | A | | 1 | 2 | 1 | | | 390 | 401 | 11 | 15.03 | 15.80 | 0.77 | -2 |
| 42215 | RECONSTRUCT CLEFT PALATE | 090 | A | | | 3.5 | | | | 265 | 272 | 7 | 8.99 | 9.76 | 0.77 | 0 |
| 42220 | RECONSTRUCT CLEFT PALATE | 090 | A | | | 3 | | | | 260 | 266 | 6 | 7.16 | 7.82 | 0.66 | 0 |
| 42225 | RECONSTRUCT CLEFT PALATE | 090 | A | | | 3.5 | | | | 287 | 294 | 7 | 9.77 | 10.54 | 0.77 | 0 |
| 42226 | LENGTHENING OF PALATE | 090 | A | | | 3.5 | | | | 316 | 323 | 7 | 10.35 | 11.12 | 0.77 | 0 |
| 42227 | LENGTHENING OF PALATE | 090 | A | | | 3 | | | | 291 | 297 | 6 | 9.90 | 10.56 | 0.66 | 0 |
| 42235 | REPAIR PALATE | 090 | A | | | 3 | | | | 248 | 254 | 6 | 8.01 | 8.67 | 0.66 | 0 |
| 42260 | REPAIR NOSE TO LIP FISTULA | 090 | A | | 1 | 2 | 1 | | | 280 | 291 | 11 | 10.22 | 10.99 | 0.77 | -2 |
| 42280 | PREPARATION PALATE MOLD | 010 | A | | | 1 | | | | 53 | 55 | 2 | 1.59 | 1.81 | 0.22 | 0 |
| 42281 | INSERTION PALATE PROSTHESI | 010 | A | | | 1 | | | | 83 | 85 | 2 | 1.98 | 2.20 | 0.22 | 0 |
| 42300 | DRAINAGE OF SALIVARY GLAND | 010 | A | | | 1 | | | | 66 | 68 | 2 | 1.98 | 2.20 | 0.22 | 0 |
| 42305 | DRAINAGE OF SALIVARY GLAND | 090 | A | | | 2.5 | | | | 203 | 208 | 5 | 6.31 | 6.86 | 0.55 | 0 |
| 42310 | DRAINAGE OF SALIVARY GLAND | 010 | A | | | 1 | | | | 57 | 59 | 2 | 1.61 | 1.83 | 0.22 | 0 |
| 42320 | DRAINAGE OF SALIVARY GLAND | 010 | A | | | 1 | | | | 77 | 79 | 2 | 2.40 | 2.62 | 0.22 | 0 |
| 42330 | REMOVAL OF SALIVARY STONE | 010 | A | | | 1 | | | | 63 | 65 | 2 | 2.26 | 2.48 | 0.22 | 0 |
| 42335 | REMOVAL OF SALIVARY STONE | 090 | A | | | 2 | | | | 98 | 102 | 4 | 3.41 | 3.85 | 0.44 | 0 |
| 42340 | REMOVAL OF SALIVARY STONE | 090 | A | | | 2.5 | | | | 136 | 141 | 5 | 4.72 | 5.27 | 0.55 | 0 |
| 42405 | BIOPSY OF SALIVARY GLAND | 010 | A | | | 1 | | | | 95 | 97 | 2 | 3.34 | 3.56 | 0.22 | 0 |
| 42408 | EXCISION OF SALIVARY CYST | 090 | A | | | 2.5 | | | | 134 | 139 | 5 | 4.66 | 5.21 | 0.55 | 0 |
| 42409 | DRAINAGE OF SALIVARY CYST | 090 | A | | | 2 | | | | 87 | 91 | 4 | 2.91 | 3.35 | 0.44 | 0 |
| 42410 | EXCISE PAROTID GLAND/LESIO | 090 | A | | | 3.5 | | | | 285 | 292 | 7 | 9.57 | 10.34 | 0.77 | 0 |
| 42415 | EXCISE PAROTID GLAND/LESIO | 090 | A | | | 1 | 2 | | | 333 | 349 | 16 | 17.16 | 18.04 | 0.88 | 0 |
| 42420 | EXCISE PAROTID GLAND/LESIO | 090 | A | | | 1 | 2 | | | 383 | 399 | 16 | 19.53 | 20.41 | 0.88 | 0 |
| 42425 | EXCISE PAROTID GLAND/LESIO | 090 | A | | | 3.5 | | | | 348 | 355 | 7 | 13.42 | 14.19 | 0.77 | 0 |
| 42426 | EXCISE PAROTID GLAND/LESIO | 090 | A | | | 4 | | | | 654 | 662 | 8 | 22.66 | 23.54 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 42440 | EXCISE SUBMAXILLARY GLAND | 090 | A | | | 1 | 1 | | | 198 | 207 | 9 | 6.14 | 6.69 | 0.55 | 0 |
| 42450 | EXCISE SUBLINGUAL GLAND | 090 | A | | | 2.5 | | | | 155 | 160 | 5 | 4.74 | 5.29 | 0.55 | 0 |
| 42500 | REPAIR SALIVARY DUCT | 090 | A | | | 2.5 | | | | 148 | 153 | 5 | 4.42 | 4.97 | 0.55 | 0 |
| 42505 | REPAIR SALIVARY DUCT | 090 | A | | | 3 | | | | 207 | 213 | 6 | 6.32 | 6.98 | 0.66 | 0 |
| 42507 | PAROTID DUCT DIVERSION | 090 | A | | | 3 | | | | 191 | 197 | 6 | 6.25 | 6.91 | 0.66 | 0 |
| 42509 | PAROTID DUCT DIVERSION | 090 | A | | | 3.5 | | | | 349 | 356 | 7 | 11.76 | 12.53 | 0.77 | 0 |
| 42510 | PAROTID DUCT DIVERSION | 090 | A | | | 3 | | | | 270 | 276 | 6 | 8.35 | 9.01 | 0.66 | 0 |
| 42600 | CLOSURE OF SALIVARY FISTUL | 090 | A | | | 2.5 | | | | 163 | 168 | 5 | 4.94 | 5.49 | 0.55 | 0 |
| 42665 | LIGATION OF SALIVARY DUCT | 090 | A | | | 2 | | | | 92 | 96 | 4 | 2.63 | 3.07 | 0.44 | 0 |
| 42700 | DRAINAGE OF TONSIL ABSCESS | 010 | A | | | 1 | | | | 53 | 55 | 2 | 1.67 | 1.89 | 0.22 | 0 |
| 42725 | DRAINAGE OF THROAT ABSCESS | 090 | A | | | 1 | 2 | | | 390 | 406 | 16 | 12.41 | 13.29 | 0.88 | 0 |
| 42800 | BIOPSY OF THROAT | 010 | A | | | 1 | | | | 45 | 47 | 2 | 1.44 | 1.66 | 0.22 | 0 |
| 42804 | BIOPSY OF UPPER NOSE/THROA | 010 | A | | | 1 | | | | 49 | 51 | 2 | 1.29 | 1.51 | 0.22 | 0 |
| 42806 | BIOPSY OF UPPER NOSE/THROA | 010 | A | | | 1 | | | | 74 | 76 | 2 | 1.63 | 1.85 | 0.22 | 0 |
| 42808 | EXCISE PHARYNX LESION | 010 | A | | | 1 | | | | 87 | 89 | 2 | 2.35 | 2.57 | 0.22 | 0 |
| 42809 | REMOVE PHARYNX FOREIGN BOD | 010 | A | | | 1 | | | | 72 | 74 | 2 | 1.86 | 2.08 | 0.22 | 0 |
| 42810 | EXCISION OF NECK CYST | 090 | A | | | 2.5 | | | | 126 | 131 | 5 | 3.38 | 3.93 | 0.55 | 0 |
| 42815 | EXCISION OF NECK CYST | 090 | A | | | 2.5 | | | | 240 | 245 | 5 | 7.31 | 7.86 | 0.55 | 0 |
| 42820 | REMOVE TONSILS AND ADENOID | 090 | A | | | | 1 | | | 151 | 158 | 7 | 4.22 | 4.55 | 0.33 | 0 |
| 42821 | REMOVE TONSILS AND ADENOID | 090 | A | | | 1.5 | | | | 141 | 144 | 3 | 4.36 | 4.69 | 0.33 | 0 |
| 42825 | REMOVAL OF TONSILS | 090 | A | | | 2 | | | | 130 | 134 | 4 | 3.51 | 3.95 | 0.44 | 0 |
| 42826 | REMOVAL OF TONSILS | 090 | A | | | 1.5 | | | | 124 | 127 | 3 | 3.45 | 3.78 | 0.33 | 0 |
| 42830 | REMOVAL OF ADENOIDS | 090 | A | | | 1.5 | | | | 103 | 106 | 3 | 2.65 | 2.98 | 0.33 | 0 |
| 42831 | REMOVAL OF ADENOIDS | 090 | A | | | 2 | | | | 93 | 97 | 4 | 2.81 | 3.25 | 0.44 | 0 |
| 42835 | REMOVAL OF ADENOIDS | 090 | A | | | 1.5 | | | | 81 | 84 | 3 | 2.38 | 2.71 | 0.33 | 0 |
| 42836 | REMOVAL OF ADENOIDS | 090 | A | | | 1.5 | | | | 84 | 87 | 3 | 3.26 | 3.59 | 0.33 | 0 |
| 42842 | EXTENSIVE SURGERY OF THROA | 090 | A | | | 1 | 2 | 1 | | 330 | 355 | 25 | 12.23 | 13.53 | 1.30 | -2 |
| 42844 | EXTENSIVE SURGERY OF THROA | 090 | A | | | 1 | 2 | 1 | | 445 | 470 | 25 | 17.78 | 19.08 | 1.30 | -2 |
| 42845 | EXTENSIVE SURGERY OF THROA | 090 | A | | | 1 | 2 | 1 | | 825 | 850 | 25 | 32.56 | 33.86 | 1.30 | -2 |
| 42860 | EXCISION OF TONSIL TAGS | 090 | A | | | 1.5 | | | | 76 | 79 | 3 | 2.30 | 2.63 | 0.33 | 0 |
| 42870 | EXCISION OF LINGUAL TONSIL | 090 | A | | | 2.5 | | | | 167 | 172 | 5 | 5.52 | 6.07 | 0.55 | 0 |
| 42890 | PARTIAL REMOVAL OF PHARYNX | 090 | A | | | 1 | 2 | 1 | | 510 | 535 | 25 | 19.13 | 20.43 | 1.30 | -2 |
| 42892 | REVISION OF PHARYNGEAL WAL | 090 | A | | | 1 | 3 | 1 | | 643 | 675 | 32 | 26.03 | 27.66 | 1.63 | -2 |
| 42894 | REVISION OF PHARYNGEAL WAL | 090 | A | | | 1 | 4 | 1 | | 836 | 875 | 39 | 33.92 | 35.88 | 1.96 | -2 |
| 42900 | REPAIR THROAT WOUND | 010 | A | | | 1 | | | | 163 | 165 | 2 | 5.29 | 5.51 | 0.22 | 0 |
| 42950 | RECONSTRUCTION OF THROAT | 090 | A | | | 3.5 | | | | 293 | 300 | 7 | 8.27 | 9.04 | 0.77 | 0 |
| 42953 | REPAIR THROAT ESOPHAGUS | 090 | A | | | 4 | | | | 409 | 417 | 8 | 9.45 | 10.33 | 0.88 | 0 |
| 42955 | SURGICAL OPENING OF THROAT | 090 | A | | | 3 | | | | 282 | 288 | 6 | 8.01 | 8.67 | 0.66 | 0 |
| 42960 | CONTROL THROAT BLEEDING | 010 | A | | | 1 | | | | 70 | 72 | 2 | 2.38 | 2.60 | 0.22 | 0 |
| 42961 | CONTROL THROAT BLEEDING | 090 | A | | | 2.5 | | | | 193 | 198 | 5 | 5.77 | 6.32 | 0.55 | 0 |
| 42962 | CONTROL THROAT BLEEDING | 090 | A | | | 3 | | | | 234 | 240 | 6 | 7.40 | 8.06 | 0.66 | 0 |
| 42970 | CONTROL NOSE/THROAT BLEEDI | 090 | A | | | 2 | | | | 193 | 197 | 4 | 5.82 | 6.26 | 0.44 | 0 |
| 42971 | CONTROL NOSE/THROAT BLEEDI | 090 | A | | | 2 | | | | 227 | 231 | 4 | 6.60 | 7.04 | 0.44 | 0 |
| 42972 | CONTROL NOSE/THROAT BLEEDI | 090 | A | | | 2 | | | | 243 | 247 | 4 | 7.59 | 8.03 | 0.44 | 0 |
| 43020 | INCISION OF ESOPHAGUS | 090 | A | | | 3 | | | | 221 | 227 | 6 | 8.23 | 8.89 | 0.66 | 0 |
| 43030 | THROAT MUSCLE SURGERY | 090 | A | | | 2.5 | | | | 244 | 249 | 5 | 7.99 | 8.54 | 0.55 | 0 |
| 43045 | INCISION OF ESOPHAGUS | 090 | A | | | | 3.5 | | | 536.5 | 561 | 24.5 | 21.88 | 23.03 | 1.16 | 0 |
| 43100 | EXCISION OF ESOPHAGUS LESI | 090 | A | | | 3.5 | | | | 334 | 341 | 7 | 9.66 | 10.43 | 0.77 | 0 |
| 43101 | EXCISION OF ESOPHAGUS LESI | 090 | A | | | 2.5 | | | | 459 | 464 | 5 | 17.07 | 17.62 | 0.55 | 0 |
| 43107 | REMOVAL OF ESOPHAGUS | 090 | A | | | 1 | 2 | 1 | | 977 | 1002 | 25 | 52.05 | 53.35 | 1.30 | -2 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 43108 | REMOVAL OF ESOPHAGUS | 090 | A | | | 1 | 2 | 1 | | 1358 | 1383 | 25 | 82.87 | 84.17 | 1.30 | -2 |
| 43112 | ESPHG TOT W/THRCM | 090 | A | | | 1 | 2 | 1 | | 1097 | 1122 | 25 | 62.00 | 63.30 | 1.30 | -2 |
| 43113 | REMOVAL OF ESOPHAGUS | 090 | A | | | 1 | 2 | 1 | | 1358 | 1383 | 25 | 80.06 | 81.36 | 1.30 | -2 |
| 43116 | PARTIAL REMOVAL OF ESOPHAG | 090 | A | | | 1 | 2 | 1 | | 1403 | 1428 | 25 | 92.99 | 94.29 | 1.30 | -2 |
| 43117 | PARTIAL REMOVAL OF ESOPHAG | 090 | A | | | 1 | 2 | 1 | | 1067 | 1092 | 25 | 57.50 | 58.80 | 1.30 | -2 |
| 43118 | PARTIAL REMOVAL OF ESOPHAG | 090 | A | | | 1 | 2 | 1 | | 1184 | 1209 | 25 | 67.07 | 68.37 | 1.30 | -2 |
| 43121 | PARTIAL REMOVAL OF ESOPHAG | 090 | A | | | 1 | 2 | 1 | | 962 | 987 | 25 | 51.43 | 52.73 | 1.30 | -2 |
| 43122 | PARTIAL REMOVAL OF ESOPHAG | 090 | A | | | 1 | 2 | 1 | | 1015 | 1040 | 25 | 44.18 | 45.48 | 1.30 | -2 |
| 43123 | PARTIAL REMOVAL OF ESOPHAG | 090 | A | | | 1 | 2 | 1 | | 1419 | 1444 | 25 | 83.12 | 84.42 | 1.30 | -2 |
| 43124 | REMOVAL OF ESOPHAGUS | 090 | A | | | 1 | 3 | 1 | | 1398 | 1430 | 32 | 69.09 | 70.72 | 1.63 | -2 |
| 43130 | REMOVAL OF ESOPHAGUS POUCH | 090 | A | | | 4 | | | | 362 | 370 | 8 | 12.53 | 13.41 | 0.88 | 0 |
| 43135 | REMOVAL OF ESOPHAGUS POUCH | 090 | A | | | 1 | 1 | | | 571 | 580 | 9 | 26.17 | 26.72 | 0.55 | 0 |
| 43180 | ESOPHAGOSCOPY RIGID TRNSO | 090 | A | | | | 1 | | | 201 | 208 | 7 | 9.03 | 9.36 | 0.33 | 0 |
| 43279 | LAP MYOTOMY HELLER | 090 | A | | | | 2 | | | 404 | 418 | 14 | 22.10 | 22.76 | 0.66 | 0 |
| 43280 | LAPAROSCOPY FUNDOPLASTY | 090 | A | | | | 2 | | | 404 | 418 | 14 | 18.10 | 18.76 | 0.66 | 0 |
| 43281 | LAP PARAESOPHAG HERN REPAI | 090 | A | | | | 2 | | | 424 | 438 | 14 | 26.60 | 27.26 | 0.66 | 0 |
| 43282 | LAP PARAESOPH HER RPR W/ME | 090 | A | | | | 2 | | | 454 | 468 | 14 | 30.10 | 30.76 | 0.66 | 0 |
| 43284 | LAPS ESOPHGL SPHNCTR AGMNT | 090 | A | | | | 2 | | | 218 | 232 | 14 | 10.13 | 10.79 | 0.66 | 0 |
| 43285 | RMVL ESOPHGL SPHNCTR DEV | 090 | A | | | | 2 | | | 233 | 247 | 14 | 10.47 | 11.13 | 0.66 | 0 |
| 43286 | ESPHG TOT W/LAPS MOBLJ | 090 | A | | | 1 | 2 | 1 | | 957 | 982 | 25 | 55.00 | 56.30 | 1.30 | -2 |
| 43287 | ESPHG DSTL 2/3 W/LAPS MOBL | 090 | A | | | 1 | 2 | 1 | | 1097 | 1122 | 25 | 63.00 | 64.30 | 1.30 | -2 |
| 43288 | ESPHG THRSC MOBLJ | 090 | A | | | 1 | 2 | 1 | | 1157 | 1182 | 25 | 66.42 | 67.72 | 1.30 | -2 |
| 43300 | REPAIR OF ESOPHAGUS | 090 | A | | | 4 | | | | 312 | 320 | 8 | 9.33 | 10.21 | 0.88 | 0 |
| 43305 | REPAIR ESOPHAGUS AND FISTU | 090 | A | | | 4 | | | | 403 | 411 | 8 | 18.10 | 18.98 | 0.88 | 0 |
| 43310 | REPAIR OF ESOPHAGUS | 090 | A | | | 2.5 | | | | 528 | 533 | 5 | 26.26 | 26.81 | 0.55 | 0 |
| 43312 | REPAIR ESOPHAGUS AND FISTU | 090 | A | | | 0.5 | | | | 563 | 564 | 1 | 29.25 | 29.36 | 0.11 | 0 |
| 43313 | ESOPHAGOPLASTY CONGENITAL | 090 | A | | | | 4 | 1 | | 713 | 750 | 37 | 48.45 | 50.19 | 1.74 | -2 |
| 43314 | TRACHEO-ESOPHAGOPLASTY CON | 090 | A | | | | 4 | 1 | | 713 | 750 | 37 | 53.43 | 55.17 | 1.74 | -2 |
| 43320 | FUSE ESOPHAGUS & STOMACH | 090 | A | | | 1 | 2 | | | 740 | 756 | 16 | 23.31 | 24.19 | 0.88 | 0 |
| 43325 | REVISE ESOPHAGUS & STOMACH | 090 | A | | | 1 | 2 | | | 600 | 616 | 16 | 22.60 | 23.48 | 0.88 | 0 |
| 43327 | ESOPH FUNDOPLASTY LAP | 090 | A | | | | 2 | | | 412 | 426 | 14 | 13.35 | 14.01 | 0.66 | 0 |
| 43328 | ESOPH FUNDOPLASTY THOR | 090 | A | | | | 2 | | | 514 | 528 | 14 | 19.91 | 20.57 | 0.66 | 0 |
| 43330 | ESOPHAGOMYOTOMY ABDOMINAL | 090 | A | | | 1 | 2 | | | 550 | 566 | 16 | 22.19 | 23.07 | 0.88 | 0 |
| 43331 | ESOPHAGOMYOTOMY THORACIC | 090 | A | | | 1 | 2 | | | 620 | 636 | 16 | 23.06 | 23.94 | 0.88 | 0 |
| 43332 | TRANSAB ESOPH HIAT HERN RP | 090 | A | | | | 2 | | | 482 | 496 | 14 | 19.62 | 20.28 | 0.66 | 0 |
| 43333 | TRANSAB ESOPH HIAT HERN RP | 090 | A | | | | 2 | | | 512 | 526 | 14 | 21.46 | 22.12 | 0.66 | 0 |
| 43334 | TRANSTHOR DIAPHRAG HERN RP | 090 | A | | | | 2 | | | 549 | 563 | 14 | 22.12 | 22.78 | 0.66 | 0 |
| 43335 | TRANSTHOR DIAPHRAG HERN RP | 090 | A | | | | 2 | | | 569 | 583 | 14 | 23.97 | 24.63 | 0.66 | 0 |
| 43336 | THORABD DIAPHR HERN REPAIR | 090 | A | | | 1 | 2 | | | 695 | 711 | 16 | 25.81 | 26.69 | 0.88 | 0 |
| 43337 | THORABD DIAPHR HERN REPAIR | 090 | A | | | 1 | 2 | | | 715 | 731 | 16 | 27.65 | 28.53 | 0.88 | 0 |
| 43340 | FUSE ESOPHAGUS & INTESTINE | 090 | A | | | 1 | 2 | | | 770 | 786 | 16 | 22.99 | 23.87 | 0.88 | 0 |
| 43341 | FUSE ESOPHAGUS & INTESTINE | 090 | A | | | 1 | 2 | | | 770 | 786 | 16 | 24.23 | 25.11 | 0.88 | 0 |
| 43351 | SURGICAL OPENING ESOPHAGUS | 090 | A | | | 1 | 3 | | | 778 | 801 | 23 | 22.05 | 23.26 | 1.21 | 0 |
| 43352 | SURGICAL OPENING ESOPHAGUS | 090 | A | | | 1 | 2 | | | 570 | 586 | 16 | 17.81 | 18.69 | 0.88 | 0 |
| 43360 | GASTROINTESTINAL REPAIR | 090 | A | | | 1 | 2 | 1 | | 830 | 855 | 25 | 40.11 | 41.41 | 1.30 | -2 |
| 43361 | GASTROINTESTINAL REPAIR | 090 | A | | | 1 | 3 | | | 1108 | 1131 | 23 | 45.68 | 46.89 | 1.21 | 0 |
| 43400 | LIGATE ESOPHAGUS VEINS | 090 | A | | | 1 | 2 | | | 835 | 851 | 16 | 25.60 | 26.48 | 0.88 | 0 |
| 43401 | ESOPHAGUS SURGERY FOR VEIN | 090 | A | | | 1 | 2 | | | 865 | 881 | 16 | 26.49 | 27.37 | 0.88 | 0 |
| 43405 | LIGATE/STAPLE ESOPHAGUS | 090 | A | | | 1 | 3 | | | 873 | 896 | 23 | 24.73 | 25.94 | 1.21 | 0 |
| 43410 | REPAIR ESOPHAGUS WOUND | 090 | A | | | 1 | 2 | | | 590 | 606 | 16 | 16.41 | 17.29 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|-----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 43415 | REPAIR ESOPHAGUS WOUND | 090 | A | | | 1 | 1 | 2 | | 842 | 869 | 27 | 44.88 | 46.27 | 1.39 | -4 |
| 43420 | REPAIR ESOPHAGUS OPENING | 090 | A | | | 1 | 2 | | | 520 | 536 | 16 | 16.78 | 17.66 | 0.88 | 0 |
| 43425 | REPAIR ESOPHAGUS OPENING | 090 | A | | | 1 | 2 | | | 845 | 861 | 16 | 25.04 | 25.92 | 0.88 | 0 |
| 43496 | FREE JEJUNUM FLAP MICROVAS | 090 | C | | | 2 | 4 | | | 902 | 934 | 32 | 0.00 | 0.00 | 0.00 | 0 |
| 43500 | SURGICAL OPENING OF STOMACH | 090 | A | | | 1 | 1 | | | 402 | 411 | 9 | 12.79 | 13.34 | 0.55 | 0 |
| 43501 | SURGICAL REPAIR OF STOMACH | 090 | A | | | 1 | 2 | | | 555 | 571 | 16 | 22.60 | 23.48 | 0.88 | 0 |
| 43502 | SURGICAL REPAIR OF STOMACH | 090 | A | | | 1 | 2 | | | 555 | 571 | 16 | 25.69 | 26.57 | 0.88 | 0 |
| 43510 | SURGICAL OPENING OF STOMACH | 090 | A | | | 1 | 2 | | | 485 | 501 | 16 | 15.14 | 16.02 | 0.88 | 0 |
| 43520 | INCISION OF PYLORIC MUSCLE | 090 | A | | | 1 | 1 | | | 342 | 351 | 9 | 11.29 | 11.84 | 0.55 | 0 |
| 43605 | BIOPSY OF STOMACH | 090 | A | | | 1 | 1 | | | 402 | 411 | 9 | 13.72 | 14.27 | 0.55 | 0 |
| 43610 | EXCISION OF STOMACH LESION | 090 | A | | | 1 | 1 | | | 432 | 441 | 9 | 16.34 | 16.89 | 0.55 | 0 |
| 43611 | EXCISION OF STOMACH LESION | 090 | A | | | 1 | 2 | | | 520 | 536 | 16 | 20.38 | 21.26 | 0.88 | 0 |
| 43620 | REMOVAL OF STOMACH | 090 | A | | | 1 | 2 | | | 695 | 711 | 16 | 34.04 | 34.92 | 0.88 | 0 |
| 43621 | REMOVAL OF STOMACH | 090 | A | | | 1 | 2 | | | 790 | 806 | 16 | 39.53 | 40.41 | 0.88 | 0 |
| 43622 | REMOVAL OF STOMACH | 090 | A | | | 1 | 2 | | | 790 | 806 | 16 | 40.03 | 40.91 | 0.88 | 0 |
| 43631 | REMOVAL OF STOMACH PARTIAL | 090 | A | | | 1 | 2 | | | 535 | 551 | 16 | 24.51 | 25.39 | 0.88 | 0 |
| 43632 | REMOVAL OF STOMACH PARTIAL | 090 | A | | | 1 | 2 | | | 725 | 741 | 16 | 35.14 | 36.02 | 0.88 | 0 |
| 43633 | REMOVAL OF STOMACH PARTIAL | 090 | A | | | 1 | 2 | | | 740 | 756 | 16 | 33.14 | 34.02 | 0.88 | 0 |
| 43634 | REMOVAL OF STOMACH PARTIAL | 090 | A | | | 1 | 2 | | | 740 | 756 | 16 | 36.64 | 37.52 | 0.88 | 0 |
| 43640 | VAGOTOMY & PYLORUS REPAIR | 090 | A | | | 1 | 2 | | | 540 | 556 | 16 | 19.56 | 20.44 | 0.88 | 0 |
| 43641 | VAGOTOMY & PYLORUS REPAIR | 090 | A | | | 1 | 2 | | | 570 | 586 | 16 | 19.81 | 20.69 | 0.88 | 0 |
| 43644 | LAP GASTRIC BYPASS/ROUX-EN | 090 | A | | | 1 | 1 | 1 | | 502 | 520 | 18 | 29.40 | 30.37 | 0.97 | -2 |
| 43645 | LAP GASTR BYPASS INCL SMLL | 090 | A | | | 1 | 1 | 1 | | 537 | 555 | 18 | 31.53 | 32.50 | 0.97 | -2 |
| 43653 | LAPAROSCOPY GASTROSTOMY | 090 | A | | | | 2 | | | 264 | 278 | 14 | 8.48 | 9.14 | 0.66 | 0 |
| 43770 | LAP PLACE GASTR ADJ DEVICE | 090 | A | | | | 3 | | | 367 | 388 | 21 | 18.00 | 18.99 | 0.99 | 0 |
| 43771 | LAP REVISE GASTR ADJ DEVIC | 090 | A | | | | 3 | | | 377 | 398 | 21 | 20.79 | 21.78 | 0.99 | 0 |
| 43772 | LAP RMVL GASTR ADJ DEVICE | 090 | A | | | 1 | 1 | | | 317 | 326 | 9 | 15.70 | 16.25 | 0.55 | 0 |
| 43773 | LAP REPLACE GASTR ADJ DEVI | 090 | A | | | | 3 | | | 377 | 398 | 21 | 20.79 | 21.78 | 0.99 | 0 |
| 43774 | LAP RMVL GASTR ADJ ALL PAR | 090 | A | | | | 2 | | | 304 | 318 | 14 | 15.76 | 16.42 | 0.66 | 0 |
| 43775 | LAP SLEEVE GASTRECTOMY | 090 | A | | | 1 | 1 | 1 | | 412 | 430 | 18 | 20.38 | 21.35 | 0.97 | -2 |
| 43800 | RECONSTRUCTION OF PYLORUS | 090 | A | | | 1 | 1 | | | 432 | 441 | 9 | 15.43 | 15.98 | 0.55 | 0 |
| 43810 | FUSION OF STOMACH AND BOWE | 090 | A | | | 1 | 1 | | | 502 | 511 | 9 | 16.88 | 17.43 | 0.55 | 0 |
| 43820 | FUSION OF STOMACH AND BOWE | 090 | A | | | 1 | 2 | | | 545 | 561 | 16 | 22.53 | 23.41 | 0.88 | 0 |
| 43825 | FUSION OF STOMACH AND BOWE | 090 | A | | | 1 | 2 | | | 540 | 556 | 16 | 21.76 | 22.64 | 0.88 | 0 |
| 43830 | PLACE GASTROSTOMY TUBE | 090 | A | | | | 2 | | | 319 | 333 | 14 | 10.85 | 11.51 | 0.66 | 0 |
| 43831 | PLACE GASTROSTOMY TUBE | 090 | A | | | 3.5 | | | | 293 | 300 | 7 | 8.49 | 9.26 | 0.77 | 0 |
| 43832 | PLACE GASTROSTOMY TUBE | 090 | A | | | 1 | 1 | | | 417 | 426 | 9 | 17.34 | 17.89 | 0.55 | 0 |
| 43840 | REPAIR OF STOMACH LESION | 090 | A | | | 1 | 2 | | | 565 | 581 | 16 | 22.83 | 23.71 | 0.88 | 0 |
| 43842 | V-BAND GASTROPLASTY | 090 | N | | | 1 | 2 | | | 585 | 601 | 16 | 21.03 | 21.91 | 0.88 | 0 |
| 43843 | GASTROPLASTY W/O V-BAND | 090 | A | | | 1 | 2 | | | 585 | 601 | 16 | 21.21 | 22.09 | 0.88 | 0 |
| 43845 | GASTROPLASTY DUODENAL SWIT | 090 | A | | | 1 | 3 | | | 628 | 651 | 23 | 33.30 | 34.51 | 1.21 | 0 |
| 43846 | GASTRIC BYPASS FOR OBESITY | 090 | A | | | 1 | 3 | | | 693 | 716 | 23 | 27.41 | 28.62 | 1.21 | 0 |
| 43847 | GASTRIC BYPASS INCL SMALL | 090 | A | | | 1 | 3 | | | 733 | 756 | 23 | 30.28 | 31.49 | 1.21 | 0 |
| 43848 | REVISION GASTROPLASTY | 090 | A | | | 1 | 3 | | | 708 | 731 | 23 | 32.75 | 33.96 | 1.21 | 0 |
| 43850 | REVISE STOMACH-BOWEL FUSIO | 090 | A | | | 1 | 2 | | | 625 | 641 | 16 | 27.58 | 28.46 | 0.88 | 0 |
| 43855 | REVISE STOMACH-BOWEL FUSIO | 090 | A | | | 1 | 2 | | | 610 | 626 | 16 | 28.69 | 29.57 | 0.88 | 0 |
| 43860 | REVISE STOMACH-BOWEL FUSIO | 090 | A | | | 1 | 2 | | | 675 | 691 | 16 | 27.89 | 28.77 | 0.88 | 0 |
| 43865 | REVISE STOMACH-BOWEL FUSIO | 090 | A | | | 1 | 2 | | | 615 | 631 | 16 | 29.05 | 29.93 | 0.88 | 0 |
| 43870 | REPAIR STOMACH OPENING | 090 | A | | | 1 | 1 | | | 402 | 411 | 9 | 11.44 | 11.99 | 0.55 | 0 |
| 43880 | REPAIR STOMACH-BOWEL FISTU | 090 | A | | | 1 | 2 | | | 540 | 556 | 16 | 27.18 | 28.06 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 43886 | REVISE GASTRIC PORT OPEN | 090 | A | | | | 2 | | | 155 | 169 | 14 | 4.64 | 5.30 | 0.66 | 0 |
| 43887 | REMOVE GASTRIC PORT OPEN | 090 | A | | | 1 | 1 | | | 148 | 157 | 9 | 4.32 | 4.87 | 0.55 | 0 |
| 43888 | CHANGE GASTRIC PORT OPEN | 090 | A | | | | 2 | | | 180 | 194 | 14 | 6.44 | 7.10 | 0.66 | 0 |
| 44005 | FREEING OF BOWEL ADHESION | 090 | A | | | 1 | 1 | | | 517 | 526 | 9 | 18.46 | 19.01 | 0.55 | 0 |
| 44010 | INCISION OF SMALL BOWEL | 090 | A | | | 1 | 1 | | | 432 | 441 | 9 | 14.26 | 14.81 | 0.55 | 0 |
| 44020 | EXPLORE SMALL INTESTINE | 090 | A | | | 1 | 1 | | | 487 | 496 | 9 | 16.22 | 16.77 | 0.55 | 0 |
| 44021 | DECOMPRESS SMALL BOWEL | 090 | A | | | 1 | 1 | | | 487 | 496 | 9 | 16.31 | 16.86 | 0.55 | 0 |
| 44025 | INCISION OF LARGE BOWEL | 090 | A | | | 1 | 1 | | | 487 | 496 | 9 | 16.51 | 17.06 | 0.55 | 0 |
| 44050 | REDUCE BOWEL OBSTRUCTION | 090 | A | | | 1 | 1 | | | 409.5 | 418.5 | 9 | 15.52 | 16.07 | 0.55 | 0 |
| 44055 | CORRECT MALROTATION OF BOW | 090 | A | | | | 2 | | | 663 | 677 | 14 | 25.63 | 26.29 | 0.66 | 0 |
| 44110 | EXCISE INTESTINE LESION(S) | 090 | A | | | 1 | 1 | | | 487 | 496 | 9 | 14.04 | 14.59 | 0.55 | 0 |
| 44111 | EXCISION OF BOWEL LESION(S | 090 | A | | | 1 | 1 | | | 517 | 526 | 9 | 16.52 | 17.07 | 0.55 | 0 |
| 44120 | REMOVAL OF SMALL INTESTINE | 090 | A | | | 1 | 1 | | | 611 | 620 | 9 | 20.82 | 21.37 | 0.55 | 0 |
| 44125 | REMOVAL OF SMALL INTESTINE | 090 | A | | | | 2 | | | 524 | 538 | 14 | 20.03 | 20.69 | 0.66 | 0 |
| 44126 | ENTERECTOMY W/O TAPER CONG | 090 | A | | | 1 | 2 | 1 | | 1125 | 1150 | 25 | 42.23 | 43.53 | 1.30 | -2 |
| 44127 | ENTERECTOMY W/TAPER CONG | 090 | A | | | 1 | 2 | 1 | | 1357 | 1382 | 25 | 49.30 | 50.60 | 1.30 | -2 |
| 44130 | BOWEL TO BOWEL FUSION | 090 | A | | | 1 | 2 | | | 516 | 532 | 16 | 22.11 | 22.99 | 0.88 | 0 |
| 44140 | PARTIAL REMOVAL OF COLON | 090 | A | | | 1 | 2 | | | 480 | 496 | 16 | 22.59 | 23.47 | 0.88 | 0 |
| 44141 | PARTIAL REMOVAL OF COLON | 090 | A | | | 1 | 1 | 1 | | 672 | 690 | 18 | 29.91 | 30.88 | 0.97 | -2 |
| 44143 | PARTIAL REMOVAL OF COLON | 090 | A | | | 1 | 1 | 1 | | 607 | 625 | 18 | 27.79 | 28.76 | 0.97 | -2 |
| 44144 | PARTIAL REMOVAL OF COLON | 090 | A | | | 1 | 1 | 1 | | 677 | 695 | 18 | 29.91 | 30.88 | 0.97 | -2 |
| 44145 | PARTIAL REMOVAL OF COLON | 090 | A | | | 1 | 2 | | | 615 | 631 | 16 | 28.58 | 29.46 | 0.88 | 0 |
| 44146 | PARTIAL REMOVAL OF COLON | 090 | A | | | 1 | 1 | 1 | | 692 | 710 | 18 | 35.30 | 36.27 | 0.97 | -2 |
| 44147 | PARTIAL REMOVAL OF COLON | 090 | A | | | 1 | 2 | | | 710 | 726 | 16 | 33.69 | 34.57 | 0.88 | 0 |
| 44150 | REMOVAL OF COLON | 090 | A | | | 2 | 1 | 1 | | 638 | 658 | 20 | 30.18 | 31.37 | 1.19 | -2 |
| 44151 | REMOVAL OF COLON/ILEOSTOMY | 090 | A | | | 2 | 1 | 1 | | 738 | 758 | 20 | 34.92 | 36.11 | 1.19 | -2 |
| 44155 | REMOVAL OF COLON/ILEOSTOMY | 090 | A | | | 2 | 1 | 1 | | 738 | 758 | 20 | 34.42 | 35.61 | 1.19 | -2 |
| 44156 | REMOVAL OF COLON/ILEOSTOMY | 090 | A | | | 2 | 1 | 1 | | 798 | 818 | 20 | 37.42 | 38.61 | 1.19 | -2 |
| 44157 | COLECTOMY W/ILEOANAL ANAST | 090 | A | | | 1 | 2 | 1 | | 705 | 730 | 25 | 35.70 | 37.00 | 1.30 | -2 |
| 44158 | COLECTOMY W/NEO-RECTUM POU | 090 | A | | | 1 | 2 | 1 | | 725 | 750 | 25 | 36.70 | 38.00 | 1.30 | -2 |
| 44160 | REMOVAL OF COLON | 090 | A | | | 2 | 1 | | | 551 | 562 | 11 | 20.89 | 21.66 | 0.77 | 0 |
| 44180 | LAP ENTEROLYSIS | 090 | A | | | 1 | 1 | | | 407 | 416 | 9 | 15.27 | 15.82 | 0.55 | 0 |
| 44186 | LAP JEJUNOSTOMY | 090 | A | | | 1 | 1 | | | 267 | 276 | 9 | 10.38 | 10.93 | 0.55 | 0 |
| 44187 | LAP ILEO/JEJUNO-STOMY | 090 | A | | | 1 | 2 | | | 385 | 401 | 16 | 17.40 | 18.28 | 0.88 | 0 |
| 44188 | LAP COLOSTOMY | 090 | A | | | | 3 | | | 407 | 428 | 21 | 19.35 | 20.34 | 0.99 | 0 |
| 44202 | LAP ENTERECTOMY | 090 | A | | | 1 | 2 | | | 505 | 521 | 16 | 23.39 | 24.27 | 0.88 | 0 |
| 44204 | LAPARO PARTIAL COLECTOMY | 090 | A | | | 1 | 2 | | | 455 | 471 | 16 | 26.42 | 27.30 | 0.88 | 0 |
| 44205 | LAP COLECTOMY PART W/ILEUM | 090 | A | | | 3 | | | | 428.5 | 434.5 | 6 | 22.95 | 23.61 | 0.66 | 0 |
| 44206 | LAP PART COLECTOMY W/STOMA | 090 | A | | | 1 | 1 | 1 | | 647 | 665 | 18 | 29.79 | 30.76 | 0.97 | -2 |
| 44207 | L COLECTOMY/COLOPROCTOSTOM | 090 | A | | | 1 | 2 | | | 560 | 576 | 16 | 31.92 | 32.80 | 0.88 | 0 |
| 44208 | L COLECTOMY/COLOPROCTOSTOM | 090 | A | | | 1 | 2 | | | 595 | 611 | 16 | 33.99 | 34.87 | 0.88 | 0 |
| 44210 | LAPARO TOTAL PROCTOCOLECTO | 090 | A | | | 1 | 2 | 1 | | 630 | 655 | 25 | 30.09 | 31.39 | 1.30 | -2 |
| 44211 | LAP COLECTOMY W/PROCTECTOM | 090 | A | | | 1 | 2 | 1 | | 695 | 720 | 25 | 37.08 | 38.38 | 1.30 | -2 |
| 44212 | LAPARO TOTAL PROCTOCOLECTO | 090 | A | | | 1 | 2 | 1 | | 660 | 685 | 25 | 34.58 | 35.88 | 1.30 | -2 |
| 44227 | LAP CLOSE ENTEROSTOMY | 090 | A | | | 1 | 2 | | | 530 | 546 | 16 | 28.62 | 29.50 | 0.88 | 0 |
| 44300 | OPEN BOWEL TO SKIN | 090 | A | | | | 2 | | | 389 | 403 | 14 | 13.75 | 14.41 | 0.66 | 0 |
| 44310 | ILEOSTOMY/JEJUNOSTOMY | 090 | A | | | | 2 | | | 391.5 | 405.5 | 14 | 17.59 | 18.25 | 0.66 | 0 |
| 44312 | REVISION OF ILEOSTOMY | 090 | A | | | | 2 | | | 349 | 363 | 14 | 9.43 | 10.09 | 0.66 | 0 |
| 44314 | REVISION OF ILEOSTOMY | 090 | A | | | 1 | 2 | | | 465 | 481 | 16 | 16.74 | 17.62 | 0.88 | 0 |
| 44316 | DEVISE BOWEL POUCH | 090 | A | | | 1 | 2 | | | 590 | 606 | 16 | 23.59 | 24.47 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 44320 | COLOSTOMY | 090 | A | | | 1 | 1 | 1 | | 507 | 525 | 18 | 19.91 | 20.88 | 0.97 | -2 |
| 44322 | COLOSTOMY WITH BIOPSIES | 090 | A | | | 5.5 | | | | 483 | 494 | 11 | 13.32 | 14.53 | 1.21 | 0 |
| 44340 | REVISION OF COLOSTOMY | 090 | A | | | 1 | 1 | 1 | | 382 | 400 | 18 | 9.28 | 10.25 | 0.97 | -2 |
| 44345 | REVISION OF COLOSTOMY | 090 | A | | | 1 | 1 | 1 | | 482 | 500 | 18 | 17.22 | 18.19 | 0.97 | -2 |
| 44346 | REVISION OF COLOSTOMY | 090 | A | | | 1 | 1 | 1 | | 572 | 590 | 18 | 19.63 | 20.60 | 0.97 | -2 |
| 44602 | SUTURE SMALL INTESTINE | 090 | A | | | 1 | 1 | | | 562 | 571 | 9 | 24.72 | 25.27 | 0.55 | 0 |
| 44603 | SUTURE SMALL INTESTINE | 090 | A | | | 1 | 2 | | | 635 | 651 | 16 | 28.16 | 29.04 | 0.88 | 0 |
| 44604 | SUTURE LARGE INTESTINE | 090 | A | | | | 2 | | | 459 | 473 | 14 | 18.16 | 18.82 | 0.66 | 0 |
| 44605 | REPAIR OF BOWEL LESION | 090 | A | | | 1 | 1 | | | 562 | 571 | 9 | 22.08 | 22.63 | 0.55 | 0 |
| 44615 | INTESTINAL STRICTUROPLASTY | 090 | A | | | 1 | 1 | | | 502 | 511 | 9 | 18.16 | 18.71 | 0.55 | 0 |
| 44620 | REPAIR BOWEL OPENING | 090 | A | | | 1 | 1 | | | 487 | 496 | 9 | 14.43 | 14.98 | 0.55 | 0 |
| 44625 | REPAIR BOWEL OPENING | 090 | A | | | 1 | 1 | | | 517 | 526 | 9 | 17.28 | 17.83 | 0.55 | 0 |
| 44626 | REPAIR BOWEL OPENING | 090 | A | | | 1 | 1 | | | 587 | 596 | 9 | 27.90 | 28.45 | 0.55 | 0 |
| 44640 | REPAIR BOWEL-SKIN FISTULA | 090 | A | | | 1 | 1 | | | 587 | 596 | 9 | 24.20 | 24.75 | 0.55 | 0 |
| 44650 | REPAIR BOWEL FISTULA | 090 | A | | | 1 | 1 | | | 587 | 596 | 9 | 25.12 | 25.67 | 0.55 | 0 |
| 44660 | REPAIR BOWEL-BLADDER FISTU | 090 | A | | | 1 | 1 | | | 587 | 596 | 9 | 23.91 | 24.46 | 0.55 | 0 |
| 44661 | REPAIR BOWEL-BLADDER FISTU | 090 | A | | | 1 | 1 | | | 617 | 626 | 9 | 27.35 | 27.90 | 0.55 | 0 |
| 44680 | SURGICAL REVISION INTESTIN | 090 | A | | | 1 | 1 | | | 602 | 611 | 9 | 17.96 | 18.51 | 0.55 | 0 |
| 44700 | SUSPEND BOWEL W/PROSTHESIS | 090 | A | | | 1 | 1 | | | 402 | 411 | 9 | 17.48 | 18.03 | 0.55 | 0 |
| 44800 | EXCISION OF BOWEL POUCH | 090 | A | | | 3.5 | | | | 366 | 373 | 7 | 12.05 | 12.82 | 0.77 | 0 |
| 44820 | EXCISION OF MESENTERY LESI | 090 | A | | | | 2 | | | 404 | 418 | 14 | 13.73 | 14.39 | 0.66 | 0 |
| 44850 | REPAIR OF MESENTERY | 090 | A | | | 1 | 1 | | | 367 | 376 | 9 | 12.11 | 12.66 | 0.55 | 0 |
| 44900 | DRAIN APPENDIX ABSCESS OPE | 090 | A | | | 1 | 2 | | | 450 | 466 | 16 | 12.57 | 13.45 | 0.88 | 0 |
| 44950 | APPENDECTOMY | 090 | A | | | 1 | 1 | | | 252 | 261 | 9 | 10.60 | 11.15 | 0.55 | 0 |
| 44960 | APPENDECTOMY | 090 | A | | | 2 | 1 | | | 458 | 469 | 11 | 14.50 | 15.27 | 0.77 | 0 |
| 44970 | LAPAROSCOPY APPENDECTOMY | 090 | A | | | | 2 | | | 242 | 256 | 14 | 9.45 | 10.11 | 0.66 | 0 |
| 45000 | DRAINAGE OF PELVIC ABSCESS | 090 | A | | | | 2 | | | 384 | 398 | 14 | 6.30 | 6.96 | 0.66 | 0 |
| 45005 | DRAINAGE OF RECTAL ABSCESS | 010 | A | | | 0.5 | | | | 54 | 55 | 1 | 2.02 | 2.13 | 0.11 | 0 |
| 45020 | DRAINAGE OF RECTAL ABSCESS | 090 | A | | | 1 | 2 | | | 255 | 271 | 16 | 8.56 | 9.44 | 0.88 | 0 |
| 45100 | BIOPSY OF RECTUM | 090 | A | | | 1 | 1 | | | 178 | 187 | 9 | 4.04 | 4.59 | 0.55 | 0 |
| 45108 | REMOVAL OF ANORECTAL LESIO | 090 | A | | | 1 | 1 | | | 193 | 202 | 9 | 5.12 | 5.67 | 0.55 | 0 |
| 45110 | REMOVAL OF RECTUM | 090 | A | | | 2 | 1 | 1 | | 678 | 698 | 20 | 30.76 | 31.95 | 1.19 | -2 |
| 45111 | PARTIAL REMOVAL OF RECTUM | 090 | A | | | 4 | | | | 496 | 504 | 8 | 18.01 | 18.89 | 0.88 | 0 |
| 45112 | REMOVAL OF RECTUM | 090 | A | | | 1 | 2 | | | 675 | 691 | 16 | 33.18 | 34.06 | 0.88 | 0 |
| 45113 | PARTIAL PROCTECTOMY | 090 | A | | | 1 | 2 | | | 675 | 691 | 16 | 33.22 | 34.10 | 0.88 | 0 |
| 45114 | PARTIAL REMOVAL OF RECTUM | 090 | A | | | 1 | 1 | 1 | | 792 | 810 | 18 | 30.79 | 31.76 | 0.97 | -2 |
| 45116 | PARTIAL REMOVAL OF RECTUM | 090 | A | | | 1 | 1 | 1 | | 702 | 720 | 18 | 27.72 | 28.69 | 0.97 | -2 |
| 45119 | REMOVE RECTUM W/RESERVOIR | 090 | A | | | 1 | 2 | | | 685 | 701 | 16 | 33.48 | 34.36 | 0.88 | 0 |
| 45120 | REMOVAL OF RECTUM | 090 | A | | | 5 | | | | 689 | 699 | 10 | 26.40 | 27.50 | 1.10 | 0 |
| 45121 | REMOVAL OF RECTUM AND COLO | 090 | A | | | 5 | | | | 741 | 751 | 10 | 29.08 | 30.18 | 1.10 | 0 |
| 45123 | PARTIAL PROCTECTOMY | 090 | A | | | 1 | 1 | 1 | | 687 | 705 | 18 | 18.86 | 19.83 | 0.97 | -2 |
| 45126 | PELVIC EXENTERATION | 090 | A | | | 1 | 2 | 1 | | 755 | 780 | 25 | 49.10 | 50.40 | 1.30 | -2 |
| 45130 | EXCISION OF RECTAL PROLAPS | 090 | A | | | 1 | 2 | | | 520 | 536 | 16 | 18.50 | 19.38 | 0.88 | 0 |
| 45135 | EXCISION OF RECTAL PROLAPS | 090 | A | | | 1 | 2 | 1 | | 735 | 760 | 25 | 22.36 | 23.66 | 1.30 | -2 |
| 45136 | EXCISE ILEOANAL RESERVIOR | 090 | A | | | 2 | 1 | 1 | | 783 | 803 | 20 | 30.82 | 32.01 | 1.19 | -2 |
| 45150 | EXCISION OF RECTAL STRICTU | 090 | A | | | 2.5 | | | | 184 | 189 | 5 | 5.85 | 6.40 | 0.55 | 0 |
| 45160 | EXCISION OF RECTAL LESION | 090 | A | | | 1 | 1 | 1 | | 342 | 360 | 18 | 16.33 | 17.30 | 0.97 | -2 |
| 45171 | EXC RECT TUM TRANSANAL PAR | 090 | A | | | 1 | 2 | | | 209 | 225 | 16 | 8.13 | 9.01 | 0.88 | 0 |
| 45172 | EXC RECT TUM TRANSANAL FUL | 090 | A | | | 1 | 2 | | | 290 | 306 | 16 | 12.13 | 13.01 | 0.88 | 0 |
| 45190 | DESTRUCTION RECTAL TUMOR | 090 | A | | | 1 | 2 | | | 266 | 282 | 16 | 10.42 | 11.30 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 45395 | LAP REMOVAL OF RECTUM | 090 | A | | | 1 | 2 | 1 | | 645 | 670 | 25 | 33.00 | 34.30 | 1.30 | -2 |
| 45397 | LAP REMOVE RECTUM W/POUCH | 090 | A | | | 1 | 2 | 1 | | 675 | 700 | 25 | 36.50 | 37.80 | 1.30 | -2 |
| 45400 | LAPAROSCOPIC PROC | 090 | A | | | 1 | 2 | | | 410 | 426 | 16 | 19.44 | 20.32 | 0.88 | 0 |
| 45402 | LAP PROCTOPEXY W/SIG RESEC | 090 | A | | | 1 | 2 | | | 470 | 486 | 16 | 26.51 | 27.39 | 0.88 | 0 |
| 45500 | REPAIR OF RECTUM | 090 | A | | | 3 | | | | 266 | 272 | 6 | 7.73 | 8.39 | 0.66 | 0 |
| 45505 | REPAIR OF RECTUM | 090 | A | | | 1 | 1 | 1 | | 300.5 | 318.5 | 18 | 8.36 | 9.33 | 0.97 | -2 |
| 45540 | CORRECT RECTAL PROLAPSE | 090 | A | | | | 2 | | | 481.5 | 495.5 | 14 | 18.12 | 18.78 | 0.66 | 0 |
| 45541 | CORRECT RECTAL PROLAPSE | 090 | A | | | 1 | 2 | | | 420 | 436 | 16 | 14.85 | 15.73 | 0.88 | 0 |
| 45550 | REPAIR RECTUM/REMOVE SIGMO | 090 | A | | | 1 | 2 | | | 540 | 556 | 16 | 24.80 | 25.68 | 0.88 | 0 |
| 45560 | REPAIR OF RECTOCELE | 090 | A | | | 1 | 1 | | | 367 | 376 | 9 | 11.50 | 12.05 | 0.55 | 0 |
| 45562 | EXPLORATION/REPAIR OF RECT | 090 | A | | | 2 | 2 | | | 561 | 579 | 18 | 17.98 | 19.08 | 1.10 | 0 |
| 45563 | EXPLORATION/REPAIR OF RECT | 090 | A | | | 2 | 2 | | | 636 | 654 | 18 | 26.38 | 27.48 | 1.10 | 0 |
| 45800 | REPAIR RECT/BLADDER FISTUL | 090 | A | | | 1 | 2 | | | 570 | 586 | 16 | 20.31 | 21.19 | 0.88 | 0 |
| 45805 | REPAIR FISTULA W/COLOSTOMY | 090 | A | | | 1 | 2 | | | 595 | 611 | 16 | 23.32 | 24.20 | 0.88 | 0 |
| 45820 | REPAIR RECTOURETHRAL FISTU | 090 | A | | | 1 | 2 | | | 480 | 496 | 16 | 20.37 | 21.25 | 0.88 | 0 |
| 45825 | REPAIR FISTULA W/COLOSTOMY | 090 | A | | | 2 | 2 | | | 646 | 664 | 18 | 24.17 | 25.27 | 1.10 | 0 |
| 45900 | REDUCTION OF RECTAL PROLAP | 010 | A | | | 1 | | | | 219 | 221 | 2 | 2.99 | 3.21 | 0.22 | 0 |
| 45905 | DILATION OF ANAL SPHINCTER | 010 | A | | | 1 | | | | 130 | 132 | 2 | 2.35 | 2.57 | 0.22 | 0 |
| 45910 | DILATION OF RECTAL NARROWI | 010 | A | | | 1 | | | | 130 | 132 | 2 | 2.85 | 3.07 | 0.22 | 0 |
| 45915 | REMOVE RECTAL OBSTRUCTION | 010 | A | | | 1 | | | | 145 | 147 | 2 | 3.19 | 3.41 | 0.22 | 0 |
| 46020 | PLACEMENT OF SETON | 010 | A | | | 2 | | | | 126 | 130 | 4 | 3.00 | 3.44 | 0.44 | 0 |
| 46030 | REMOVAL OF RECTAL MARKER | 010 | A | | | 0.5 | | | | 47 | 48 | 1 | 1.26 | 1.37 | 0.11 | 0 |
| 46040 | INCISION OF RECTAL ABSCESS | 090 | A | | | 2 | 1 | | | 184 | 195 | 11 | 5.37 | 6.14 | 0.77 | 0 |
| 46045 | INCISION OF RECTAL ABSCESS | 090 | A | | | 1 | 1 | | | 197 | 206 | 9 | 5.87 | 6.42 | 0.55 | 0 |
| 46050 | INCISION OF ANAL ABSCESS | 010 | A | | | 1 | | | | 59 | 61 | 2 | 1.24 | 1.46 | 0.22 | 0 |
| 46060 | INCISION OF RECTAL ABSCESS | 090 | A | | | 1 | 2 | | | 201 | 217 | 16 | 6.37 | 7.25 | 0.88 | 0 |
| 46070 | INCISION OF ANAL SEPTUM | 090 | A | | | 1.5 | | | | 74 | 77 | 3 | 2.79 | 3.12 | 0.33 | 0 |
| 46080 | INCISION OF ANAL SPHINCTER | 010 | A | | | 0.5 | | | | 99 | 100 | 1 | 2.52 | 2.63 | 0.11 | 0 |
| 46083 | INCISE EXTERNAL HEMORRHOID | 010 | A | | | 1 | | | | 51 | 53 | 2 | 1.45 | 1.67 | 0.22 | 0 |
| 46200 | REMOVAL OF ANAL FISSURE | 090 | A | | | 3.5 | | | | 171 | 178 | 7 | 3.59 | 4.36 | 0.77 | 0 |
| 46220 | EXCISE ANAL EXT TAG/PAPILL | 010 | A | | | 1 | | | | 67 | 69 | 2 | 1.61 | 1.83 | 0.22 | 0 |
| 46221 | LIGATION OF HEMORRHOID(S) | 010 | A | | | | 1 | | | 68 | 75 | 7 | 2.36 | 2.69 | 0.33 | 0 |
| 46230 | REMOVAL OF ANAL TAGS | 010 | A | | | 1 | | | | 74 | 76 | 2 | 2.62 | 2.84 | 0.22 | 0 |
| 46250 | REMOVE EXT HEM GROUPS 2+ | 090 | A | | | 1 | 1 | | | 188 | 197 | 9 | 4.25 | 4.80 | 0.55 | 0 |
| 46255 | REMOVE INT/EXT HEM 1 GROUP | 090 | A | | | 1 | 1 | | | 193 | 202 | 9 | 4.96 | 5.51 | 0.55 | 0 |
| 46257 | REMOVE IN/EX HEM GRP & FIS | 090 | A | | | 1 | 1 | | | 203 | 212 | 9 | 5.76 | 6.31 | 0.55 | 0 |
| 46258 | REMOVE IN/EX HEM GRP W/FIS | 090 | A | | | 1 | 2 | | | 241 | 257 | 16 | 6.41 | 7.29 | 0.88 | 0 |
| 46260 | REMOVE IN/EX HEM GROUPS 2+ | 090 | A | | | 1 | 1 | | | 208 | 217 | 9 | 6.73 | 7.28 | 0.55 | 0 |
| 46261 | REMOVE IN/EX HEM GRPS & FI | 090 | A | | | 1 | 2 | | | 241 | 257 | 16 | 7.76 | 8.64 | 0.88 | 0 |
| 46262 | REMOVE IN/EX HEM GRPS W/FI | 090 | A | | | 2 | 1 | | | 179 | 190 | 11 | 7.91 | 8.68 | 0.77 | 0 |
| 46270 | REMOVE ANAL FIST SUBQ | 090 | A | | | 2 | 1 | | | 169 | 180 | 11 | 4.92 | 5.69 | 0.77 | 0 |
| 46275 | REMOVE ANAL FIST INTER | 090 | A | | | 2 | 1 | | | 184 | 195 | 11 | 5.42 | 6.19 | 0.77 | 0 |
| 46280 | REMOVE ANAL FIST COMPLEX | 090 | A | | | 2 | 1 | | | 199 | 210 | 11 | 6.39 | 7.16 | 0.77 | 0 |
| 46285 | REMOVE ANAL FIST 2 STAGE | 090 | A | | | 2 | 1 | | | 184 | 195 | 11 | 5.42 | 6.19 | 0.77 | 0 |
| 46288 | REPAIR ANAL FISTULA | 090 | A | | | 1 | 2 | | | 236 | 252 | 16 | 7.81 | 8.69 | 0.88 | 0 |
| 46320 | REMOVAL OF HEMORRHOID CLOT | 010 | A | | | 0.5 | | | | 55 | 56 | 1 | 1.64 | 1.75 | 0.11 | 0 |
| 46500 | INJECTION INTO HEMORRHOID(| 010 | A | | | | 1 | | | 61 | 68 | 7 | 1.74 | 2.07 | 0.33 | 0 |
| 46505 | CHEMODENERVATION ANAL MUSC | 010 | A | | | | 1 | | | 102 | 109 | 7 | 3.18 | 3.51 | 0.33 | 0 |
| 46700 | REPAIR OF ANAL STRICTURE | 090 | A | | | 1 | 2 | | | 283.5 | 299.5 | 16 | 9.81 | 10.69 | 0.88 | 0 |
| 46705 | REPAIR OF ANAL STRICTURE | 090 | A | | | 3.5 | | | | 277 | 284 | 7 | 7.43 | 8.20 | 0.77 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 46706 | REPR OF ANAL FISTULA W/GLU | 010 | A | | | 1 | | | | 100 | 102 | 2 | 2.44 | 2.66 | 0.22 | 0 |
| 46707 | REPAIR ANORECTAL FIST W/PL | 090 | A | | | 2 | 1 | | | 187 | 198 | 11 | 6.39 | 7.16 | 0.77 | 0 |
| 46710 | REPR PER/VAG POUCH SNGL PR | 090 | A | | | 1 | 2 | | | 370 | 386 | 16 | 17.14 | 18.02 | 0.88 | 0 |
| 46712 | REPR PER/VAG POUCH DBL PRO | 090 | A | | | 1 | 2 | | | 670 | 686 | 16 | 36.45 | 37.33 | 0.88 | 0 |
| 46715 | REP PERF ANOPER FISTU | 090 | A | | | 2.5 | | | | 265 | 270 | 5 | 7.62 | 8.17 | 0.55 | 0 |
| 46716 | REP PERF ANOPER/VESTIB FIS | 090 | A | | | | | 5 | | 530 | 575 | 45 | 17.54 | 19.64 | 2.10 | -10 |
| 46730 | CONSTRUCTION OF ABSENT ANU | 090 | A | | | | | 6 | | 775 | 829 | 54 | 30.65 | 33.17 | 2.52 | -12 |
| 46735 | CONSTRUCTION OF ABSENT ANU | 090 | A | | | | | 6 | | 850 | 904 | 54 | 36.14 | 38.66 | 2.52 | -12 |
| 46740 | CONSTRUCTION OF ABSENT ANU | 090 | A | | | | | 6 | | 775 | 829 | 54 | 33.90 | 36.42 | 2.52 | -12 |
| 46742 | REPAIR OF IMPERFORATED ANU | 090 | A | | | | | 6 | | 895 | 949 | 54 | 40.14 | 42.66 | 2.52 | -12 |
| 46744 | REPAIR OF CLOACAL ANOMALY | 090 | A | | | | | 6 | | 1303 | 1357 | 54 | 58.94 | 61.46 | 2.52 | -12 |
| 46746 | REPAIR OF CLOACAL ANOMALY | 090 | A | | | | | 5 | 1 | 1566 | 1626 | 60 | 65.44 | 68.23 | 2.79 | -11 |
| 46748 | REPAIR OF CLOACAL ANOMALY | 090 | A | | | | | 5 | 1 | 1686 | 1746 | 60 | 71.42 | 74.21 | 2.79 | -11 |
| 46750 | REPAIR OF ANAL SPHINCTER | 090 | A | | | 1 | 2 | | | 475 | 491 | 16 | 12.15 | 13.03 | 0.88 | 0 |
| 46751 | REPAIR OF ANAL SPHINCTER | 090 | A | | | 3.5 | | | | 299 | 306 | 7 | 9.30 | 10.07 | 0.77 | 0 |
| 46753 | RECONSTRUCTION OF ANUS | 090 | A | | | 1 | 1 | | | 297 | 306 | 9 | 8.89 | 9.44 | 0.55 | 0 |
| 46754 | REMOVAL OF SUTURE FROM ANU | 010 | A | | | 1 | 2 | | | 175 | 191 | 16 | 3.01 | 3.89 | 0.88 | 0 |
| 46760 | REPAIR OF ANAL SPHINCTER | 090 | A | | | 2 | 2 | 1 | | 676 | 703 | 27 | 17.45 | 18.97 | 1.52 | -2 |
| 46761 | REPAIR OF ANAL SPHINCTER | 090 | A | | | 1 | 2 | | | 410 | 426 | 16 | 15.29 | 16.17 | 0.88 | 0 |
| 46900 | DESTRUCTION ANAL LESION(S) | 010 | A | | | | 1 | | | 63 | 70 | 7 | 1.91 | 2.24 | 0.33 | 0 |
| 46910 | DESTRUCTION ANAL LESION(S) | 010 | A | | | 1 | | | | 73 | 75 | 2 | 1.91 | 2.13 | 0.22 | 0 |
| 46916 | CRYOSURGERY ANAL LESION(S) | 010 | A | | | 1 | | | | 67 | 69 | 2 | 1.91 | 2.13 | 0.22 | 0 |
| 46917 | LASER SURGERY ANAL LESIONS | 010 | A | | | 1 | | | | 73 | 75 | 2 | 1.91 | 2.13 | 0.22 | 0 |
| 46922 | EXCISION OF ANAL LESION(S) | 010 | A | | | 1 | | | | 83 | 85 | 2 | 1.91 | 2.13 | 0.22 | 0 |
| 46924 | DESTRUCTION ANAL LESION(S) | 010 | A | | | 1 | | | | 93 | 95 | 2 | 2.81 | 3.03 | 0.22 | 0 |
| 46930 | DESTROY INTERNAL HEMORRHOI | 090 | A | | | | 1 | | | 46 | 53 | 7 | 1.61 | 1.94 | 0.33 | 0 |
| 46940 | TREATMENT OF ANAL FISSURE | 010 | A | | | 0.5 | | | | 63 | 64 | 1 | 2.35 | 2.46 | 0.11 | 0 |
| 46942 | TREATMENT OF ANAL FISSURE | 010 | A | | | 0.5 | | | | 67 | 68 | 1 | 2.07 | 2.18 | 0.11 | 0 |
| 46945 | REMOVE BY LIGAT INT HEM GR | 090 | A | | | 1 | 1 | | | 114 | 123 | 9 | 2.21 | 2.76 | 0.55 | 0 |
| 46946 | REMOVE BY LIGAT INT HEM GR | 090 | A | | | 1 | | | | 101 | 103 | 2 | 2.63 | 2.85 | 0.22 | 0 |
| 46947 | HEMORRHOIDOPEXY BY STAPLIN | 090 | A | | | 1 | 1 | | | 170 | 179 | 9 | 5.57 | 6.12 | 0.55 | 0 |
| 47010 | OPEN DRAINAGE LIVER LESION | 090 | A | | | 1 | 2 | | | 645 | 661 | 16 | 19.40 | 20.28 | 0.88 | 0 |
| 47015 | INJECT/ASPIRATE LIVER CYST | 090 | A | | | 1 | 2 | | | 665 | 681 | 16 | 18.50 | 19.38 | 0.88 | 0 |
| 47100 | WEDGE BIOPSY OF LIVER | 090 | A | | | 1 | 2 | | | 345 | 361 | 16 | 12.91 | 13.79 | 0.88 | 0 |
| 47120 | PARTIAL REMOVAL OF LIVER | 090 | A | | | 2 | 1 | 1 | | 803 | 823 | 20 | 39.01 | 40.20 | 1.19 | -2 |
| 47122 | EXTENSIVE REMOVAL OF LIVER | 090 | A | | | 1 | 2 | | | 1000 | 1016 | 16 | 59.48 | 60.36 | 0.88 | 0 |
| 47125 | PARTIAL REMOVAL OF LIVER | 090 | A | | | 1 | 2 | | | 855 | 871 | 16 | 53.04 | 53.92 | 0.88 | 0 |
| 47130 | PARTIAL REMOVAL OF LIVER | 090 | A | | | 1 | 2 | | | 870 | 886 | 16 | 57.19 | 58.07 | 0.88 | 0 |
| 47135 | TRANSPLANTATION OF LIVER | 090 | R | | | | 1 | 6 | 1 | 1648 | 1724 | 76 | 90.00 | 93.54 | 3.54 | -13 |
| 47140 | PARTIAL REMOVAL DONOR LIVE | 090 | A | | | 1 | 3 | | | 1073 | 1096 | 23 | 59.40 | 60.61 | 1.21 | 0 |
| 47141 | PARTIAL REMOVAL DONOR LIVE | 090 | A | | | 1 | 4 | | | 1101 | 1131 | 30 | 71.50 | 73.04 | 1.54 | 0 |
| 47142 | PARTIAL REMOVAL DONOR LIVE | 090 | A | | | 1 | 4 | | | 1221 | 1251 | 30 | 79.44 | 80.98 | 1.54 | 0 |
| 47300 | SURGERY FOR LIVER LESION | 090 | A | | | 1 | 2 | | | 605 | 621 | 16 | 18.14 | 19.02 | 0.88 | 0 |
| 47350 | REPAIR LIVER WOUND | 090 | A | | | 1 | 2 | | | 575 | 591 | 16 | 22.49 | 23.37 | 0.88 | 0 |
| 47360 | REPAIR LIVER WOUND | 090 | A | | | 1 | 2 | | | 857.5 | 873.5 | 16 | 31.31 | 32.19 | 0.88 | 0 |
| 47361 | REPAIR LIVER WOUND | 090 | A | | | 1 | 2 | | | 1035 | 1051 | 16 | 52.60 | 53.48 | 0.88 | 0 |
| 47362 | REPAIR LIVER WOUND | 090 | A | | | 1 | 2 | | | 880 | 896 | 16 | 23.54 | 24.42 | 0.88 | 0 |
| 47370 | LAPARO ABLATE LIVER TUMOR | 090 | A | | | 1 | 2 | | | 450 | 466 | 16 | 20.80 | 21.68 | 0.88 | 0 |
| 47371 | LAPARO ABLATE LIVER CRYOSU | 090 | A | | | 1 | 2 | | | 455 | 471 | 16 | 20.80 | 21.68 | 0.88 | 0 |
| 47380 | OPEN ABLATE LIVER TUMOR RF | 090 | A | | | 1 | 2 | | | 550 | 566 | 16 | 24.56 | 25.44 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 47381 | OPEN ABLATE LIVER TUMOR CR | 090 | A | | | 2 | 2 | | | 576 | 594 | 18 | 24.88 | 25.98 | 1.10 | 0 |
| 47382 | PERCUT ABLATE LIVER RF | 010 | A | | | 1 | | | | 265 | 267 | 2 | 14.97 | 15.19 | 0.22 | 0 |
| 47383 | PERQ ABLTJ LVR CRYOABLATIO | 010 | A | | | 1 | | | | 196 | 198 | 2 | 8.88 | 9.10 | 0.22 | 0 |
| 47400 | INCISION OF LIVER DUCT | 090 | A | | | 1 | 2 | | | 810 | 826 | 16 | 36.36 | 37.24 | 0.88 | 0 |
| 47420 | INCISION OF BILE DUCT | 090 | A | | | 2 | 1 | | | 588 | 599 | 11 | 22.03 | 22.80 | 0.77 | 0 |
| 47425 | INCISION OF BILE DUCT | 090 | A | | | 2 | 1 | | | 628 | 639 | 11 | 22.31 | 23.08 | 0.77 | 0 |
| 47460 | INCISE BILE DUCT SPHINCTER | 090 | A | | | 2 | 1 | | | 578 | 589 | 11 | 20.52 | 21.29 | 0.77 | 0 |
| 47480 | INCISION OF GALLBLADDER | 090 | A | | | 1 | 2 | | | 495 | 511 | 16 | 13.25 | 14.13 | 0.88 | 0 |
| 47562 | LAPAROSCOPIC CHOLECYSTECTO | 090 | A | | | 1 | 2 | | | 251 | 267 | 16 | 10.47 | 11.35 | 0.88 | 0 |
| 47563 | LAPARO CHOLECYSTECTOMY/GRA | 090 | A | | | 1 | 1 | | | 238 | 247 | 9 | 11.47 | 12.02 | 0.55 | 0 |
| 47564 | LAPARO CHOLECYSTECTOMY/EXP | 090 | A | | | 1 | 2 | | | 415 | 431 | 16 | 18.00 | 18.88 | 0.88 | 0 |
| 47600 | REMOVAL OF GALLBLADDER | 090 | A | | | 1 | 2 | | | 475 | 491 | 16 | 17.48 | 18.36 | 0.88 | 0 |
| 47605 | REMOVAL OF GALLBLADDER | 090 | A | | | 1 | 2 | | | 490 | 506 | 16 | 18.48 | 19.36 | 0.88 | 0 |
| 47610 | REMOVAL OF GALLBLADDER | 090 | A | | | 1 | 1 | | | 512 | 521 | 9 | 20.92 | 21.47 | 0.55 | 0 |
| 47612 | REMOVAL OF GALLBLADDER | 090 | A | | | 1 | 1 | | | 597 | 606 | 9 | 21.21 | 21.76 | 0.55 | 0 |
| 47620 | REMOVAL OF GALLBLADDER | 090 | A | | | 1 | 1 | | | 627 | 636 | 9 | 23.07 | 23.62 | 0.55 | 0 |
| 47700 | EXPLORATION OF BILE DUCTS | 090 | A | | | 3.5 | | | | 456 | 463 | 7 | 16.50 | 17.27 | 0.77 | 0 |
| 47701 | BILE DUCT REVISION | 090 | A | | | 3.5 | | | | 498 | 505 | 7 | 28.73 | 29.50 | 0.77 | 0 |
| 47711 | EXCISION OF BILE DUCT TUMO | 090 | A | | | 1 | 2 | | | 670 | 686 | 16 | 25.90 | 26.78 | 0.88 | 0 |
| 47712 | EXCISION OF BILE DUCT TUMO | 090 | A | | | 1 | 2 | | | 790 | 806 | 16 | 33.72 | 34.60 | 0.88 | 0 |
| 47715 | EXCISION OF BILE DUCT CYST | 090 | A | | | 1 | 2 | | | 650 | 666 | 16 | 21.55 | 22.43 | 0.88 | 0 |
| 47720 | FUSE GALLBLADDER & BOWEL | 090 | A | | | 1 | 2 | | | 520 | 536 | 16 | 18.34 | 19.22 | 0.88 | 0 |
| 47721 | FUSE UPPER GI STRUCTURES | 090 | A | | | 1 | 2 | | | 610 | 626 | 16 | 21.99 | 22.87 | 0.88 | 0 |
| 47740 | FUSE GALLBLADDER & BOWEL | 090 | A | | | 1 | 2 | | | 590 | 606 | 16 | 21.23 | 22.11 | 0.88 | 0 |
| 47741 | FUSE GALLBLADDER & BOWEL | 090 | A | | | 1 | 2 | | | 640 | 656 | 16 | 24.21 | 25.09 | 0.88 | 0 |
| 47760 | FUSE BILE DUCTS AND BOWEL | 090 | A | | | | 2 | 1 | | 759 | 782 | 23 | 38.32 | 39.40 | 1.08 | -2 |
| 47765 | FUSE LIVER DUCTS & BOWEL | 090 | A | | | | 2 | 1 | | 882 | 905 | 23 | 52.19 | 53.27 | 1.08 | -2 |
| 47780 | FUSE BILE DUCTS AND BOWEL | 090 | A | | | | 2 | 1 | | 799 | 822 | 23 | 42.32 | 43.40 | 1.08 | -2 |
| 47785 | FUSE BILE DUCTS AND BOWEL | 090 | A | | | | 2 | 1 | | 939 | 962 | 23 | 56.19 | 57.27 | 1.08 | -2 |
| 47800 | RECONSTRUCTION OF BILE DUC | 090 | A | | | 1 | 2 | | | 652.5 | 668.5 | 16 | 26.17 | 27.05 | 0.88 | 0 |
| 47801 | PLACEMENT BILE DUCT SUPPOR | 090 | A | | | 1 | 2 | | | 525 | 541 | 16 | 17.60 | 18.48 | 0.88 | 0 |
| 47802 | FUSE LIVER DUCT & INTESTIN | 090 | A | | | 1 | 2 | | | 705 | 721 | 16 | 24.93 | 25.81 | 0.88 | 0 |
| 47900 | SUTURE BILE DUCT INJURY | 090 | A | | | 1 | 2 | | | 570 | 586 | 16 | 22.44 | 23.32 | 0.88 | 0 |
| 48000 | DRAINAGE OF ABDOMEN | 090 | A | | | 1 | 2 | | | 743 | 759 | 16 | 31.95 | 32.83 | 0.88 | 0 |
| 48001 | PLACEMENT OF DRAIN PANCREA | 090 | A | | | 1 | 2 | | | 815.5 | 831.5 | 16 | 39.69 | 40.57 | 0.88 | 0 |
| 48020 | REMOVAL OF PANCREATIC STON | 090 | A | | | 1 | 2 | | | 678 | 694 | 16 | 19.09 | 19.97 | 0.88 | 0 |
| 48100 | BIOPSY OF PANCREAS OPEN | 090 | A | | | 1 | 1 | | | 497.5 | 506.5 | 9 | 14.46 | 15.01 | 0.55 | 0 |
| 48102 | NEEDLE BIOPSY PANCREAS | 010 | A | | | 0.5 | | | | 120 | 121 | 1 | 4.70 | 4.81 | 0.11 | 0 |
| 48105 | RESECT/DEBRIDE PANCREAS | 090 | A | | | 1 | 2 | 1 | | 1220 | 1245 | 25 | 49.26 | 50.56 | 1.30 | -2 |
| 48120 | REMOVAL OF PANCREAS LESION | 090 | A | | | 1 | 1 | | | 595 | 604 | 9 | 18.41 | 18.96 | 0.55 | 0 |
| 48140 | PARTIAL REMOVAL OF PANCREA | 090 | A | | | 1 | 2 | | | 725 | 741 | 16 | 26.32 | 27.20 | 0.88 | 0 |
| 48145 | PARTIAL REMOVAL OF PANCREA | 090 | A | | | 1 | 2 | | | 762.5 | 778.5 | 16 | 27.39 | 28.27 | 0.88 | 0 |
| 48146 | PANCREATECTOMY | 090 | A | | | 1 | 3 | | | 893 | 916 | 23 | 30.60 | 31.81 | 1.21 | 0 |
| 48148 | REMOVAL OF PANCREATIC DUCT | 090 | A | | | 1 | 2 | | | 700 | 716 | 16 | 20.39 | 21.27 | 0.88 | 0 |
| 48150 | PARTIAL REMOVAL OF PANCREA | 090 | A | | | 1 | 2 | 1 | | 1110 | 1135 | 25 | 52.84 | 54.14 | 1.30 | -2 |
| 48152 | PANCREATECTOMY | 090 | A | | | 1 | 3 | | | 1063 | 1086 | 23 | 48.65 | 49.86 | 1.21 | 0 |
| 48153 | PANCREATECTOMY | 090 | A | | | 1 | 3 | | | 1078 | 1101 | 23 | 52.79 | 54.00 | 1.21 | 0 |
| 48154 | PANCREATECTOMY | 090 | A | | | 1 | 3 | | | 1033 | 1056 | 23 | 48.88 | 50.09 | 1.21 | 0 |
| 48155 | REMOVAL OF PANCREAS | 090 | A | | | 1 | 3 | | | 1043 | 1066 | 23 | 29.45 | 30.66 | 1.21 | 0 |
| 48500 | SURGERY OF PANCREATIC CYST | 090 | A | | | 1 | 2 | | | 603 | 619 | 16 | 18.16 | 19.04 | 0.88 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 48510 | DRAIN PANCREATIC PSEUDOCYS | 090 | A | | | 1 | 2 | | | 580.5 | 596.5 | 16 | 17.19 | 18.07 | 0.88 | 0 |
| 48520 | FUSE PANCREAS CYST AND BOW | 090 | A | | | 1 | 1 | | | 580 | 589 | 9 | 18.15 | 18.70 | 0.55 | 0 |
| 48540 | FUSE PANCREAS CYST AND BOW | 090 | A | | | 1 | 1 | | | 560 | 569 | 9 | 21.94 | 22.49 | 0.55 | 0 |
| 48545 | PANCREATORRHAPHY | 090 | A | | | 1 | 2 | | | 773 | 789 | 16 | 22.23 | 23.11 | 0.88 | 0 |
| 48547 | DUODENAL EXCLUSION | 090 | A | | | 1 | 2 | | | 903 | 919 | 16 | 30.38 | 31.26 | 0.88 | 0 |
| 48548 | FUSE PANCREAS AND BOWEL | 090 | A | | | 1 | 2 | | | 765 | 781 | 16 | 28.09 | 28.97 | 0.88 | 0 |
| 48554 | TRANSPL ALLOGRAFT PANCREAS | 090 | R | | | | 4 | 3 | 3 | 1237 | 1337 | 100 | 37.80 | 42.45 | 4.65 | -9 |
| 48556 | REMOVAL ALLOGRAFT PANCREAS | 090 | A | | | | 3 | 1 | | 952 | 982 | 30 | 19.47 | 20.88 | 1.41 | -2 |
| 49000 | EXPLORATION OF ABDOMEN | 090 | A | | | | 2 | | | 304 | 318 | 14 | 12.54 | 13.20 | 0.66 | 0 |
| 49002 | REOPENING OF ABDOMEN | 090 | A | | | 1 | 1 | | | 437 | 446 | 9 | 17.63 | 18.18 | 0.55 | 0 |
| 49010 | EXPLORATION BEHIND ABDOMEN | 090 | A | | | 1 | 1 | | | 357 | 366 | 9 | 16.06 | 16.61 | 0.55 | 0 |
| 49020 | DRAINAGE ABDOM ABSCESS OPE | 090 | A | | | 1 | 2 | 1 | | 710 | 735 | 25 | 26.67 | 27.97 | 1.30 | -2 |
| 49040 | DRAIN OPEN ABDOM ABSCESS | 090 | A | | | 2 | 1 | | | 603 | 614 | 11 | 16.52 | 17.29 | 0.77 | 0 |
| 49060 | DRAIN OPEN RETROPERI ABSCE | 090 | A | | | 2 | 1 | | | 563 | 574 | 11 | 18.53 | 19.30 | 0.77 | 0 |
| 49062 | DRAIN TO PERITONEAL CAVITY | 090 | A | | | | 2 | | | 334 | 348 | 14 | 12.22 | 12.88 | 0.66 | 0 |
| 49203 | EXC ABD TUM 5 CM OR LESS | 090 | A | | | 1 | 2 | | | 420 | 436 | 16 | 20.13 | 21.01 | 0.88 | 0 |
| 49204 | EXC ABD TUM OVER 5 CM | 090 | A | | | 1 | 2 | | | 511 | 527 | 16 | 26.13 | 27.01 | 0.88 | 0 |
| 49205 | EXC ABD TUM OVER 10 CM | 090 | A | | | 1 | 2 | | | 645 | 661 | 16 | 30.13 | 31.01 | 0.88 | 0 |
| 49215 | EXCISE SACRAL SPINE TUMOR | 090 | A | | | | 3 | | | 855 | 876 | 21 | 37.81 | 38.80 | 0.99 | 0 |
| 49220 | MULTIPLE SURGERY ABDOMEN | 090 | A | | | 3 | | | | 438 | 444 | 6 | 15.79 | 16.45 | 0.66 | 0 |
| 49250 | EXCISION OF UMBILICUS | 090 | A | | | 2.5 | | | | 292 | 297 | 5 | 9.01 | 9.56 | 0.55 | 0 |
| 49255 | REMOVAL OF OMENTUM | 090 | A | | | | 3 | | | 345 | 366 | 21 | 12.56 | 13.55 | 0.99 | 0 |
| 49320 | DIAG LAPARO SEPARATE PROC | 010 | A | | | | 1 | | | 157 | 164 | 7 | 5.14 | 5.47 | 0.33 | 0 |
| 49321 | LAPAROSCOPY BIOPSY | 010 | A | | | | 1 | | | 201 | 208 | 7 | 5.44 | 5.77 | 0.33 | 0 |
| 49322 | LAPAROSCOPY ASPIRATION | 010 | A | | | | 1 | | | 133 | 140 | 7 | 6.01 | 6.34 | 0.33 | 0 |
| 49323 | LAPARO DRAIN LYMPHOCELE | 090 | A | | | | 2 | | | 299 | 313 | 14 | 10.23 | 10.89 | 0.66 | 0 |
| 49324 | LAP INSERT TUNNEL IP CATH | 010 | A | | | | 1 | | | 162 | 169 | 7 | 6.32 | 6.65 | 0.33 | 0 |
| 49325 | LAP REVISION PERM IP CATH | 010 | A | | | | 1 | | | 162 | 169 | 7 | 6.82 | 7.15 | 0.33 | 0 |
| 49402 | REMOVE FOREIGN BODY ADBOME | 090 | A | | | 1 | 1 | | | 422 | 431 | 9 | 14.09 | 14.64 | 0.55 | 0 |
| 49419 | INSERT TUN IP CATH W/PORT | 090 | A | | | | 1 | | | 231 | 238 | 7 | 7.08 | 7.41 | 0.33 | 0 |
| 49425 | INSERT ABDOMEN-VENOUS DRAI | 090 | A | | | 3 | | | | 367 | 373 | 6 | 12.22 | 12.88 | 0.66 | 0 |
| 49426 | REVISE ABDOMEN-VENOUS SHUN | 090 | A | | | 2.5 | | | | 330 | 335 | 5 | 10.41 | 10.96 | 0.55 | 0 |
| 49428 | LIGATION OF SHUNT | 010 | A | | | 1 | 1 | | | 239.5 | 248.5 | 9 | 6.87 | 7.42 | 0.55 | 0 |
| 49429 | REMOVAL OF SHUNT | 010 | A | | | 1 | | | | 317 | 319 | 2 | 7.44 | 7.66 | 0.22 | 0 |
| 49436 | EMBEDDED IP CATH EXIT-SITE | 010 | A | | | 1 | | | | 93 | 95 | 2 | 2.72 | 2.94 | 0.22 | 0 |
| 49491 | RPR HERN PREEMIE REDUC | 090 | A | | | 2 | 1 | | | 398 | 409 | 11 | 12.53 | 13.30 | 0.77 | 0 |
| 49492 | RPR ING HERN PREMIE BLOCKE | 090 | A | | | 2 | 1 | | | 398 | 409 | 11 | 15.43 | 16.20 | 0.77 | 0 |
| 49495 | RPR ING HERNIA BABY REDUC | 090 | A | | | | 1 | | | 148 | 155 | 7 | 6.20 | 6.53 | 0.33 | 0 |
| 49496 | RPR ING HERNIA BABY BLOCKE | 090 | A | | | | 2 | | | 246 | 260 | 14 | 9.42 | 10.08 | 0.66 | 0 |
| 49500 | RPR ING HERNIA INIT REDUCE | 090 | A | | | 1 | 1 | | | 178 | 187 | 9 | 5.84 | 6.39 | 0.55 | 0 |
| 49501 | RPR ING HERNIA INIT BLOCKE | 090 | A | | | 1 | 1 | | | 232 | 241 | 9 | 9.36 | 9.91 | 0.55 | 0 |
| 49505 | PRP I/HERN INIT REDUC >5 Y | 090 | A | | | 1 | 1 | | | 198 | 207 | 9 | 7.96 | 8.51 | 0.55 | 0 |
| 49507 | PRP I/HERN INIT BLOCK >5 Y | 090 | A | | | 1 | 1 | | | 231 | 240 | 9 | 9.09 | 9.64 | 0.55 | 0 |
| 49520 | REREPAIR ING HERNIA REDUCE | 090 | A | | | 1 | 1 | | | 185.5 | 194.5 | 9 | 9.99 | 10.54 | 0.55 | 0 |
| 49521 | REREPAIR ING HERNIA BLOCKE | 090 | A | | | 1 | 1 | | | 251 | 260 | 9 | 11.48 | 12.03 | 0.55 | 0 |
| 49525 | REPAIR ING HERNIA SLIDING | 090 | A | | | 1 | 1 | | | 193 | 202 | 9 | 8.93 | 9.48 | 0.55 | 0 |
| 49540 | REPAIR LUMBAR HERNIA | 090 | A | | | 1 | 1 | | | 218 | 227 | 9 | 10.74 | 11.29 | 0.55 | 0 |
| 49550 | RPR REM HERNIA INIT REDUCE | 090 | A | | | 1 | 1 | | | 193 | 202 | 9 | 8.99 | 9.54 | 0.55 | 0 |
| 49553 | RPR FEM HERNIA INIT BLOCKE | 090 | A | | | 1 | 1 | | | 247 | 256 | 9 | 9.92 | 10.47 | 0.55 | 0 |
| 49555 | REREPAIR FEM HERNIA REDUCE | 090 | A | | | 1 | 1 | | | 218 | 227 | 9 | 9.39 | 9.94 | 0.55 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 49557 | REREPAIR FEM HERNIA BLOCKE | 090 | A | | | 1 | 1 | | | 262 | 271 | 9 | 11.62 | 12.17 | 0.55 | 0 |
| 49560 | RPR VENTRAL HERN INIT REDU | 090 | A | | | 1 | 1 | | | 223 | 232 | 9 | 11.92 | 12.47 | 0.55 | 0 |
| 49561 | RPR VENTRAL HERN INIT BLOC | 090 | A | | | 1 | 1 | | | 352 | 361 | 9 | 15.38 | 15.93 | 0.55 | 0 |
| 49565 | REREPAIR VENTRL HERN REDUC | 090 | A | | | 1 | 1 | | | 312 | 321 | 9 | 12.37 | 12.92 | 0.55 | 0 |
| 49566 | REREPAIR VENTRL HERN BLOCK | 090 | A | | | 1 | 1 | | | 372 | 381 | 9 | 15.53 | 16.08 | 0.55 | 0 |
| 49570 | RPR EPIGASTRIC HERN REDUCE | 090 | A | | | 1 | 1 | | | 193 | 202 | 9 | 6.05 | 6.60 | 0.55 | 0 |
| 49572 | RPR EPIGASTRIC HERN BLOCKE | 090 | A | | | 1 | 1 | | | 312 | 321 | 9 | 7.87 | 8.42 | 0.55 | 0 |
| 49580 | RPR UMBIL HERN REDUC < 5 Y | 090 | A | | | 1 | 1 | | | 170.5 | 179.5 | 9 | 4.47 | 5.02 | 0.55 | 0 |
| 49582 | RPR UMBIL HERN BLOCK < 5 Y | 090 | A | | | 1 | 1 | | | 219.5 | 228.5 | 9 | 7.13 | 7.68 | 0.55 | 0 |
| 49585 | RPR UMBIL HERN REDUC > 5 Y | 090 | A | | | 1 | 1 | | | 178 | 187 | 9 | 6.59 | 7.14 | 0.55 | 0 |
| 49587 | RPR UMBIL HERN BLOCK > 5 Y | 090 | A | | | 1 | 1 | | | 221 | 230 | 9 | 7.08 | 7.63 | 0.55 | 0 |
| 49590 | REPAIR SPIGELIAN HERNIA | 090 | A | | | 1 | 1 | | | 193 | 202 | 9 | 8.90 | 9.45 | 0.55 | 0 |
| 49600 | REPAIR UMBILICAL LESION | 090 | A | | | 2.5 | | | | 286 | 291 | 5 | 11.55 | 12.10 | 0.55 | 0 |
| 49605 | REPAIR UMBILICAL LESION | 090 | A | | | | | 3 | | 1720 | 1747 | 27 | 87.09 | 88.35 | 1.26 | -6 |
| 49606 | REPAIR UMBILICAL LESION | 090 | A | | | 2.5 | | | | 297 | 302 | 5 | 19.00 | 19.55 | 0.55 | 0 |
| 49610 | REPAIR UMBILICAL LESION | 090 | A | | | 2.5 | | | | 282 | 287 | 5 | 10.91 | 11.46 | 0.55 | 0 |
| 49611 | REPAIR UMBILICAL LESION | 090 | A | | | 2.5 | | | | 270 | 275 | 5 | 9.34 | 9.89 | 0.55 | 0 |
| 49650 | LAP ING HERNIA REPAIR INIT | 090 | A | | | 2 | | | | 147 | 151 | 4 | 6.36 | 6.80 | 0.44 | 0 |
| 49651 | LAP ING HERNIA REPAIR RECU | 090 | A | | | 3 | | | | 193 | 199 | 6 | 8.38 | 9.04 | 0.66 | 0 |
| 49652 | LAP VENT/ABD HERNIA REPAIR | 090 | A | | | 1 | 1 | | | 258 | 267 | 9 | 11.92 | 12.47 | 0.55 | 0 |
| 49653 | LAP VENT/ABD HERN PROC COM | 090 | A | | | 2 | 1 | | | 314 | 325 | 11 | 14.94 | 15.71 | 0.77 | 0 |
| 49654 | LAP INC HERNIA REPAIR | 090 | A | | | 1 | 1 | | | 298 | 307 | 9 | 13.76 | 14.31 | 0.55 | 0 |
| 49655 | LAP INC HERN REPAIR COMP | 090 | A | | | 2 | 1 | | | 344 | 355 | 11 | 16.84 | 17.61 | 0.77 | 0 |
| 49656 | LAP INC HERNIA REPAIR RECU | 090 | A | | | 1 | 1 | | | 362 | 371 | 9 | 15.08 | 15.63 | 0.55 | 0 |
| 49657 | LAP INC HERN RECUR COMP | 090 | A | | | 2 | 1 | | | 493 | 504 | 11 | 22.11 | 22.88 | 0.77 | 0 |
| 49900 | REPAIR OF ABDOMINAL WALL | 090 | A | | | | 3 | | | 567 | 588 | 21 | 12.41 | 13.40 | 0.99 | 0 |
| 49904 | OMENTAL FLAP EXTRA-ABDOM | 090 | A | | | 3 | 2 | | | 670 | 690 | 20 | 22.35 | 23.67 | 1.32 | 0 |
| 49906 | FREE OMENTAL FLAP MICROVAS | 090 | C | | | 2 | 4 | | | 892 | 924 | 32 | 0.00 | 0.00 | 0.00 | 0 |
| 50010 | EXPLORATION OF KIDNEY | 090 | A | | | | 3 | | | 341 | 362 | 21 | 12.28 | 13.27 | 0.99 | 0 |
| 50020 | RENAL ABSCESS OPEN DRAIN | 090 | A | | | | 4 | | | 650 | 678 | 28 | 18.08 | 19.40 | 1.32 | 0 |
| 50040 | DRAINAGE OF KIDNEY | 090 | A | | | | 4 | | | 405 | 433 | 28 | 16.68 | 18.00 | 1.32 | 0 |
| 50045 | EXPLORATION OF KIDNEY | 090 | A | | | | 3 | | | 382 | 403 | 21 | 16.82 | 17.81 | 0.99 | 0 |
| 50060 | REMOVAL OF KIDNEY STONE | 090 | A | | | | 3 | | | 440 | 461 | 21 | 20.95 | 21.94 | 0.99 | 0 |
| 50065 | INCISION OF KIDNEY | 090 | A | | | | 3 | | | 471 | 492 | 21 | 22.32 | 23.31 | 0.99 | 0 |
| 50070 | INCISION OF KIDNEY | 090 | A | | | | 3 | | | 482 | 503 | 21 | 21.85 | 22.84 | 0.99 | 0 |
| 50075 | REMOVAL OF KIDNEY STONE | 090 | A | | | | 3.5 | | | 569.5 | 594 | 24.5 | 27.09 | 28.25 | 1.16 | 0 |
| 50080 | REMOVAL OF KIDNEY STONE | 090 | A | | | | 2.5 | | | 359.5 | 377 | 17.5 | 15.74 | 16.56 | 0.82 | 0 |
| 50081 | REMOVAL OF KIDNEY STONE | 090 | A | | | | 3.5 | | | 507.5 | 532 | 24.5 | 23.50 | 24.66 | 1.16 | 0 |
| 50100 | REVISE KIDNEY BLOOD VESSEL | 090 | A | | | | 3 | | | 400 | 421 | 21 | 17.45 | 18.44 | 0.99 | 0 |
| 50120 | EXPLORATION OF KIDNEY | 090 | A | | | | 3 | | | 362 | 383 | 21 | 17.21 | 18.20 | 0.99 | 0 |
| 50125 | EXPLORE AND DRAIN KIDNEY | 090 | A | | | | 3 | | | 364 | 385 | 21 | 17.82 | 18.81 | 0.99 | 0 |
| 50130 | REMOVAL OF KIDNEY STONE | 090 | A | | | | 3 | | | 427 | 448 | 21 | 18.82 | 19.81 | 0.99 | 0 |
| 50135 | EXPLORATION OF KIDNEY | 090 | A | | | | 3 | | | 443 | 464 | 21 | 20.59 | 21.58 | 0.99 | 0 |
| 50205 | RENAL BIOPSY OPEN | 090 | A | | | | 2 | | | 324 | 338 | 14 | 12.29 | 12.95 | 0.66 | 0 |
| 50220 | REMOVE KIDNEY OPEN | 090 | A | | | | 3 | | | 432 | 453 | 21 | 18.68 | 19.67 | 0.99 | 0 |
| 50225 | REMOVAL KIDNEY OPEN COMPLE | 090 | A | | | | 3 | | | 512 | 533 | 21 | 21.88 | 22.87 | 0.99 | 0 |
| 50230 | REMOVAL KIDNEY OPEN RADICA | 090 | A | | | | 2.5 | | | 573.5 | 591 | 17.5 | 23.81 | 24.63 | 0.82 | 0 |
| 50234 | REMOVAL OF KIDNEY & URETER | 090 | A | | | | 3 | | | 512 | 533 | 21 | 24.05 | 25.04 | 0.99 | 0 |
| 50236 | REMOVAL OF KIDNEY & URETER | 090 | A | | | | 4 | | | 570 | 598 | 28 | 26.94 | 28.26 | 1.32 | 0 |
| 50240 | PARTIAL REMOVAL OF KIDNEY | 090 | A | | | | 4 | | | 605 | 633 | 28 | 24.21 | 25.53 | 1.32 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 50250 | CRYOABLATE RENAL MASS OPEN | 090 | A | | | 2 | 2 | | | 541 | 559 | 18 | 22.22 | 23.32 | 1.10 | 0 |
| 50280 | REMOVAL OF KIDNEY LESION | 090 | A | | | | 3 | | | 379 | 400 | 21 | 17.09 | 18.08 | 0.99 | 0 |
| 50290 | REMOVAL OF KIDNEY LESION | 090 | A | | | | 3 | | | 386 | 407 | 21 | 16.15 | 17.14 | 0.99 | 0 |
| 50320 | REMOVE KIDNEY LIVING DONOR | 090 | A | | | 5 | | | | 524 | 534 | 10 | 22.43 | 23.53 | 1.10 | 0 |
| 50340 | REMOVAL OF KIDNEY | 090 | A | | | | 3.5 | | | 436.5 | 461 | 24.5 | 14.04 | 15.19 | 1.16 | 0 |
| 50360 | TRANSPLANTATION OF KIDNEY | 090 | A | | | | 1 | 2 | 1 | 774 | 814 | 40 | 39.88 | 41.74 | 1.86 | -5 |
| 50365 | TRANSPLANTATION OF KIDNEY | 090 | A | | | | 9 | | | 1446 | 1509 | 63 | 46.13 | 49.10 | 2.97 | 0 |
| 50370 | REMOVE TRANSPLANTED KIDNEY | 090 | A | | | | 4 | | | 898 | 926 | 28 | 18.88 | 20.20 | 1.32 | 0 |
| 50380 | REIMPLANTATION OF KIDNEY | 090 | A | | | | 9 | | | 1469 | 1532 | 63 | 30.11 | 33.08 | 2.97 | 0 |
| 50400 | REVISION OF KIDNEY/URETER | 090 | A | | | | 3 | | | 483 | 504 | 21 | 21.27 | 22.26 | 0.99 | 0 |
| 50405 | REVISION OF KIDNEY/URETER | 090 | A | | | | 3.5 | | | 550.5 | 575 | 24.5 | 25.86 | 27.02 | 1.16 | 0 |
| 50500 | REPAIR OF KIDNEY WOUND | 090 | A | | | | 3 | | | 463 | 484 | 21 | 21.22 | 22.21 | 0.99 | 0 |
| 50520 | CLOSE KIDNEY-SKIN FISTULA | 090 | A | | | | 3 | | | 465 | 486 | 21 | 18.88 | 19.87 | 0.99 | 0 |
| 50525 | CLOSE NEPHROVISCERAL FISTU | 090 | A | | | | 3.5 | | | 569.5 | 594 | 24.5 | 24.39 | 25.54 | 1.16 | 0 |
| 50526 | CLOSE NEPHROVISCERAL FISTU | 090 | A | | | | 3.5 | | | 624.5 | 649 | 24.5 | 26.31 | 27.46 | 1.16 | 0 |
| 50540 | REVISION OF HORSESHOE KIDN | 090 | A | | | | 3 | | | 421 | 442 | 21 | 21.10 | 22.09 | 0.99 | 0 |
| 50541 | LAPARO ABLATE RENAL CYST | 090 | A | | | | 2 | | | 319 | 333 | 14 | 16.86 | 17.52 | 0.66 | 0 |
| 50542 | LAPARO ABLATE RENAL MASS | 090 | A | | | | 2 | 1 | | 449 | 472 | 23 | 21.36 | 22.44 | 1.08 | -2 |
| 50543 | LAPARO PARTIAL NEPHRECTOMY | 090 | A | | | | 3 | 1 | | 557 | 587 | 30 | 27.41 | 28.82 | 1.41 | -2 |
| 50544 | LAPAROSCOPY PYELOPLASTY | 090 | A | | | | 2 | | | 459 | 473 | 14 | 23.37 | 24.03 | 0.66 | 0 |
| 50545 | LAPARO RADICAL NEPHRECTOMY | 090 | A | | | | 1 | 1 | | 491 | 507 | 16 | 25.06 | 25.81 | 0.75 | -2 |
| 50546 | LAPAROSCOPIC NEPHRECTOMY | 090 | A | | | | 2 | 1 | | 466.5 | 489.5 | 23 | 21.87 | 22.95 | 1.08 | -2 |
| 50547 | LAPARO REMOVAL DONOR KIDNE | 090 | A | | | | 2 | | | 501.5 | 515.5 | 14 | 26.34 | 27.00 | 0.66 | 0 |
| 50548 | LAPARO REMOVE W/URETER | 090 | A | | | | 2 | | | 494 | 508 | 14 | 25.36 | 26.02 | 0.66 | 0 |
| 50590 | FRAGMENTING OF KIDNEY STON | 090 | A | | | 1 | 2 | | | 207 | 223 | 16 | 9.77 | 10.65 | 0.88 | 0 |
| 50592 | PERC RF ABLATE RENAL TUMOR | 010 | A | | | 1 | | | | 145 | 147 | 2 | 6.55 | 6.77 | 0.22 | 0 |
| 50593 | PERC CRYO ABLATE RENAL TUM | 010 | A | | | | 1 | | | 207 | 214 | 7 | 8.88 | 9.21 | 0.33 | 0 |
| 50600 | EXPLORATION OF URETER | 090 | A | | | | 2.5 | | | 361.5 | 379 | 17.5 | 17.17 | 18.00 | 0.82 | 0 |
| 50605 | INSERT URETERAL SUPPORT | 090 | A | | | | 2.5 | | | 361.5 | 379 | 17.5 | 16.79 | 17.62 | 0.82 | 0 |
| 50610 | REMOVAL OF URETER STONE | 090 | A | | | | 2.5 | | | 354.5 | 372 | 17.5 | 17.25 | 18.08 | 0.82 | 0 |
| 50620 | REMOVAL OF URETER STONE | 090 | A | | | | 2.5 | | | 330.5 | 348 | 17.5 | 16.43 | 17.26 | 0.82 | 0 |
| 50630 | REMOVAL OF URETER STONE | 090 | A | | | | 2.5 | | | 339.5 | 357 | 17.5 | 16.21 | 17.03 | 0.82 | 0 |
| 50650 | REMOVAL OF URETER | 090 | A | | | | 3 | | | 387 | 408 | 21 | 18.82 | 19.81 | 0.99 | 0 |
| 50660 | REMOVAL OF URETER | 090 | A | | | | 3 | | | 434 | 455 | 21 | 21.02 | 22.01 | 0.99 | 0 |
| 50688 | CHANGE OF URETER TUBE/STEN | 010 | A | | | 0.5 | | | | 52 | 53 | 1 | 1.20 | 1.31 | 0.11 | 0 |
| 50700 | REVISION OF URETER | 090 | A | | | | 3 | | | 415 | 436 | 21 | 16.69 | 17.68 | 0.99 | 0 |
| 50715 | RELEASE OF URETER | 090 | A | | | | 3 | | | 467 | 488 | 21 | 20.64 | 21.63 | 0.99 | 0 |
| 50722 | RELEASE OF URETER | 090 | A | | | | 3 | | | 423 | 444 | 21 | 17.95 | 18.94 | 0.99 | 0 |
| 50725 | RELEASE/REVISE URETER | 090 | A | | | | 3 | | | 486 | 507 | 21 | 20.20 | 21.19 | 0.99 | 0 |
| 50727 | REVISE URETER | 090 | A | | | 2 | 1 | | | 225 | 236 | 11 | 8.28 | 9.05 | 0.77 | 0 |
| 50728 | REVISE URETER | 090 | A | | | 1 | 3 | | | 286 | 309 | 23 | 12.18 | 13.39 | 1.21 | 0 |
| 50740 | FUSION OF URETER & KIDNEY | 090 | A | | | | 3 | | | 465 | 486 | 21 | 20.07 | 21.06 | 0.99 | 0 |
| 50750 | FUSION OF URETER & KIDNEY | 090 | A | | | | 3 | | | 507 | 528 | 21 | 21.22 | 22.21 | 0.99 | 0 |
| 50760 | FUSION OF URETERS | 090 | A | | | | 3 | | | 451 | 472 | 21 | 20.07 | 21.06 | 0.99 | 0 |
| 50770 | SPLICING OF URETERS | 090 | A | | | | 3 | | | 489 | 510 | 21 | 21.22 | 22.21 | 0.99 | 0 |
| 50780 | REIMPLANT URETER IN BLADDE | 090 | A | | | | 3 | | | 413 | 434 | 21 | 19.95 | 20.94 | 0.99 | 0 |
| 50782 | REIMPLANT URETER IN BLADDE | 090 | A | | | | 3 | | | 384 | 405 | 21 | 19.66 | 20.65 | 0.99 | 0 |
| 50783 | REIMPLANT URETER IN BLADDE | 090 | A | | | 1 | 3 | | | 427 | 450 | 23 | 20.70 | 21.91 | 1.21 | 0 |
| 50785 | REIMPLANT URETER IN BLADDE | 090 | A | | | | 3 | | | 485 | 506 | 21 | 22.23 | 23.22 | 0.99 | 0 |
| 50800 | IMPLANT URETER IN BOWEL | 090 | A | | | | 3.5 | | | 470.5 | 495 | 24.5 | 16.41 | 17.56 | 1.16 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 50810 | FUSION OF URETER & BOWEL | 090 | A | | | | 4.5 | | | 731.5 | 763 | 31.5 | 22.61 | 24.10 | 1.49 | 0 |
| 50815 | URINE SHUNT TO INTESTINE | 090 | A | | | | 4 | | | 630 | 658 | 28 | 22.26 | 23.58 | 1.32 | 0 |
| 50820 | CONSTRUCT BOWEL BLADDER | 090 | A | | | | 3.5 | | | 606.5 | 631 | 24.5 | 24.07 | 25.22 | 1.16 | 0 |
| 50825 | CONSTRUCT BOWEL BLADDER | 090 | A | | | | 4 | | | 761 | 789 | 28 | 30.68 | 32.00 | 1.32 | 0 |
| 50830 | REVISE URINE FLOW | 090 | A | | | | 4 | | | 761 | 789 | 28 | 33.77 | 35.09 | 1.32 | 0 |
| 50840 | REPLACE URETER BY BOWEL | 090 | A | | | | 4 | | | 678 | 706 | 28 | 22.39 | 23.71 | 1.32 | 0 |
| 50845 | APPENDICO-VESICOSTOMY | 090 | A | | | | 5 | | | 613 | 648 | 35 | 22.46 | 24.11 | 1.65 | 0 |
| 50860 | TRANSPLANT URETER TO SKIN | 090 | A | | | | 3 | | | 434 | 455 | 21 | 17.08 | 18.07 | 0.99 | 0 |
| 50900 | REPAIR OF URETER | 090 | A | | | | 3 | | | 363 | 384 | 21 | 15.04 | 16.03 | 0.99 | 0 |
| 50920 | CLOSURE URETER/SKIN FISTUL | 090 | A | | | | 3 | | | 409 | 430 | 21 | 15.81 | 16.80 | 0.99 | 0 |
| 50930 | CLOSURE URETER/BOWEL FISTU | 090 | A | | | | 3 | | | 438 | 459 | 21 | 20.19 | 21.18 | 0.99 | 0 |
| 50940 | RELEASE OF URETER | 090 | A | | | | 3 | | | 383 | 404 | 21 | 15.93 | 16.92 | 0.99 | 0 |
| 50945 | LAPAROSCOPY URETEROLITHOTO | 090 | A | | | | 2 | | | 341.5 | 355.5 | 14 | 17.97 | 18.63 | 0.66 | 0 |
| 50947 | LAPARO NEW URETER/BLADDER | 090 | A | | | | 3 | | | 512 | 533 | 21 | 25.78 | 26.77 | 0.99 | 0 |
| 50948 | LAPARO NEW URETER/BLADDER | 090 | A | | | | 1 | 1 | | 506 | 522 | 16 | 23.82 | 24.57 | 0.75 | -2 |
| 51020 | INCISE & TREAT BLADDER | 090 | A | | | | 2.5 | | | 266.5 | 284 | 17.5 | 7.69 | 8.52 | 0.83 | 0 |
| 51030 | INCISE & TREAT BLADDER | 090 | A | | | | 2.5 | | | 284.5 | 302 | 17.5 | 7.81 | 8.63 | 0.83 | 0 |
| 51040 | INCISE & DRAIN BLADDER | 090 | A | | | 2 | | | | 139 | 143 | 4 | 4.49 | 4.93 | 0.44 | 0 |
| 51045 | INCISE BLADDER/DRAIN URETE | 090 | A | | | | 2.5 | | | 271.5 | 289 | 17.5 | 7.81 | 8.63 | 0.83 | 0 |
| 51050 | REMOVAL OF BLADDER STONE | 090 | A | | | | 2 | | | 276 | 290 | 14 | 7.97 | 8.63 | 0.66 | 0 |
| 51060 | REMOVAL OF URETER STONE | 090 | A | | | | 2.5 | | | 319.5 | 337 | 17.5 | 9.95 | 10.77 | 0.82 | 0 |
| 51065 | REMOVE URETER CALCULUS | 090 | A | | | | 2.5 | | | 318.5 | 336 | 17.5 | 9.95 | 10.77 | 0.82 | 0 |
| 51080 | DRAINAGE OF BLADDER ABSCES | 090 | A | | | | 2 | | | 238 | 252 | 14 | 6.71 | 7.37 | 0.66 | 0 |
| 51500 | REMOVAL OF BLADDER CYST | 090 | A | | | | 2.5 | | | 290.5 | 308 | 17.5 | 11.05 | 11.88 | 0.83 | 0 |
| 51520 | REMOVAL OF BLADDER LESION | 090 | A | | | | 2.5 | | | 271.5 | 289 | 17.5 | 10.21 | 11.04 | 0.83 | 0 |
| 51525 | REMOVAL OF BLADDER LESION | 090 | A | | | | 2.5 | | | 386.5 | 404 | 17.5 | 15.42 | 16.25 | 0.82 | 0 |
| 51530 | REMOVAL OF BLADDER LESION | 090 | A | | | | 2.5 | | | 357.5 | 375 | 17.5 | 13.71 | 14.54 | 0.83 | 0 |
| 51535 | REPAIR OF URETER LESION | 090 | A | | | | 2.5 | | | 374.5 | 392 | 17.5 | 13.90 | 14.72 | 0.83 | 0 |
| 51550 | PARTIAL REMOVAL OF BLADDER | 090 | A | | | | 2.5 | | | 419.5 | 437 | 17.5 | 17.23 | 18.05 | 0.82 | 0 |
| 51555 | PARTIAL REMOVAL OF BLADDER | 090 | A | | | | 3 | | | 534 | 555 | 21 | 23.18 | 24.17 | 0.99 | 0 |
| 51565 | REVISE BLADDER & URETER(S) | 090 | A | | | | 3.5 | | | 571.5 | 596 | 24.5 | 23.68 | 24.84 | 1.16 | 0 |
| 51570 | REMOVAL OF BLADDER | 090 | A | | | | 3 | | | 710 | 731 | 21 | 27.46 | 28.45 | 0.99 | 0 |
| 51575 | REMOVAL OF BLADDER & NODES | 090 | A | | | | 3.5 | | | 863.5 | 888 | 24.5 | 34.18 | 35.34 | 1.16 | 0 |
| 51580 | REMOVE BLADDER/REVISE TRAC | 090 | A | | | | 4.5 | | | 987.5 | 1019 | 31.5 | 35.37 | 36.85 | 1.49 | 0 |
| 51585 | REMOVAL OF BLADDER & NODES | 090 | A | | | | 4.5 | | | 1073.5 | 1105 | 31.5 | 39.64 | 41.12 | 1.49 | 0 |
| 51590 | REMOVE BLADDER/REVISE TRAC | 090 | A | | | | 3.5 | | | 990.5 | 1015 | 24.5 | 36.33 | 37.49 | 1.16 | 0 |
| 51595 | REMOVE BLADDER/REVISE TRAC | 090 | A | | | | 4 | | | 1039 | 1067 | 28 | 41.32 | 42.64 | 1.32 | 0 |
| 51596 | REMOVE BLADDER/CREATE POU | 090 | A | | | | 5 | | | 1231 | 1266 | 35 | 44.26 | 45.91 | 1.65 | 0 |
| 51597 | REMOVAL OF PELVIC STRUCTUR | 090 | A | | | | 5 | | | 1023 | 1058 | 35 | 42.86 | 44.51 | 1.65 | 0 |
| 51800 | REVISION OF BLADDER/URETHR | 090 | A | | | | 3 | | | 434 | 455 | 21 | 18.89 | 19.88 | 0.99 | 0 |
| 51820 | REVISION OF URINARY TRACT | 090 | A | | | | 3.5 | | | 511.5 | 536 | 24.5 | 19.59 | 20.75 | 1.16 | 0 |
| 51840 | ATTACH BLADDER/URETHRA | 090 | A | | | 2.5 | | | | 319 | 324 | 5 | 11.36 | 11.91 | 0.55 | 0 |
| 51841 | ATTACH BLADDER/URETHRA | 090 | A | | | 2.5 | | | | 354 | 359 | 5 | 13.68 | 14.23 | 0.55 | 0 |
| 51845 | REPAIR BLADDER NECK | 090 | A | | | 2.5 | | | | 265 | 270 | 5 | 10.15 | 10.70 | 0.55 | 0 |
| 51860 | REPAIR OF BLADDER WOUND | 090 | A | | | 3.5 | | | | 308 | 315 | 7 | 12.60 | 13.37 | 0.77 | 0 |
| 51865 | REPAIR OF BLADDER WOUND | 090 | A | | | 3.5 | | | | 398 | 405 | 7 | 15.80 | 16.57 | 0.77 | 0 |
| 51880 | REPAIR OF BLADDER OPENING | 090 | A | | | 2 | | | | 216 | 220 | 4 | 7.87 | 8.31 | 0.44 | 0 |
| 51900 | REPAIR BLADDER/VAGINA LESI | 090 | A | | | | 3 | | | 487 | 508 | 21 | 14.63 | 15.62 | 0.99 | 0 |
| 51920 | CLOSE BLADDER-UTERUS FISTU | 090 | A | | | | 3 | | | 458 | 479 | 21 | 13.41 | 14.40 | 0.99 | 0 |
| 51925 | HYSTERECTOMY/BLADDER REPAI | 090 | A | | | | 3.5 | | | 536.5 | 561 | 24.5 | 17.53 | 18.69 | 1.16 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 51940 | CORRECTION OF BLADDER DEFE | 090 | A | | | | 3.5 | | | 671.5 | 696 | 24.5 | 30.66 | 31.81 | 1.16 | 0 |
| 51960 | REVISION OF BLADDER & BOWE | 090 | A | | | | 4 | | | 663 | 691 | 28 | 25.40 | 26.72 | 1.32 | 0 |
| 51980 | CONSTRUCT BLADDER OPENING | 090 | A | | | | 2.5 | | | 320.5 | 338 | 17.5 | 12.57 | 13.39 | 0.83 | 0 |
| 51990 | LAPARO URETHRAL SUSPENSION | 090 | A | | | | 2 | | | 324 | 338 | 14 | 13.36 | 14.02 | 0.66 | 0 |
| 51992 | LAPARO SLING OPERATION | 090 | A | | | | 2 | | | 324 | 338 | 14 | 14.87 | 15.53 | 0.66 | 0 |
| 52400 | CYSTOURETERO W/CONGEN REPR | 090 | A | | | 1 | | | | 197.5 | 199.5 | 2 | 8.69 | 8.91 | 0.22 | 0 |
| 52450 | INCISION OF PROSTATE | 090 | A | | | | 3 | | | 209 | 230 | 21 | 7.78 | 8.77 | 0.99 | 0 |
| 52500 | REVISION OF BLADDER NECK | 090 | A | | | | 3 | | | 230.5 | 251.5 | 21 | 8.14 | 9.13 | 0.99 | 0 |
| 52601 | PROSTATECTOMY (TURP) | 090 | A | | | | 2 | | | 236 | 250 | 14 | 13.16 | 13.82 | 0.66 | 0 |
| 52630 | REMOVE PROSTATE REGROWTH | 090 | A | | | 2 | 1 | | | 222 | 233 | 11 | 6.55 | 7.32 | 0.77 | 0 |
| 52640 | RELIEVE BLADDER CONTRACTUR | 090 | A | | | 1 | 2 | | | 184 | 200 | 16 | 4.79 | 5.67 | 0.88 | 0 |
| 52647 | LASER SURGERY OF PROSTATE | 090 | A | | | | 3 | | | 219 | 240 | 21 | 11.30 | 12.29 | 0.99 | 0 |
| 52648 | LASER SURGERY OF PROSTATE | 090 | A | | | | 3 | | | 249 | 270 | 21 | 12.15 | 13.14 | 0.99 | 0 |
| 52649 | PROSTATE LASER ENUCLEATION | 090 | A | | | 1 | 2 | | | 279 | 295 | 16 | 14.56 | 15.44 | 0.88 | 0 |
| 52700 | DRAINAGE OF PROSTATE ABSCE | 090 | A | | | | 2 | | | 201 | 215 | 14 | 7.49 | 8.15 | 0.66 | 0 |
| 53000 | INCISION OF URETHRA | 010 | A | | | 1 | | | | 138 | 140 | 2 | 2.33 | 2.55 | 0.22 | 0 |
| 53010 | INCISION OF URETHRA | 090 | A | | | | 2 | | | 228 | 242 | 14 | 4.45 | 5.11 | 0.66 | 0 |
| 53040 | DRAINAGE OF URETHRA ABSCES | 090 | A | | | 2 | | | | 179 | 183 | 4 | 6.55 | 6.99 | 0.44 | 0 |
| 53060 | DRAINAGE OF URETHRA ABSCES | 010 | A | | | 1 | | | | 68 | 70 | 2 | 2.68 | 2.90 | 0.22 | 0 |
| 53080 | DRAINAGE OF URINARY LEAKAG | 090 | A | | | | 2 | | | 193 | 207 | 14 | 6.92 | 7.58 | 0.66 | 0 |
| 53085 | DRAINAGE OF URINARY LEAKAG | 090 | A | | | | 2.5 | | | 254.5 | 272 | 17.5 | 11.18 | 12.01 | 0.83 | 0 |
| 53210 | REMOVAL OF URETHRA | 090 | A | | | | 2.5 | | | 325.5 | 343 | 17.5 | 13.72 | 14.55 | 0.83 | 0 |
| 53215 | REMOVAL OF URETHRA | 090 | A | | | | 2.5 | | | 371.5 | 389 | 17.5 | 16.85 | 17.68 | 0.82 | 0 |
| 53220 | TREATMENT OF URETHRA LESIO | 090 | A | | | | 2 | | | 201 | 215 | 14 | 7.63 | 8.29 | 0.66 | 0 |
| 53230 | REMOVAL OF URETHRA LESION | 090 | A | | | | 2.5 | | | 267.5 | 285 | 17.5 | 10.44 | 11.26 | 0.82 | 0 |
| 53235 | REMOVAL OF URETHRA LESION | 090 | A | | | | 2.5 | | | 281.5 | 299 | 17.5 | 10.99 | 11.81 | 0.82 | 0 |
| 53240 | SURGERY FOR URETHRA POUCH | 090 | A | | | | 2 | | | 199 | 213 | 14 | 7.08 | 7.74 | 0.66 | 0 |
| 53250 | REMOVAL OF URETHRA GLAND | 090 | A | | | | 2 | | | 153 | 167 | 14 | 6.52 | 7.18 | 0.66 | 0 |
| 53260 | TREATMENT OF URETHRA LESIO | 010 | A | | | 1 | | | | 74 | 76 | 2 | 3.03 | 3.25 | 0.22 | 0 |
| 53265 | TREATMENT OF URETHRA LESIO | 010 | A | | | 1 | | | | 76 | 78 | 2 | 3.17 | 3.39 | 0.22 | 0 |
| 53270 | REMOVAL OF URETHRA GLAND | 010 | A | | | 1 | | | | 93 | 95 | 2 | 3.14 | 3.36 | 0.22 | 0 |
| 53275 | REPAIR OF URETHRA DEFECT | 010 | A | | | 1 | | | | 121 | 123 | 2 | 4.57 | 4.79 | 0.22 | 0 |
| 53400 | REVISE URETHRA STAGE 1 | 090 | A | | | | 3 | | | 343 | 364 | 21 | 14.13 | 15.12 | 0.99 | 0 |
| 53405 | REVISE URETHRA STAGE 2 | 090 | A | | | | 3 | | | 330 | 351 | 21 | 15.66 | 16.65 | 0.99 | 0 |
| 53410 | RECONSTRUCTION OF URETHRA | 090 | A | | | | 3 | | | 364 | 385 | 21 | 17.68 | 18.67 | 0.99 | 0 |
| 53415 | RECONSTRUCTION OF URETHRA | 090 | A | | | | 3 | | | 424 | 445 | 21 | 20.70 | 21.69 | 0.99 | 0 |
| 53420 | RECONSTRUCT URETHRA STAGE | 090 | A | | | | 2.5 | | | 340.5 | 358 | 17.5 | 15.17 | 16.00 | 0.82 | 0 |
| 53425 | RECONSTRUCT URETHRA STAGE | 090 | A | | | | 2.5 | | | 349.5 | 367 | 17.5 | 17.07 | 17.89 | 0.82 | 0 |
| 53430 | RECONSTRUCTION OF URETHRA | 090 | A | | | | 2.5 | | | 344.5 | 362 | 17.5 | 17.43 | 18.26 | 0.82 | 0 |
| 53431 | RECONSTRUCT URETHRA/BLADDE | 090 | A | | | | 3 | | | 426 | 447 | 21 | 21.18 | 22.17 | 0.99 | 0 |
| 53440 | MALE SLING PROCEDURE | 090 | A | | | 1 | 2 | | | 248 | 264 | 16 | 13.36 | 14.24 | 0.88 | 0 |
| 53442 | REMOVE/REVISE MALE SLING | 090 | A | | | | 4 | | | 395 | 423 | 28 | 13.49 | 14.81 | 1.32 | 0 |
| 53444 | INSERT TANDEM CUFF | 090 | A | | | 1 | 2 | | | 320 | 336 | 16 | 14.19 | 15.07 | 0.88 | 0 |
| 53445 | INSERT URO/VES NCK SPHINCT | 090 | A | | | 1 | 3 | | | 314 | 337 | 23 | 13.00 | 14.21 | 1.21 | 0 |
| 53446 | REMOVE URO SPHINCTER | 090 | A | | | 1 | 2 | | | 300 | 316 | 16 | 11.02 | 11.90 | 0.88 | 0 |
| 53447 | REMOVE/REPLACE UR SPHINCTE | 090 | A | | | 1 | 2 | | | 340 | 356 | 16 | 14.28 | 15.16 | 0.88 | 0 |
| 53448 | REMOV/REPLC UR SPHINCTR CO | 090 | A | | | | 2 | 1 | | 564 | 587 | 23 | 23.44 | 24.52 | 1.08 | -2 |
| 53449 | REPAIR URO SPHINCTER | 090 | A | | | | 2.5 | | | 280.5 | 298 | 17.5 | 10.56 | 11.39 | 0.82 | 0 |
| 53450 | REVISION OF URETHRA | 090 | A | | | | 2 | | | 202 | 216 | 14 | 6.77 | 7.43 | 0.66 | 0 |
| 53460 | REVISION OF URETHRA | 090 | A | | | | 2 | | | 205 | 219 | 14 | 7.75 | 8.41 | 0.66 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 53500 | URETHRLYS TRANSVAG W/ SCOP | 090 | A | | | 1 | 2 | | | 289 | 305 | 16 | 13.00 | 13.88 | 0.88 | 0 |
| 53502 | REPAIR OF URETHRA INJURY | 090 | A | | | | 2 | | | 212 | 226 | 14 | 8.26 | 8.92 | 0.66 | 0 |
| 53505 | REPAIR OF URETHRA INJURY | 090 | A | | | | 2 | | | 218 | 232 | 14 | 8.26 | 8.92 | 0.66 | 0 |
| 53510 | REPAIR OF URETHRA INJURY | 090 | A | | | | 2.5 | | | 270.5 | 288 | 17.5 | 10.96 | 11.79 | 0.83 | 0 |
| 53515 | REPAIR OF URETHRA INJURY | 090 | A | | | | 2.5 | | | 322.5 | 340 | 17.5 | 14.22 | 15.05 | 0.83 | 0 |
| 53520 | REPAIR OF URETHRA DEFECT | 090 | A | | | | 2.5 | | | 250.5 | 268 | 17.5 | 9.48 | 10.30 | 0.83 | 0 |
| 53850 | PROSTATIC MICROWAVE THERMO | 090 | A | | | | 3 | | | 151 | 172 | 21 | 5.42 | 6.41 | 0.99 | 0 |
| 53852 | PROSTATIC RF THERMOTX | 090 | A | | | | 3 | | | 142 | 163 | 21 | 5.93 | 6.92 | 0.99 | 0 |
| 53854 | TRURL DSTRJ PRST8 TISS RF | 090 | A | | | | 3 | | | 137 | 158 | 21 | 5.93 | 6.92 | 0.99 | 0 |
| 53860 | TRANSURETHRAL RF TREATMENT | 090 | A | | | | 2 | | | 98 | 112 | 14 | 3.97 | 4.63 | 0.66 | 0 |
| 54000 | SLITTING OF PREPUCE | 010 | A | | | 1 | | | | 54 | 56 | 2 | 1.59 | 1.81 | 0.22 | 0 |
| 54001 | SLITTING OF PREPUCE | 010 | A | | | 1 | | | | 69 | 71 | 2 | 2.24 | 2.46 | 0.22 | 0 |
| 54015 | DRAIN PENIS LESION | 010 | A | | | 1 | | | | 119 | 121 | 2 | 5.36 | 5.58 | 0.22 | 0 |
| 54050 | DESTRUCTION PENIS LESION(S | 010 | A | | | 1 | | | | 54 | 56 | 2 | 1.29 | 1.51 | 0.22 | 0 |
| 54055 | DESTRUCTION PENIS LESION(S | 010 | A | | | 0.5 | | | | 44 | 45 | 1 | 1.25 | 1.36 | 0.11 | 0 |
| 54056 | CRYOSURGERY PENIS LESION(S | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.29 | 1.51 | 0.22 | 0 |
| 54057 | LASER SURG PENIS LESION(S) | 010 | A | | | 1 | | | | 73 | 75 | 2 | 1.29 | 1.51 | 0.22 | 0 |
| 54060 | EXCISION OF PENIS LESION(S | 010 | A | | | 1 | | | | 66 | 68 | 2 | 1.98 | 2.20 | 0.22 | 0 |
| 54065 | DESTRUCTION PENIS LESION(S | 010 | A | | | 1 | | | | 68 | 70 | 2 | 2.47 | 2.69 | 0.22 | 0 |
| 54105 | BIOPSY OF PENIS | 010 | A | | | 1 | | | | 102 | 104 | 2 | 3.54 | 3.76 | 0.22 | 0 |
| 54110 | TREATMENT OF PENIS LESION | 090 | A | | | | 2.5 | | | 256.5 | 274 | 17.5 | 10.92 | 11.75 | 0.82 | 0 |
| 54111 | TREAT PENIS LESION GRAFT | 090 | A | | | | 2.5 | | | 318.5 | 336 | 17.5 | 14.42 | 15.25 | 0.82 | 0 |
| 54112 | TREAT PENIS LESION GRAFT | 090 | A | | | | 3 | | | 368 | 389 | 21 | 16.98 | 17.97 | 0.99 | 0 |
| 54115 | TREATMENT OF PENIS LESION | 090 | A | | | | 2.5 | | | 207.5 | 225 | 17.5 | 6.95 | 7.77 | 0.83 | 0 |
| 54120 | PARTIAL REMOVAL OF PENIS | 090 | A | | | | 2.5 | | | 272.5 | 290 | 17.5 | 11.01 | 11.84 | 0.82 | 0 |
| 54125 | REMOVAL OF PENIS | 090 | A | | | | 2.5 | | | 298.5 | 316 | 17.5 | 14.56 | 15.39 | 0.82 | 0 |
| 54130 | REMOVE PENIS & NODES | 090 | A | | | | 3.5 | | | 502.5 | 527 | 24.5 | 21.84 | 23.00 | 1.16 | 0 |
| 54135 | REMOVE PENIS & NODES | 090 | A | | | | 3.5 | | | 599.5 | 624 | 24.5 | 28.17 | 29.33 | 1.16 | 0 |
| 54160 | CIRCUMCISION NEONATE | 010 | A | | | 1 | | | | 83 | 85 | 2 | 2.53 | 2.75 | 0.22 | 0 |
| 54161 | CIRCUM 28 DAYS OR OLDER | 010 | A | | | 1 | | | | 88 | 90 | 2 | 3.32 | 3.54 | 0.22 | 0 |
| 54162 | LYSIS PENIL CIRCUMIC LESIO | 010 | A | | | | 1 | | | 107 | 114 | 7 | 3.32 | 3.65 | 0.33 | 0 |
| 54163 | REPAIR OF CIRCUMCISION | 010 | A | | | | 1 | | | 107 | 114 | 7 | 3.32 | 3.65 | 0.33 | 0 |
| 54164 | FRENULOTOMY OF PENIS | 010 | A | | | | 1 | | | 97 | 104 | 7 | 2.82 | 3.15 | 0.33 | 0 |
| 54200 | TREATMENT OF PENIS LESION | 010 | A | | | 1 | | | | 71 | 73 | 2 | 1.11 | 1.33 | 0.22 | 0 |
| 54205 | TREATMENT OF PENIS LESION | 090 | A | | | | 2.5 | | | 262.5 | 280 | 17.5 | 8.97 | 9.80 | 0.83 | 0 |
| 54300 | REVISION OF PENIS | 090 | A | | | | 2.5 | | | 268.5 | 286 | 17.5 | 11.20 | 12.02 | 0.83 | 0 |
| 54304 | REVISION OF PENIS | 090 | A | | | | 2.5 | | | 273.5 | 291 | 17.5 | 13.28 | 14.10 | 0.83 | 0 |
| 54308 | RECONSTRUCTION OF URETHRA | 090 | A | | | | 2.5 | | | 234.5 | 252 | 17.5 | 12.62 | 13.44 | 0.82 | 0 |
| 54312 | RECONSTRUCTION OF URETHRA | 090 | A | | | | 3 | | | 317 | 338 | 21 | 14.51 | 15.50 | 0.99 | 0 |
| 54316 | RECONSTRUCTION OF URETHRA | 090 | A | | | | 3 | | | 401 | 422 | 21 | 18.05 | 19.04 | 0.99 | 0 |
| 54318 | RECONSTRUCTION OF URETHRA | 090 | A | | | | 3 | | | 309 | 330 | 21 | 12.43 | 13.42 | 0.99 | 0 |
| 54322 | RECONSTRUCTION OF URETHRA | 090 | A | | | | 2.5 | | | 307.5 | 325 | 17.5 | 13.98 | 14.80 | 0.82 | 0 |
| 54324 | RECONSTRUCTION OF URETHRA | 090 | A | | | | 3 | | | 374 | 395 | 21 | 17.55 | 18.54 | 0.99 | 0 |
| 54326 | RECONSTRUCTION OF URETHRA | 090 | A | | | | 3 | | | 437 | 458 | 21 | 17.02 | 18.01 | 0.99 | 0 |
| 54328 | REVISE PENIS/URETHRA | 090 | A | | | | 3 | | | 395 | 416 | 21 | 16.89 | 17.88 | 0.99 | 0 |
| 54332 | REVISE PENIS/URETHRA | 090 | A | | | | 3 | | | 421 | 442 | 21 | 18.37 | 19.36 | 0.99 | 0 |
| 54336 | REVISE PENIS/URETHRA | 090 | A | | | | 3.5 | | | 450.5 | 475 | 24.5 | 21.62 | 22.78 | 1.16 | 0 |
| 54340 | SECONDARY URETHRAL SURGERY | 090 | A | | | | 2.5 | | | 234.5 | 252 | 17.5 | 9.71 | 10.54 | 0.83 | 0 |
| 54344 | SECONDARY URETHRAL SURGERY | 090 | A | | | | 3 | | | 371 | 392 | 21 | 17.06 | 18.05 | 0.99 | 0 |
| 54348 | SECONDARY URETHRAL SURGERY | 090 | A | | | | 3 | | | 408 | 429 | 21 | 18.32 | 19.31 | 0.99 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 54352 | RECONSTRUCT URETHRA/PENIS | 090 | A | | | | 3.5 | | | 497.5 | 522 | 24.5 | 26.13 | 27.28 | 1.16 | 0 |
| 54360 | PENIS PLASTIC SURGERY | 090 | A | | | | 2.5 | | | 280.5 | 298 | 17.5 | 12.78 | 13.60 | 0.83 | 0 |
| 54380 | REPAIR PENIS | 090 | A | | | | 3 | | | 337 | 358 | 21 | 14.18 | 15.17 | 0.99 | 0 |
| 54385 | REPAIR PENIS | 090 | A | | | | 3.5 | | | 424.5 | 449 | 24.5 | 16.56 | 17.71 | 1.16 | 0 |
| 54390 | REPAIR PENIS AND BLADDER | 090 | A | | | | 3.5 | | | 464.5 | 489 | 24.5 | 22.77 | 23.93 | 1.16 | 0 |
| 54400 | INSERT SEMI-RIGID PROSTHES | 090 | A | | | 2.5 | | | | 237 | 242 | 5 | 9.17 | 9.72 | 0.55 | 0 |
| 54401 | INSERT SELF-CONTD PROSTHES | 090 | A | | | | 2 | 1 | | 248 | 271 | 23 | 10.44 | 11.52 | 1.08 | -2 |
| 54405 | INSERT MULTI-COMP PENIS PR | 090 | A | | | | 2.5 | | | 272.5 | 290 | 17.5 | 14.52 | 15.35 | 0.82 | 0 |
| 54406 | REMOVE MUTI-COMP PENIS PRO | 090 | A | | | 1 | 2 | | | 295 | 311 | 16 | 12.89 | 13.77 | 0.88 | 0 |
| 54408 | REPAIR MULTI-COMP PENIS PR | 090 | A | | | | 2 | 1 | | 334 | 357 | 23 | 13.91 | 14.99 | 1.08 | -2 |
| 54410 | REMOVE/REPLACE PENIS PROST | 090 | A | | | 1 | 3 | | | 329 | 352 | 23 | 15.18 | 16.39 | 1.21 | 0 |
| 54411 | REMOV/REPLC PENIS PROS COM | 090 | A | | | 1 | 2 | 1 | | 580 | 605 | 25 | 18.35 | 19.65 | 1.30 | -2 |
| 54415 | REMOVE SELF-CONTD PENIS PR | 090 | A | | | 1 | 2 | | | 221 | 237 | 16 | 8.88 | 9.76 | 0.88 | 0 |
| 54416 | REMV/REPL PENIS CONTAIN PR | 090 | A | | | 1 | 2 | 1 | | 315 | 340 | 25 | 12.08 | 13.38 | 1.30 | -2 |
| 54417 | REMV/REPLC PENIS PROS COMP | 090 | A | | | 1 | 1 | 1 | | 465 | 483 | 18 | 16.10 | 17.07 | 0.97 | -2 |
| 54420 | REVISION OF PENIS | 090 | A | | | | 2.5 | | | 324.5 | 342 | 17.5 | 12.39 | 13.22 | 0.82 | 0 |
| 54430 | REVISION OF PENIS | 090 | A | | | | 2.5 | | | 273.5 | 291 | 17.5 | 11.06 | 11.89 | 0.82 | 0 |
| 54435 | REVISION OF PENIS | 090 | A | | | | 2 | | | 193 | 207 | 14 | 6.81 | 7.47 | 0.66 | 0 |
| 54437 | REPAIR CORPOREAL TEAR | 090 | A | | | 1 | 3 | | | 264 | 287 | 23 | 11.50 | 12.71 | 1.21 | 0 |
| 54438 | REPLANTATION OF PENIS | 090 | A | | | | 4 | | | 531 | 559 | 28 | 24.50 | 25.82 | 1.32 | 0 |
| 54440 | REPAIR OF PENIS | 090 | C | | | 3 | | | | 386 | 392 | 6 | 0.00 | 0.00 | 0.00 | 0 |
| 54505 | BIOPSY OF TESTIS | 010 | A | | | 1 | | | | 97 | 99 | 2 | 3.50 | 3.72 | 0.22 | 0 |
| 54512 | EXCISE LESION TESTIS | 090 | A | | | | 2 | | | 216 | 230 | 14 | 9.33 | 9.99 | 0.66 | 0 |
| 54520 | REMOVAL OF TESTIS | 090 | A | | | 1.5 | | | | 144 | 147 | 3 | 5.30 | 5.63 | 0.33 | 0 |
| 54522 | ORCHIECTOMY PARTIAL | 090 | A | | | | 2 | | | 211 | 225 | 14 | 10.25 | 10.91 | 0.66 | 0 |
| 54530 | REMOVAL OF TESTIS | 090 | A | | | 2 | 1 | | | 246.5 | 257.5 | 11 | 8.46 | 9.23 | 0.77 | 0 |
| 54535 | EXTENSIVE TESTIS SURGERY | 090 | A | | | | 2.5 | | | 298.5 | 316 | 17.5 | 13.19 | 14.01 | 0.82 | 0 |
| 54550 | EXPLORATION FOR TESTIS | 090 | A | | | | 2 | | | 228 | 242 | 14 | 8.41 | 9.07 | 0.66 | 0 |
| 54560 | EXPLORATION FOR TESTIS | 090 | A | | | | 2.5 | | | 303.5 | 321 | 17.5 | 12.10 | 12.93 | 0.83 | 0 |
| 54600 | REDUCE TESTIS TORSION | 090 | A | | | | 2 | | | 202 | 216 | 14 | 7.64 | 8.30 | 0.66 | 0 |
| 54620 | SUSPENSION OF TESTIS | 010 | A | | | | 1 | | | 127 | 134 | 7 | 5.21 | 5.54 | 0.33 | 0 |
| 54640 | SUSPENSION OF TESTIS | 090 | A | | | | | 2 | | 220 | 238 | 18 | 7.73 | 8.57 | 0.84 | -4 |
| 54650 | ORCHIOPEXY (FOWLER-STEPHEN | 090 | A | | | | 3 | | | 301 | 322 | 21 | 12.39 | 13.38 | 0.99 | 0 |
| 54660 | REVISION OF TESTIS | 090 | A | | | | 2 | | | 163 | 177 | 14 | 5.74 | 6.40 | 0.66 | 0 |
| 54670 | REPAIR TESTIS INJURY | 090 | A | | | 2.5 | | | | 230 | 235 | 5 | 6.65 | 7.20 | 0.55 | 0 |
| 54680 | RELOCATION OF TESTIS(ES) | 090 | A | | | | 2.5 | | | 364.5 | 382 | 17.5 | 14.04 | 14.86 | 0.83 | 0 |
| 54690 | LAPAROSCOPY ORCHIECTOMY | 090 | A | | | | 2 | | | 329 | 343 | 14 | 11.70 | 12.36 | 0.66 | 0 |
| 54692 | LAPAROSCOPY ORCHIOPEXY | 090 | A | | | | 2 | | | 319 | 333 | 14 | 13.74 | 14.40 | 0.66 | 0 |
| 54700 | DRAINAGE OF SCROTUM | 010 | A | | | 1 | | | | 97 | 99 | 2 | 3.47 | 3.69 | 0.22 | 0 |
| 54830 | REMOVE EPIDIDYMIS LESION | 090 | A | | | | 2 | | | 170 | 184 | 14 | 6.01 | 6.67 | 0.66 | 0 |
| 54840 | REMOVE EPIDIDYMIS LESION | 090 | A | | | 1.5 | | | | 146 | 149 | 3 | 5.27 | 5.60 | 0.33 | 0 |
| 54860 | REMOVAL OF EPIDIDYMIS | 090 | A | | | | 2 | | | 194 | 208 | 14 | 6.95 | 7.61 | 0.66 | 0 |
| 54861 | REMOVAL OF EPIDIDYMIS | 090 | A | | | | 2.5 | | | 245.5 | 263 | 17.5 | 9.70 | 10.52 | 0.82 | 0 |
| 54865 | EXPLORE EPIDIDYMIS | 090 | A | | | | 2 | | | 182 | 196 | 14 | 5.77 | 6.43 | 0.66 | 0 |
| 54900 | FUSION OF SPERMATIC DUCTS | 090 | A | | | | 3 | | | 345 | 366 | 21 | 14.20 | 15.19 | 0.99 | 0 |
| 54901 | FUSION OF SPERMATIC DUCTS | 090 | A | | | | 3.5 | | | 445.5 | 470 | 24.5 | 19.10 | 20.26 | 1.16 | 0 |
| 55040 | REMOVAL OF HYDROCELE | 090 | A | | | 2 | | | | 162 | 166 | 4 | 5.45 | 5.89 | 0.44 | 0 |
| 55041 | REMOVAL OF HYDROCELES | 090 | A | | | | 2.5 | | | 232.5 | 250 | 17.5 | 8.54 | 9.36 | 0.83 | 0 |
| 55060 | REPAIR OF HYDROCELE | 090 | A | | | | 2 | | | 185 | 199 | 14 | 6.15 | 6.81 | 0.66 | 0 |
| 55100 | DRAINAGE OF SCROTUM ABSCES | 010 | A | | | | 1 | | | 90 | 97 | 7 | 2.45 | 2.78 | 0.33 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 55110 | EXPLORE SCROTUM | 090 | A | | | | 2 | | | 194 | 208 | 14 | 6.33 | 6.99 | 0.66 | 0 |
| 55120 | REMOVAL OF SCROTUM LESION | 090 | A | | | | 2 | | | 165 | 179 | 14 | 5.72 | 6.38 | 0.66 | 0 |
| 55150 | REMOVAL OF SCROTUM | 090 | A | | | | 2.5 | | | 279.5 | 297 | 17.5 | 8.14 | 8.97 | 0.82 | 0 |
| 55175 | REVISION OF SCROTUM | 090 | A | | | | 2 | | | 186 | 200 | 14 | 5.87 | 6.53 | 0.66 | 0 |
| 55180 | REVISION OF SCROTUM | 090 | A | | | | 3 | | | 297 | 318 | 21 | 11.78 | 12.77 | 0.99 | 0 |
| 55200 | INCISION OF SPERM DUCT | 090 | A | | | | 1 | | | 98 | 105 | 7 | 4.55 | 4.88 | 0.33 | 0 |
| 55250 | REMOVAL OF SPERM DUCT(S) | 090 | A | | | 1.5 | | | | 105 | 108 | 3 | 3.37 | 3.70 | 0.33 | 0 |
| 55400 | REPAIR OF SPERM DUCT | 090 | A | | | 2.5 | | | | 186 | 191 | 5 | 8.61 | 9.16 | 0.55 | 0 |
| 55500 | REMOVAL OF HYDROCELE | 090 | A | | | | 2 | | | 184 | 198 | 14 | 6.22 | 6.88 | 0.66 | 0 |
| 55520 | REMOVAL OF SPERM CORD LESI | 090 | A | | | | 2 | | | 188 | 202 | 14 | 6.66 | 7.32 | 0.66 | 0 |
| 55530 | REVISE SPERMATIC CORD VEIN | 090 | A | | | 2 | | | | 152 | 156 | 4 | 5.75 | 6.19 | 0.44 | 0 |
| 55535 | REVISE SPERMATIC CORD VEIN | 090 | A | | | | 2 | | | 187 | 201 | 14 | 7.19 | 7.85 | 0.66 | 0 |
| 55540 | REVISE HERNIA & SPERM VEIN | 090 | A | | | | 2 | | | 224 | 238 | 14 | 8.30 | 8.96 | 0.66 | 0 |
| 55550 | LAPARO LIGATE SPERMATIC VE | 090 | A | | | | 2 | | | 196 | 210 | 14 | 7.20 | 7.86 | 0.66 | 0 |
| 55600 | INCISE SPERM DUCT POUCH | 090 | A | | | | 2 | | | 204 | 218 | 14 | 7.01 | 7.67 | 0.66 | 0 |
| 55605 | INCISE SPERM DUCT POUCH | 090 | A | | | | 2.5 | | | 198.5 | 216 | 17.5 | 8.76 | 9.59 | 0.82 | 0 |
| 55650 | REMOVE SPERM DUCT POUCH | 090 | A | | | | 2.5 | | | 304.5 | 322 | 17.5 | 12.65 | 13.47 | 0.83 | 0 |
| 55680 | REMOVE SPERM POUCH LESION | 090 | A | | | | 1.5 | | | 206.5 | 217 | 10.5 | 5.67 | 6.17 | 0.50 | 0 |
| 55705 | BIOPSY OF PROSTATE | 010 | A | | | 1 | | | | 122 | 124 | 2 | 4.61 | 4.83 | 0.22 | 0 |
| 55706 | PROSTATE SATURATION SAMPLI | 010 | A | | | | 1 | 1 | | 195 | 211 | 16 | 6.28 | 7.03 | 0.75 | -2 |
| 55720 | DRAINAGE OF PROSTATE ABSCE | 090 | A | | | 2 | | | | 150 | 154 | 4 | 7.73 | 8.17 | 0.44 | 0 |
| 55725 | DRAINAGE OF PROSTATE ABSCE | 090 | A | | | | 3 | | | 305 | 326 | 21 | 10.05 | 11.04 | 0.99 | 0 |
| 55801 | REMOVAL OF PROSTATE | 090 | A | | | | 3.5 | | | 497.5 | 522 | 24.5 | 19.80 | 20.95 | 1.16 | 0 |
| 55810 | EXTENSIVE PROSTATE SURGERY | 090 | A | | | | 3 | | | 515 | 536 | 21 | 24.29 | 25.28 | 0.99 | 0 |
| 55812 | EXTENSIVE PROSTATE SURGERY | 090 | A | | | | 4 | | | 684 | 712 | 28 | 29.89 | 31.21 | 1.32 | 0 |
| 55815 | EXTENSIVE PROSTATE SURGERY | 090 | A | | | | 4 | | | 771 | 799 | 28 | 32.95 | 34.27 | 1.32 | 0 |
| 55821 | REMOVAL OF PROSTATE | 090 | A | | | | 2.5 | | | 399.5 | 417 | 17.5 | 15.76 | 16.59 | 0.82 | 0 |
| 55831 | REMOVAL OF PROSTATE | 090 | A | | | | 2.5 | | | 422.5 | 440 | 17.5 | 17.19 | 18.02 | 0.82 | 0 |
| 55840 | EXTENSIVE PROSTATE SURGERY | 090 | A | | | | 2 | 1 | | 448 | 471 | 23 | 21.36 | 22.44 | 1.08 | -2 |
| 55842 | EXTENSIVE PROSTATE SURGERY | 090 | A | | | | 2 | 1 | | 448 | 471 | 23 | 21.36 | 22.44 | 1.08 | -2 |
| 55845 | EXTENSIVE PROSTATE SURGERY | 090 | A | | | | 2 | 1 | | 466 | 489 | 23 | 25.18 | 26.26 | 1.08 | -2 |
| 55860 | SURGICAL EXPOSURE PROSTATE | 090 | A | | | | 2.5 | | | 371.5 | 389 | 17.5 | 15.84 | 16.67 | 0.83 | 0 |
| 55862 | EXTENSIVE PROSTATE SURGERY | 090 | A | | | | 3 | | | 450 | 471 | 21 | 20.04 | 21.03 | 0.99 | 0 |
| 55865 | EXTENSIVE PROSTATE SURGERY | 090 | A | | | | 3.5 | | | 492.5 | 517 | 24.5 | 24.57 | 25.72 | 1.16 | 0 |
| 55866 | LAPARO RADICAL PROSTATECTO | 090 | A | | | | 2 | 1 | | 442 | 465 | 23 | 26.80 | 27.88 | 1.08 | -2 |
| 55873 | CRYOABLATE PROSTATE | 090 | A | | | | 3 | | | 274 | 295 | 21 | 13.60 | 14.59 | 0.99 | 0 |
| 55875 | TRANSPERI NEEDLE PLACE PRO | 090 | A | | | | 3 | | | 249 | 270 | 21 | 13.46 | 14.45 | 0.99 | 0 |
| 56405 | I & D OF VULVA/PERINEUM | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.49 | 1.71 | 0.22 | 0 |
| 56420 | DRAINAGE OF GLAND ABSCESS | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.44 | 1.66 | 0.22 | 0 |
| 56440 | SURGERY FOR VULVA LESION | 010 | A | | | 1 | | | | 93 | 95 | 2 | 2.89 | 3.11 | 0.22 | 0 |
| 56441 | LYSIS OF LABIAL LESION(S) | 010 | A | | | 1 | | | | 67 | 69 | 2 | 2.02 | 2.24 | 0.22 | 0 |
| 56501 | DESTROY VULVA LESIONS SIM | 010 | A | | | 1 | | | | 55 | 57 | 2 | 1.58 | 1.80 | 0.22 | 0 |
| 56515 | DESTROY VULVA LESION/S COM | 010 | A | | | | 1 | | | 157 | 164 | 7 | 3.08 | 3.41 | 0.33 | 0 |
| 56620 | PARTIAL REMOVAL OF VULVA | 090 | A | | | 1 | 3 | | | 239 | 262 | 23 | 7.53 | 8.74 | 1.21 | 0 |
| 56625 | COMPLETE REMOVAL OF VULVA | 090 | A | | | | 2.5 | | | 341.5 | 359 | 17.5 | 9.68 | 10.51 | 0.83 | 0 |
| 56630 | EXTENSIVE VULVA SURGERY | 090 | A | | | | 2.5 | | | 562.5 | 580 | 17.5 | 14.80 | 15.63 | 0.83 | 0 |
| 56631 | EXTENSIVE VULVA SURGERY | 090 | A | | | | 2 | 1 | | 658.5 | 681.5 | 23 | 18.99 | 20.07 | 1.08 | -2 |
| 56632 | EXTENSIVE VULVA SURGERY | 090 | A | | | | 5 | | | 683 | 718 | 35 | 21.86 | 23.51 | 1.65 | 0 |
| 56633 | EXTENSIVE VULVA SURGERY | 090 | A | | | | 3 | | | 602 | 623 | 21 | 19.62 | 20.61 | 0.99 | 0 |
| 56634 | EXTENSIVE VULVA SURGERY | 090 | A | | | | 2 | 1 | | 686 | 709 | 23 | 20.66 | 21.74 | 1.08 | -2 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 56637 | EXTENSIVE VULVA SURGERY | 090 | A | | | | 2 | 1 | | 726 | 749 | 23 | 24.75 | 25.83 | 1.08 | -2 |
| 56640 | EXTENSIVE VULVA SURGERY | 090 | A | | | | 2.5 | | | 640.5 | 658 | 17.5 | 24.78 | 25.61 | 0.82 | 0 |
| 56700 | PARTIAL REMOVAL OF HYMEN | 010 | A | | | | 1 | | | 94 | 101 | 7 | 2.84 | 3.17 | 0.33 | 0 |
| 56740 | REMOVE VAGINA GLAND LESION | 010 | A | | | | 1 | | | 176 | 183 | 7 | 4.88 | 5.21 | 0.33 | 0 |
| 56800 | REPAIR OF VAGINA | 010 | A | | | 1 | | | | 116 | 118 | 2 | 3.93 | 4.15 | 0.22 | 0 |
| 56805 | REPAIR CLITORIS | 090 | A | | | 1 | 2 | | | 460 | 476 | 16 | 19.88 | 20.76 | 0.88 | 0 |
| 56810 | REPAIR OF PERINEUM | 010 | A | | | 1 | | | | 119 | 121 | 2 | 4.29 | 4.51 | 0.22 | 0 |
| 57000 | EXPLORATION OF VAGINA | 010 | A | | | 1 | | | | 79 | 81 | 2 | 3.02 | 3.24 | 0.22 | 0 |
| 57010 | DRAINAGE OF PELVIC ABSCESS | 090 | A | | | | 2 | | | 229 | 243 | 14 | 6.84 | 7.50 | 0.66 | 0 |
| 57022 | I & D VAGINAL HEMATOMA PP | 010 | A | | | 1 | | | | 116 | 118 | 2 | 2.73 | 2.95 | 0.22 | 0 |
| 57023 | I & D VAG HEMATOMA NON-OB | 010 | A | | | | 1 | | | 201 | 208 | 7 | 5.18 | 5.51 | 0.33 | 0 |
| 57061 | DESTROY VAG LESIONS SIMPLE | 010 | A | | | 1 | | | | 55 | 57 | 2 | 1.30 | 1.52 | 0.22 | 0 |
| 57065 | DESTROY VAG LESIONS COMPLE | 010 | A | | | 1 | | | | 78 | 80 | 2 | 2.66 | 2.88 | 0.22 | 0 |
| 57105 | BIOPSY OF VAGINA | 010 | A | | | 1 | | | | 79 | 81 | 2 | 1.74 | 1.96 | 0.22 | 0 |
| 57106 | REMOVE VAGINA WALL PARTIAL | 090 | A | | | | 3 | | | 239 | 260 | 21 | 7.50 | 8.49 | 0.99 | 0 |
| 57107 | REMOVE VAGINA TISSUE PART | 090 | A | | | 1 | 2 | | | 515 | 531 | 16 | 24.56 | 25.44 | 0.88 | 0 |
| 57109 | VAGINECTOMY PARTIAL W/NODE | 090 | A | | | | 3 | | | 539.5 | 560.5 | 21 | 28.40 | 29.39 | 0.99 | 0 |
| 57110 | REMOVE VAGINA WALL COMPLET | 090 | A | | | | 2 | | | 386 | 400 | 14 | 15.48 | 16.14 | 0.66 | 0 |
| 57111 | REMOVE VAGINA TISSUE COMPL | 090 | A | | | | 3 | | | 554.5 | 575.5 | 21 | 28.40 | 29.39 | 0.99 | 0 |
| 57112 | VAGINECTOMY W/NODES COMPL | 090 | A | | | | 3 | | | 627 | 648 | 21 | 30.52 | 31.51 | 0.99 | 0 |
| 57120 | CLOSURE OF VAGINA | 090 | A | | | | 2 | | | 253 | 267 | 14 | 8.28 | 8.94 | 0.66 | 0 |
| 57130 | REMOVE VAGINA LESION | 010 | A | | | 0.5 | | | | 54 | 55 | 1 | 2.46 | 2.57 | 0.11 | 0 |
| 57135 | REMOVE VAGINA LESION | 010 | A | | | 0.5 | | | | 56 | 57 | 1 | 2.70 | 2.81 | 0.11 | 0 |
| 57180 | TREAT VAGINAL BLEEDING | 010 | A | | | 1 | | | | 59 | 61 | 2 | 1.63 | 1.85 | 0.22 | 0 |
| 57200 | REPAIR OF VAGINA | 090 | A | | | | 1.5 | | | 138.5 | 149 | 10.5 | 4.42 | 4.92 | 0.50 | 0 |
| 57210 | REPAIR VAGINA/PERINEUM | 090 | A | | | | 1.5 | | | 190.5 | 201 | 10.5 | 5.71 | 6.21 | 0.50 | 0 |
| 57220 | REVISION OF URETHRA | 090 | A | | | | 1.5 | | | 194.5 | 205 | 10.5 | 4.85 | 5.34 | 0.50 | 0 |
| 57230 | REPAIR OF URETHRAL LESION | 090 | A | | | | 1.5 | | | 209.5 | 220 | 10.5 | 6.30 | 6.80 | 0.50 | 0 |
| 57240 | ANTERIOR COLPORRHAPHY | 090 | A | | | | 2 | | | 211 | 225 | 14 | 10.08 | 10.74 | 0.66 | 0 |
| 57250 | REPAIR RECTUM & VAGINA | 090 | A | | | | 2 | | | 211 | 225 | 14 | 10.08 | 10.74 | 0.66 | 0 |
| 57260 | CMBN ANT PST COLPRHY | 090 | A | | | | 2 | | | 241 | 255 | 14 | 13.25 | 13.91 | 0.66 | 0 |
| 57265 | CMBN AP COLPRHY W/NTRCL RP | 090 | A | | | | 2 | | | 271 | 285 | 14 | 15.00 | 15.66 | 0.66 | 0 |
| 57268 | REPAIR OF BOWEL BULGE | 090 | A | | | | 2 | | | 234 | 248 | 14 | 7.57 | 8.23 | 0.66 | 0 |
| 57270 | REPAIR OF BOWEL POUCH | 090 | A | | | | 2 | | | 381 | 395 | 14 | 13.67 | 14.33 | 0.66 | 0 |
| 57280 | SUSPENSION OF VAGINA | 090 | A | | | | 2 | | | 439 | 453 | 14 | 16.72 | 17.38 | 0.66 | 0 |
| 57282 | COLPOPEXY EXTRAPERITONEAL | 090 | A | | | | 2.5 | | | 294.5 | 312 | 17.5 | 7.97 | 8.79 | 0.82 | 0 |
| 57283 | COLPOPEXY INTRAPERITONEAL | 090 | A | | | 1 | 1 | | | 349 | 358 | 9 | 11.66 | 12.21 | 0.55 | 0 |
| 57284 | REPAIR PARAVAG DEFECT OPEN | 090 | A | | | 1 | 1 | | | 327 | 336 | 9 | 14.33 | 14.88 | 0.55 | 0 |
| 57285 | REPAIR PARAVAG DEFECT VAG | 090 | A | | | 1 | 1 | | | 267 | 276 | 9 | 11.60 | 12.15 | 0.55 | 0 |
| 57287 | REVISE/REMOVE SLING REPAIR | 090 | A | | | 1 | 3 | | | 239 | 262 | 23 | 11.15 | 12.36 | 1.21 | 0 |
| 57288 | REPAIR BLADDER DEFECT | 090 | A | | | 1 | 3 | | | 246 | 269 | 23 | 12.13 | 13.34 | 1.21 | 0 |
| 57289 | REPAIR BLADDER & VAGINA | 090 | A | | | 2 | 1 | | | 373 | 384 | 11 | 12.80 | 13.57 | 0.77 | 0 |
| 57291 | CONSTRUCTION OF VAGINA | 090 | A | | | | 2 | | | 248 | 262 | 14 | 8.64 | 9.30 | 0.66 | 0 |
| 57292 | CONSTRUCT VAGINA WITH GRAF | 090 | A | | | | 2 | | | 322 | 336 | 14 | 14.01 | 14.67 | 0.66 | 0 |
| 57295 | REVISE VAG GRAFT VIA VAGIN | 090 | A | | | 1 | 1 | | | 202 | 211 | 9 | 7.82 | 8.37 | 0.55 | 0 |
| 57296 | REVISE VAG GRAFT OPEN ABD | 090 | A | | | | 2 | | | 429 | 443 | 14 | 16.56 | 17.22 | 0.66 | 0 |
| 57300 | REPAIR RECTUM-VAGINA FISTU | 090 | A | | | | 2.5 | | | 271.5 | 289 | 17.5 | 8.71 | 9.54 | 0.83 | 0 |
| 57305 | REPAIR RECTUM-VAGINA FISTU | 090 | A | | | 2 | 1 | | | 468 | 479 | 11 | 15.35 | 16.12 | 0.77 | 0 |
| 57307 | FISTULA REPAIR & COLOSTOMY | 090 | A | | | | 3 | | | 363 | 384 | 21 | 17.17 | 18.16 | 0.99 | 0 |
| 57308 | FISTULA REPAIR TRANSPERINE | 090 | A | | | 2 | 1 | | | 313 | 324 | 11 | 10.59 | 11.36 | 0.77 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 57310 | REPAIR URETHROVAGINAL LESI | 090 | A | | | | 2 | | | 259 | 273 | 14 | 7.65 | 8.31 | 0.66 | 0 |
| 57311 | REPAIR URETHROVAGINAL LESI | 090 | A | | | | 2 | | | 319 | 333 | 14 | 8.91 | 9.57 | 0.66 | 0 |
| 57320 | REPAIR BLADDER-VAGINA LESI | 090 | A | | | | 2 | | | 277 | 291 | 14 | 8.88 | 9.54 | 0.66 | 0 |
| 57330 | REPAIR BLADDER-VAGINA LESI | 090 | A | | | | 2 | | | 288 | 302 | 14 | 13.21 | 13.87 | 0.66 | 0 |
| 57335 | REPAIR VAGINA | 090 | A | | | | 3 | | | 459 | 480 | 21 | 20.02 | 21.01 | 0.99 | 0 |
| 57415 | REMOVE VAGINAL FOREIGN BOD | 010 | A | | | | 1 | | | 113 | 120 | 7 | 2.49 | 2.82 | 0.33 | 0 |
| 57423 | REPAIR PARAVAG DEFECT LAP | 090 | A | | | 1 | 1 | | | 357 | 366 | 9 | 16.08 | 16.63 | 0.55 | 0 |
| 57425 | LAPAROSCOPY SURG COLPOPEXY | 090 | A | | | | 2 | | | 404 | 418 | 14 | 17.03 | 17.69 | 0.66 | 0 |
| 57426 | REVISE PROSTH VAG GRAFT LA | 090 | A | | | | 3 | | | 360 | 381 | 21 | 14.30 | 15.29 | 0.99 | 0 |
| 57505 | ENDOCERVICAL CURETTAGE | 010 | A | | | 1 | | | | 36 | 38 | 2 | 1.19 | 1.41 | 0.22 | 0 |
| 57511 | CRYOCAUTERY OF CERVIX | 010 | A | | | 1 | | | | 55 | 57 | 2 | 1.95 | 2.17 | 0.22 | 0 |
| 57513 | LASER SURGERY OF CERVIX | 010 | A | | | 1 | | | | 88 | 90 | 2 | 1.95 | 2.17 | 0.22 | 0 |
| 57520 | CONIZATION OF CERVIX | 090 | A | | | 1.5 | | | | 110 | 113 | 3 | 4.11 | 4.44 | 0.33 | 0 |
| 57522 | CONIZATION OF CERVIX | 090 | A | | | | 1 | | | 178 | 185 | 7 | 3.67 | 4.00 | 0.33 | 0 |
| 57530 | REMOVAL OF CERVIX | 090 | A | | | | 1.5 | | | 180.5 | 191 | 10.5 | 5.27 | 5.76 | 0.50 | 0 |
| 57531 | REMOVAL OF CERVIX RADICAL | 090 | A | | | | 2 | 1 | | 604 | 627 | 23 | 29.95 | 31.03 | 1.08 | -2 |
| 57540 | REMOVAL OF RESIDUAL CERVIX | 090 | A | | | | 2 | | | 309 | 323 | 14 | 13.29 | 13.95 | 0.66 | 0 |
| 57545 | REMOVE CERVIX/REPAIR PELVI | 090 | A | | | | 2 | | | 364 | 378 | 14 | 14.10 | 14.76 | 0.66 | 0 |
| 57550 | REMOVAL OF RESIDUAL CERVIX | 090 | A | | | | 2 | | | 228 | 242 | 14 | 6.34 | 7.00 | 0.66 | 0 |
| 57555 | REMOVE CERVIX/REPAIR VAGIN | 090 | A | | | | 2 | | | 311 | 325 | 14 | 9.94 | 10.60 | 0.66 | 0 |
| 57556 | REMOVE CERVIX REPAIR BOWEL | 090 | A | | | | 2 | | | 292 | 306 | 14 | 9.36 | 10.02 | 0.66 | 0 |
| 57558 | D&C OF CERVICAL STUMP | 010 | A | | | 1 | | | | 55 | 57 | 2 | 1.72 | 1.94 | 0.22 | 0 |
| 57700 | REVISION OF CERVIX | 090 | A | | | | 2.5 | | | 129.5 | 147 | 17.5 | 4.35 | 5.17 | 0.83 | 0 |
| 57720 | REVISION OF CERVIX | 090 | A | | | | 1.5 | | | 136.5 | 147 | 10.5 | 4.61 | 5.11 | 0.50 | 0 |
| 58120 | DILATION AND CURETTAGE | 010 | A | | | | 1 | | | 129 | 136 | 7 | 3.59 | 3.92 | 0.33 | 0 |
| 58140 | MYOMECTOMY ABDOM METHOD | 090 | A | | | | 2 | | | 374 | 388 | 14 | 15.79 | 16.45 | 0.66 | 0 |
| 58145 | MYOMECTOMY VAG METHOD | 090 | A | | | | 2 | | | 267 | 281 | 14 | 8.91 | 9.57 | 0.66 | 0 |
| 58146 | MYOMECTOMY ABDOM COMPLEX | 090 | A | | | | 2 | | | 429 | 443 | 14 | 20.34 | 21.00 | 0.66 | 0 |
| 58150 | TOTAL HYSTERECTOMY | 090 | A | | | | 2 | | | 394 | 408 | 14 | 17.31 | 17.97 | 0.66 | 0 |
| 58152 | TOTAL HYSTERECTOMY | 090 | A | | | | 2.5 | | | 373.5 | 391 | 17.5 | 21.86 | 22.69 | 0.82 | 0 |
| 58180 | PARTIAL HYSTERECTOMY | 090 | A | | | | 2 | | | 414 | 428 | 14 | 16.60 | 17.26 | 0.66 | 0 |
| 58200 | EXTENSIVE HYSTERECTOMY | 090 | A | | | | 2 | | | 459 | 473 | 14 | 23.10 | 23.76 | 0.66 | 0 |
| 58210 | EXTENSIVE HYSTERECTOMY | 090 | A | | | | 3 | | | 627 | 648 | 21 | 30.91 | 31.90 | 0.99 | 0 |
| 58240 | REMOVAL OF PELVIS CONTENTS | 090 | A | | | 1 | 4 | 1 | | 1118 | 1157 | 39 | 49.33 | 51.29 | 1.96 | -2 |
| 58260 | VAGINAL HYSTERECTOMY | 090 | A | | | | 1 | 1 | | 311 | 327 | 16 | 14.15 | 14.90 | 0.75 | -2 |
| 58262 | VAG HYST INCLUDING T/O | 090 | A | | | | 1 | 1 | | 342 | 358 | 16 | 15.94 | 16.69 | 0.75 | -2 |
| 58263 | VAG HYST W/T/O & VAG REPAI | 090 | A | | | | 1 | 1 | | 363 | 379 | 16 | 17.23 | 17.98 | 0.75 | -2 |
| 58267 | VAG HYST W/URINARY REPAIR | 090 | A | | | | 2.5 | | | 392.5 | 410 | 17.5 | 18.36 | 19.19 | 0.82 | 0 |
| 58270 | VAG HYST W/ENTEROCELE REPA | 090 | A | | | | 2 | | | 304 | 318 | 14 | 15.30 | 15.96 | 0.66 | 0 |
| 58275 | HYSTERECTOMY/REVISE VAGINA | 090 | A | | | | 2.5 | | | 365.5 | 383 | 17.5 | 17.03 | 17.86 | 0.82 | 0 |
| 58280 | HYSTERECTOMY/REVISE VAGINA | 090 | A | | | | 2.5 | | | 387.5 | 405 | 17.5 | 18.33 | 19.15 | 0.82 | 0 |
| 58285 | EXTENSIVE HYSTERECTOMY | 090 | A | | | 1 | 1 | | | 499.5 | 508.5 | 9 | 23.38 | 23.93 | 0.55 | 0 |
| 58290 | VAG HYST COMPLEX | 090 | A | | | | 2 | | | 389 | 403 | 14 | 20.27 | 20.93 | 0.66 | 0 |
| 58291 | VAG HYST INCL T/O COMPLEX | 090 | A | | | | 2 | | | 410 | 424 | 14 | 22.06 | 22.72 | 0.66 | 0 |
| 58292 | VAG HYST T/O & REPAIR COMP | 090 | A | | | | 2 | | | 423 | 437 | 14 | 23.35 | 24.01 | 0.66 | 0 |
| 58293 | VAG HYST W/URO REPAIR COMP | 090 | A | | | | 2 | | | 433 | 447 | 14 | 24.33 | 24.99 | 0.66 | 0 |
| 58294 | VAG HYST W/ENTEROCELE COMP | 090 | A | | | | 2 | | | 405 | 419 | 14 | 21.55 | 22.21 | 0.66 | 0 |
| 58345 | REOPEN FALLOPIAN TUBE | 010 | A | | | 1 | | | | 116 | 118 | 2 | 4.70 | 4.92 | 0.22 | 0 |
| 58346 | INSERT HEYMAN UTERI CAPSUL | 090 | A | | | 1 | 1 | | | 267 | 276 | 9 | 7.56 | 8.11 | 0.55 | 0 |
| 58350 | REOPEN FALLOPIAN TUBE | 010 | A | | | 1 | | | | 53 | 55 | 2 | 1.06 | 1.28 | 0.22 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 58353 | ENDOMETR ABLATE THERMAL | 010 | A | | | 1 | | | | 151.5 | 153.5 | 2 | 3.60 | 3.82 | 0.22 | 0 |
| 58356 | ENDOMETRIAL CRYOABLATION | 010 | A | | | | 1 | | | 167 | 174 | 7 | 6.41 | 6.74 | 0.33 | 0 |
| 58400 | SUSPENSION OF UTERUS | 090 | A | | | | 1.5 | | | 241.5 | 252 | 10.5 | 7.14 | 7.63 | 0.50 | 0 |
| 58410 | SUSPENSION OF UTERUS | 090 | A | | | | 2 | | | 354 | 368 | 14 | 13.80 | 14.46 | 0.66 | 0 |
| 58520 | REPAIR OF RUPTURED UTERUS | 090 | A | | | | 2 | | | 379 | 393 | 14 | 13.48 | 14.14 | 0.66 | 0 |
| 58540 | REVISION OF UTERUS | 090 | A | | | | 2 | | | 364 | 378 | 14 | 15.71 | 16.37 | 0.66 | 0 |
| 58541 | LSH UTERUS 250 G OR LESS | 090 | A | | | | 2 | | | 226 | 240 | 14 | 12.29 | 12.95 | 0.66 | 0 |
| 58542 | LSH W/T/O UT 250 G OR LESS | 090 | A | | | | 2 | | | 239 | 253 | 14 | 14.16 | 14.82 | 0.66 | 0 |
| 58543 | LSH UTERUS ABOVE 250 G | 090 | A | | | | 2 | | | 261 | 275 | 14 | 14.39 | 15.05 | 0.66 | 0 |
| 58544 | LSH W/T/O UTERUS ABOVE 250 | 090 | A | | | | 2 | | | 271 | 285 | 14 | 15.60 | 16.26 | 0.66 | 0 |
| 58545 | LAPAROSCOPIC MYOMECTOMY | 090 | A | | | | 2 | | | 334 | 348 | 14 | 15.55 | 16.21 | 0.66 | 0 |
| 58546 | LAPARO-MYOMECTOMY COMPLEX | 090 | A | | | | 2 | | | 394 | 408 | 14 | 19.94 | 20.60 | 0.66 | 0 |
| 58548 | LAP RADICAL HYST | 090 | A | | | | 2 | 1 | | 564 | 587 | 23 | 31.63 | 32.71 | 1.08 | -2 |
| 58550 | LAPARO-ASST VAG HYSTERECTO | 090 | A | | | 1 | 2 | | | 330 | 346 | 16 | 15.10 | 15.98 | 0.88 | 0 |
| 58552 | LAPARO-VAG HYST INCL T/O | 090 | A | | | 1 | 2 | | | 350 | 366 | 16 | 16.91 | 17.79 | 0.88 | 0 |
| 58553 | LAPARO-VAG HYST COMPLEX | 090 | A | | | | 2 | | | 391.5 | 405.5 | 14 | 20.06 | 20.72 | 0.66 | 0 |
| 58554 | LAPARO-VAG HYST W/T/O COMP | 090 | A | | | 1 | 2 | | | 425 | 441 | 16 | 23.11 | 23.99 | 0.88 | 0 |
| 58565 | HYSTEROSCOPY STERILIZATION | 090 | A | | | 2 | | | | 191 | 195 | 4 | 7.12 | 7.56 | 0.44 | 0 |
| 58570 | TLH UTERUS 250 G OR LESS | 090 | A | | | | 2 | | | 241 | 255 | 14 | 13.36 | 14.02 | 0.66 | 0 |
| 58571 | TLH W/T/O 250 G OR LESS | 090 | A | | | | 2 | | | 241 | 255 | 14 | 15.00 | 15.66 | 0.66 | 0 |
| 58572 | TLH UTERUS OVER 250 G | 090 | A | | | | 2 | | | 271 | 285 | 14 | 17.71 | 18.37 | 0.66 | 0 |
| 58573 | TLH W/T/O UTERUS OVER 250 | 090 | A | | | | 2 | | | 281 | 295 | 14 | 20.79 | 21.45 | 0.66 | 0 |
| 58575 | LAPS TOT HYST RESJ MAL | 090 | A | | | | 2 | 1 | | 510 | 533 | 23 | 32.60 | 33.68 | 1.08 | -2 |
| 58600 | DIVISION OF FALLOPIAN TUBE | 090 | A | | | | 1 | | | 166 | 173 | 7 | 5.91 | 6.24 | 0.33 | 0 |
| 58605 | DIVISION OF FALLOPIAN TUBE | 090 | A | | | 1 | | | | 141 | 143 | 2 | 5.28 | 5.50 | 0.22 | 0 |
| 58615 | OCCLUDE FALLOPIAN TUBE(S) | 010 | A | | | 1 | | | | 99 | 101 | 2 | 3.94 | 4.16 | 0.22 | 0 |
| 58660 | LAPAROSCOPY LYSIS | 090 | A | | | | 1 | | | 209.5 | 216.5 | 7 | 11.59 | 11.92 | 0.33 | 0 |
| 58661 | LAPAROSCOPY REMOVE ADNEXA | 010 | A | | | | 1 | | | 217 | 224 | 7 | 11.35 | 11.68 | 0.33 | 0 |
| 58662 | LAPAROSCOPY EXCISE LESIONS | 090 | A | | | | 0.5 | 0.5 | | 186.5 | 194.5 | 8 | 12.15 | 12.52 | 0.38 | -1 |
| 58670 | LAPAROSCOPY TUBAL CAUTERY | 090 | A | | | | 1 | | | 118 | 125 | 7 | 5.91 | 6.24 | 0.33 | 0 |
| 58671 | LAPAROSCOPY TUBAL BLOCK | 090 | A | | | | 1 | | | 118 | 125 | 7 | 5.91 | 6.24 | 0.33 | 0 |
| 58672 | LAPAROSCOPY FIMBRIOPLASTY | 090 | A | | | 1 | | | | 96 | 98 | 2 | 12.91 | 13.13 | 0.22 | 0 |
| 58673 | LAPAROSCOPY SALPINGOSTOMY | 090 | A | | | | 1 | | | 185 | 192 | 7 | 14.04 | 14.37 | 0.33 | 0 |
| 58674 | LAPS ABLTJ UTERINE FIBROID | 090 | A | | | | 2 | | | 266 | 280 | 14 | 14.08 | 14.74 | 0.66 | 0 |
| 58700 | REMOVAL OF FALLOPIAN TUBE | 090 | A | | | 1 | | 1 | | 321.5 | 332.5 | 11 | 12.95 | 13.59 | 0.64 | -2 |
| 58720 | REMOVAL OF OVARY/TUBE(S) | 090 | A | | | 1 | 1 | | | 309 | 318 | 9 | 12.16 | 12.71 | 0.55 | 0 |
| 58740 | ADHESIOLYSIS TUBE OVARY | 090 | A | | | 1 | | 1 | | 374 | 385 | 11 | 14.90 | 15.54 | 0.64 | -2 |
| 58750 | REPAIR OVIDUCT | 090 | A | | | 1 | 1 | | | 357 | 366 | 9 | 15.64 | 16.19 | 0.55 | 0 |
| 58752 | REVISE OVARIAN TUBE(S) | 090 | A | | | 1 | 1 | | | 377 | 386 | 9 | 15.64 | 16.19 | 0.55 | 0 |
| 58760 | FIMBRIOPLASTY | 090 | A | | | 1 | 1 | | | 357 | 366 | 9 | 13.93 | 14.48 | 0.55 | 0 |
| 58770 | CREATE NEW TUBAL OPENING | 090 | A | | | 1 | 1 | | | 347 | 356 | 9 | 14.77 | 15.32 | 0.55 | 0 |
| 58800 | DRAINAGE OF OVARIAN CYST(S | 090 | A | | | | 1.5 | | | 159.5 | 170 | 10.5 | 4.62 | 5.11 | 0.50 | 0 |
| 58805 | DRAINAGE OF OVARIAN CYST(S | 090 | A | | | | 1.5 | | | 198.5 | 209 | 10.5 | 6.42 | 6.92 | 0.50 | 0 |
| 58820 | DRAIN OVARY ABSCESS OPEN | 090 | A | | | | 1.5 | | | 131.5 | 142 | 10.5 | 4.70 | 5.19 | 0.50 | 0 |
| 58822 | DRAIN OVARY ABSCESS PERCUT | 090 | A | | | | 2 | | | 399 | 413 | 14 | 11.81 | 12.47 | 0.66 | 0 |
| 58825 | TRANSPOSITION OVARY(S) | 090 | A | | | 1 | 1 | | | 282 | 291 | 9 | 11.78 | 12.33 | 0.55 | 0 |
| 58900 | BIOPSY OF OVARY(S) | 090 | A | | | | 1.5 | | | 205.5 | 216 | 10.5 | 6.59 | 7.09 | 0.50 | 0 |
| 58920 | PARTIAL REMOVAL OF OVARY(S | 090 | A | | | | 1.5 | | | 214.5 | 225 | 10.5 | 11.95 | 12.44 | 0.49 | 0 |
| 58925 | REMOVAL OF OVARIAN CYST(S) | 090 | A | | | | 2 | | | 329 | 343 | 14 | 12.43 | 13.09 | 0.66 | 0 |
| 58940 | REMOVAL OF OVARY(S) | 090 | A | | | | 2 | | | 257 | 271 | 14 | 8.22 | 8.88 | 0.66 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 58943 | REMOVAL OF OVARY(S) | 090 | A | | | | 2 | | | 385 | 399 | 14 | 19.52 | 20.18 | 0.66 | 0 |
| 58950 | RESECT OVARIAN MALIGNANCY | 090 | A | | | 1 | 2 | | | 420 | 436 | 16 | 18.37 | 19.25 | 0.88 | 0 |
| 58951 | RESECT OVARIAN MALIGNANCY | 090 | A | | | 1 | | 1 | | 581.5 | 592.5 | 11 | 24.26 | 24.90 | 0.64 | -2 |
| 58952 | RESECT OVARIAN MALIGNANCY | 090 | A | | | 2 | | 1 | | 710 | 723 | 13 | 27.29 | 28.15 | 0.86 | -2 |
| 58953 | TAH RAD DISSECT FOR DEBULK | 090 | A | | | 1 | 1 | 1 | | 712 | 730 | 18 | 34.13 | 35.10 | 0.97 | -2 |
| 58954 | TAH RAD DEBULK/LYMPH REMOV | 090 | A | | | 1 | 1 | 1 | | 757 | 775 | 18 | 37.13 | 38.10 | 0.97 | -2 |
| 58956 | BSO OMENTECTOMY W/TAH | 090 | A | | | | 3 | | | 534.5 | 555.5 | 21 | 22.80 | 23.79 | 0.99 | 0 |
| 58957 | RESECT RECURRENT GYN MAL | 090 | A | | | 1 | 1 | 1 | | 552 | 570 | 18 | 26.22 | 27.19 | 0.97 | -2 |
| 58958 | RESECT RECUR GYN MAL W/LYM | 090 | A | | | 1 | 1 | 1 | | 582 | 600 | 18 | 29.22 | 30.19 | 0.97 | -2 |
| 58960 | EXPLORATION OF ABDOMEN | 090 | A | | | 1 | | 1 | | 449 | 460 | 11 | 15.79 | 16.43 | 0.64 | -2 |
| 59100 | REMOVE UTERUS LESION | 090 | A | | | 1 | | 1 | | 329 | 340 | 11 | 13.37 | 14.01 | 0.64 | -2 |
| 59120 | TREAT ECTOPIC PREGNANCY | 090 | A | | | 1 | | 1 | | 384 | 395 | 11 | 12.67 | 13.31 | 0.64 | -2 |
| 59121 | TREAT ECTOPIC PREGNANCY | 090 | A | | | | 2 | | | 324 | 338 | 14 | 12.74 | 13.40 | 0.66 | 0 |
| 59130 | TREAT ECTOPIC PREGNANCY | 090 | A | | | | 2 | | | 349 | 363 | 14 | 15.08 | 15.74 | 0.66 | 0 |
| 59135 | TREAT ECTOPIC PREGNANCY | 090 | A | | | | 2 | | | 334 | 348 | 14 | 14.92 | 15.58 | 0.66 | 0 |
| 59136 | TREAT ECTOPIC PREGNANCY | 090 | A | | | | 2 | | | 334 | 348 | 14 | 14.25 | 14.91 | 0.66 | 0 |
| 59140 | TREAT ECTOPIC PREGNANCY | 090 | A | | | | 1.5 | | | 186.5 | 197 | 10.5 | 5.94 | 6.44 | 0.50 | 0 |
| 59150 | TREAT ECTOPIC PREGNANCY | 090 | A | | | | 2 | | | 225 | 239 | 14 | 12.29 | 12.95 | 0.66 | 0 |
| 59151 | TREAT ECTOPIC PREGNANCY | 090 | A | | | | 2 | | | 235 | 249 | 14 | 12.11 | 12.77 | 0.66 | 0 |
| 59160 | D & C AFTER DELIVERY | 010 | A | | | 1 | | | | 79 | 81 | 2 | 2.76 | 2.98 | 0.22 | 0 |
| 59400 | OBSTETRICAL CARE | MMM | A | 1 | | 2 | 9 | 2 | | 739.5 | 839.5 | 100 | 32.16 | 36.58 | 4.42 | -12 |
| 59410 | OBSTETRICAL CARE | MMM | A | | | | 1 | | | 398.5 | 405.5 | 7 | 18.01 | 18.34 | 0.33 | 0 |
| 59425 | ANTEPARTUM CARE ONLY | MMM | A | 1 | | | 4 | | | 137 | 180 | 43 | 6.31 | 7.80 | 1.49 | -8 |
| 59426 | ANTEPARTUM CARE ONLY | MMM | A | 1 | | | 9 | | | 252 | 330 | 78 | 11.16 | 14.30 | 3.14 | -8 |
| 59430 | CARE AFTER DELIVERY | MMM | A | | | | 1 | 1 | | 63 | 79 | 16 | 2.47 | 3.22 | 0.75 | -2 |
| 59510 | CESAREAN DELIVERY | MMM | A | 1 | | 2 | 10 | 2 | | 817.5 | 924.5 | 107 | 35.64 | 40.39 | 4.75 | -12 |
| 59515 | CESAREAN DELIVERY | MMM | A | | | | 2 | | | 476.5 | 490.5 | 14 | 21.47 | 22.13 | 0.66 | 0 |
| 59610 | VBAC DELIVERY | MMM | A | 1 | | 2 | 9 | 2 | | 739.5 | 839.5 | 100 | 33.87 | 38.29 | 4.42 | -12 |
| 59614 | VBAC CARE AFTER DELIVERY | MMM | A | | | | 1 | | | 398.5 | 405.5 | 7 | 19.73 | 20.06 | 0.33 | 0 |
| 59618 | ATTEMPTED VBAC DELIVERY | MMM | A | 1 | | 2 | 10 | 2 | | 792.5 | 899.5 | 107 | 36.16 | 40.91 | 4.75 | -12 |
| 59622 | ATTEMPTED VBAC AFTER CARE | MMM | A | | | | 2 | | | 451.5 | 465.5 | 14 | 22.00 | 22.66 | 0.66 | 0 |
| 59812 | TREATMENT OF MISCARRIAGE | 090 | A | | | | 1 | | | 135.5 | 142.5 | 7 | 4.44 | 4.77 | 0.33 | 0 |
| 59820 | CARE OF MISCARRIAGE | 090 | A | | | | | 2 | | 162 | 180 | 18 | 4.84 | 5.68 | 0.84 | -4 |
| 59821 | TREATMENT OF MISCARRIAGE | 090 | A | | | | | 1.5 | | 148 | 161.5 | 13.5 | 5.09 | 5.72 | 0.63 | -3 |
| 59830 | TREAT UTERUS INFECTION | 090 | A | | | | 1.5 | | | 115.5 | 126 | 10.5 | 6.59 | 7.09 | 0.50 | 0 |
| 59841 | ABORTION | 010 | R | | | | | 1 | | 203 | 212 | 9 | 5.65 | 6.07 | 0.42 | -2 |
| 59855 | ABORTION | 090 | R | | | | 1 | | | 158 | 165 | 7 | 6.43 | 6.76 | 0.33 | 0 |
| 59856 | ABORTION | 090 | R | | | | 1 | | | 183 | 190 | 7 | 7.79 | 8.12 | 0.33 | 0 |
| 59857 | ABORTION | 090 | R | | | 1 | | | | 301 | 303 | 2 | 9.33 | 9.55 | 0.22 | 0 |
| 59870 | EVACUATE MOLE OF UTERUS | 090 | A | | | 3 | | 1 | | 256 | 271 | 15 | 6.57 | 7.65 | 1.08 | -2 |
| 60000 | DRAIN THYROID/TONGUE CYST | 010 | A | | | 1 | | | | 59 | 61 | 2 | 1.81 | 2.03 | 0.22 | 0 |
| 60200 | REMOVE THYROID LESION | 090 | A | | | 3.5 | | | | 297 | 304 | 7 | 10.02 | 10.79 | 0.77 | 0 |
| 60210 | PARTIAL THYROID EXCISION | 090 | A | | | 1 | 1 | | | 264 | 273 | 9 | 11.23 | 11.78 | 0.55 | 0 |
| 60212 | PARTIAL THYROID EXCISION | 090 | A | | | 2 | 1 | | | 358 | 369 | 11 | 16.43 | 17.20 | 0.77 | 0 |
| 60220 | PARTIAL REMOVAL OF THYROID | 090 | A | | | | 2 | | | 267 | 281 | 14 | 11.19 | 11.85 | 0.66 | 0 |
| 60225 | PARTIAL REMOVAL OF THYROID | 090 | A | | | 4 | | | | 374 | 382 | 8 | 14.79 | 15.67 | 0.88 | 0 |
| 60240 | REMOVAL OF THYROID | 090 | A | | | | 2 | | | 327 | 341 | 14 | 15.04 | 15.70 | 0.66 | 0 |
| 60252 | REMOVAL OF THYROID | 090 | A | | | 1 | 2 | | | 470 | 486 | 16 | 22.01 | 22.89 | 0.88 | 0 |
| 60254 | EXTENSIVE THYROID SURGERY | 090 | A | | | 1 | 2 | | | 500 | 516 | 16 | 28.42 | 29.30 | 0.88 | 0 |
| 60260 | REPEAT THYROID SURGERY | 090 | A | | | 1 | 1 | | | 372 | 381 | 9 | 18.26 | 18.81 | 0.55 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 60270 | REMOVAL OF THYROID | 090 | A | | | 1 | 2 | | | 650 | 666 | 16 | 23.20 | 24.08 | 0.88 | 0 |
| 60271 | REMOVAL OF THYROID | 090 | A | | | 1 | 1 | | | 377 | 386 | 9 | 17.62 | 18.17 | 0.55 | 0 |
| 60280 | REMOVE THYROID DUCT LESION | 090 | A | | | 3.5 | | | | 262 | 269 | 7 | 6.16 | 6.93 | 0.77 | 0 |
| 60281 | REMOVE THYROID DUCT LESION | 090 | A | | | 3.5 | | | | 262 | 269 | 7 | 8.82 | 9.59 | 0.77 | 0 |
| 60500 | EXPLORE PARATHYROID GLANDS | 090 | A | | | 1 | 2 | | | 313 | 329 | 16 | 15.60 | 16.48 | 0.88 | 0 |
| 60502 | RE-EXPLORE PARATHYROIDS | 090 | A | | | 4.5 | | | | 465 | 474 | 9 | 21.15 | 22.14 | 0.99 | 0 |
| 60505 | EXPLORE PARATHYROID GLANDS | 090 | A | | | 5 | | | | 636 | 646 | 10 | 23.06 | 24.16 | 1.10 | 0 |
| 60520 | REMOVAL OF THYMUS GLAND | 090 | A | | 1 | 1 | 1 | | | 474 | 483 | 9 | 17.16 | 17.71 | 0.55 | -2 |
| 60521 | REMOVAL OF THYMUS GLAND | 090 | A | | 2 | | 1 | | | 445 | 452 | 7 | 19.18 | 19.51 | 0.33 | -4 |
| 60522 | REMOVAL OF THYMUS GLAND | 090 | A | | | 2 | 1 | | | 533 | 544 | 11 | 23.48 | 24.25 | 0.77 | 0 |
| 60540 | EXPLORE ADRENAL GLAND | 090 | A | | | 3.5 | | | | 485 | 492 | 7 | 18.02 | 18.79 | 0.77 | 0 |
| 60545 | EXPLORE ADRENAL GLAND | 090 | A | | | 3.5 | | | | 538 | 545 | 7 | 20.93 | 21.70 | 0.77 | 0 |
| 60600 | REMOVE CAROTID BODY LESION | 090 | A | | | | 2 | | | 429 | 443 | 14 | 25.09 | 25.75 | 0.66 | 0 |
| 60605 | REMOVE CAROTID BODY LESION | 090 | A | | | | 2 | | | 530 | 544 | 14 | 31.96 | 32.62 | 0.66 | 0 |
| 60650 | LAPAROSCOPY ADRENALECTOMY | 090 | A | | | | 2 | | | 384 | 398 | 14 | 20.73 | 21.39 | 0.66 | 0 |
| 61105 | TWIST DRILL HOLE | 090 | A | | | | 1 | | | 152 | 159 | 7 | 5.45 | 5.78 | 0.33 | 0 |
| 61108 | DRILL SKULL FOR DRAINAGE | 090 | A | | | | 2.5 | | | 326.5 | 344 | 17.5 | 11.64 | 12.47 | 0.82 | 0 |
| 61120 | BURR HOLE FOR PUNCTURE | 090 | A | | | | 1.5 | | | 238.5 | 249 | 10.5 | 9.60 | 10.10 | 0.50 | 0 |
| 61140 | PIERCE SKULL FOR BIOPSY | 090 | A | | | | 2.5 | | | 367.5 | 385 | 17.5 | 17.23 | 18.05 | 0.82 | 0 |
| 61150 | PIERCE SKULL FOR DRAINAGE | 090 | A | | | | 2 | | | 378 | 392 | 14 | 18.90 | 19.56 | 0.66 | 0 |
| 61151 | PIERCE SKULL FOR DRAINAGE | 090 | A | | | | 1.5 | | | 312.5 | 323 | 10.5 | 13.49 | 13.98 | 0.50 | 0 |
| 61154 | PIERCE SKULL & REMOVE CLOT | 090 | A | | | | 3 | | | 447 | 468 | 21 | 17.07 | 18.06 | 0.99 | 0 |
| 61156 | PIERCE SKULL FOR DRAINAGE | 090 | A | | | | 1.5 | | | 339.5 | 350 | 10.5 | 17.45 | 17.95 | 0.50 | 0 |
| 61215 | INSERT BRAIN-FLUID DEVICE | 090 | A | | | | 1.5 | | | 275.5 | 286 | 10.5 | 5.85 | 6.34 | 0.50 | 0 |
| 61250 | PIERCE SKULL & EXPLORE | 090 | A | | | | 1.5 | | | 304.5 | 315 | 10.5 | 11.49 | 11.98 | 0.50 | 0 |
| 61253 | PIERCE SKULL & EXPLORE | 090 | A | | | | 1.5 | | | 333.5 | 344 | 10.5 | 13.49 | 13.98 | 0.50 | 0 |
| 61304 | OPEN SKULL FOR EXPLORATION | 090 | A | | | | 2 | | | 493 | 507 | 14 | 23.41 | 24.07 | 0.66 | 0 |
| 61305 | OPEN SKULL FOR EXPLORATION | 090 | A | | | | 2.5 | | | 617.5 | 635 | 17.5 | 28.64 | 29.46 | 0.82 | 0 |
| 61312 | OPEN SKULL FOR DRAINAGE | 090 | A | | | | 2 | | | 689 | 703 | 14 | 30.17 | 30.83 | 0.66 | 0 |
| 61313 | OPEN SKULL FOR DRAINAGE | 090 | A | | | | 3 | | | 687 | 708 | 21 | 28.09 | 29.08 | 0.99 | 0 |
| 61314 | OPEN SKULL FOR DRAINAGE | 090 | A | | | | 2.5 | | | 540.5 | 558 | 17.5 | 25.90 | 26.72 | 0.82 | 0 |
| 61315 | OPEN SKULL FOR DRAINAGE | 090 | A | | | | 2.5 | | | 625.5 | 643 | 17.5 | 29.65 | 30.47 | 0.82 | 0 |
| 61320 | OPEN SKULL FOR DRAINAGE | 090 | A | | | | 2 | | | 570 | 584 | 14 | 27.42 | 28.08 | 0.66 | 0 |
| 61321 | OPEN SKULL FOR DRAINAGE | 090 | A | | | | 2.5 | | | 636.5 | 654 | 17.5 | 30.53 | 31.36 | 0.82 | 0 |
| 61322 | DECOMPRESSIVE CRANIOTOMY | 090 | A | | | 1 | 3 | | | 893 | 916 | 23 | 34.26 | 35.47 | 1.21 | 0 |
| 61323 | DECOMPRESSIVE LOBECTOMY | 090 | A | | | 1 | 2 | | | 865 | 881 | 16 | 35.06 | 35.94 | 0.88 | 0 |
| 61330 | DECOMPRESS EYE SOCKET | 090 | A | | | | 2.5 | | | 597.5 | 615 | 17.5 | 25.30 | 26.12 | 0.82 | 0 |
| 61333 | EXPLORE ORBIT/REMOVE LESIO | 090 | A | | | | 2 | | | 573 | 587 | 14 | 29.27 | 29.93 | 0.66 | 0 |
| 61340 | SUBTEMPORAL DECOMPRESSION | 090 | A | | | | 2 | | | 445 | 459 | 14 | 20.11 | 20.77 | 0.66 | 0 |
| 61343 | INCISE SKULL (PRESS RELIEF | 090 | A | | | | 2.5 | | | 669.5 | 687 | 17.5 | 31.86 | 32.69 | 0.82 | 0 |
| 61345 | RELIEVE CRANIAL PRESSURE | 090 | A | | | | 2.5 | | | 622.5 | 640 | 17.5 | 29.23 | 30.05 | 0.82 | 0 |
| 61450 | INCISE SKULL FOR SURGERY | 090 | A | | | | 2 | | | 541 | 555 | 14 | 27.69 | 28.35 | 0.66 | 0 |
| 61458 | INCISE SKULL FOR BRAIN WOU | 090 | A | | | | 2.5 | | | 551.5 | 569 | 17.5 | 28.84 | 29.67 | 0.82 | 0 |
| 61460 | INCISE SKULL FOR SURGERY | 090 | A | | | | 2.5 | | | 609.5 | 627 | 17.5 | 30.24 | 31.06 | 0.82 | 0 |
| 61500 | REMOVAL OF SKULL LESION | 090 | A | | | | 2.5 | | | 412.5 | 430 | 17.5 | 19.18 | 20.01 | 0.82 | 0 |
| 61501 | REMOVE INFECTED SKULL BONE | 090 | A | | | | 2.5 | | | 438.5 | 456 | 17.5 | 16.35 | 17.18 | 0.82 | 0 |
| 61510 | REMOVAL OF BRAIN LESION | 090 | A | | | | 4 | | | 635 | 663 | 28 | 30.83 | 32.15 | 1.32 | 0 |
| 61512 | REMOVE BRAIN LINING LESION | 090 | A | | | | 3 | | | 652 | 673 | 21 | 37.14 | 38.13 | 0.99 | 0 |
| 61514 | REMOVAL OF BRAIN ABSCESS | 090 | A | | | | 2.5 | | | 599.5 | 617 | 17.5 | 27.23 | 28.05 | 0.82 | 0 |
| 61516 | REMOVAL OF BRAIN LESION | 090 | A | | | | 2.5 | | | 598.5 | 616 | 17.5 | 26.58 | 27.40 | 0.82 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 61518 | REMOVAL OF BRAIN LESION | 090 | A | | | | 4 | | | 755 | 783 | 28 | 39.89 | 41.21 | 1.32 | 0 |
| 61519 | REMOVE BRAIN LINING LESION | 090 | A | | | | 3 | | | 732 | 753 | 21 | 43.43 | 44.42 | 0.99 | 0 |
| 61520 | REMOVAL OF BRAIN LESION | 090 | A | | | | 4 | | | 815 | 843 | 28 | 57.09 | 58.41 | 1.32 | 0 |
| 61521 | REMOVAL OF BRAIN LESION | 090 | A | | | | 3 | | | 928 | 949 | 21 | 46.99 | 47.98 | 0.99 | 0 |
| 61522 | REMOVAL OF BRAIN ABSCESS | 090 | A | | | | 2.5 | | | 654.5 | 672 | 17.5 | 31.54 | 32.37 | 0.83 | 0 |
| 61524 | REMOVAL OF BRAIN LESION | 090 | A | | | | 2.5 | | | 625.5 | 643 | 17.5 | 29.89 | 30.71 | 0.82 | 0 |
| 61526 | REMOVAL OF BRAIN LESION | 090 | A | | | | 2 | 1 | | 789 | 812 | 23 | 54.08 | 55.16 | 1.08 | -2 |
| 61530 | REMOVAL OF BRAIN LESION | 090 | A | | | | 2.5 | | | 869.5 | 887 | 17.5 | 45.56 | 46.39 | 0.83 | 0 |
| 61531 | IMPLANT BRAIN ELECTRODES | 090 | A | | | | 1 | 1 | | 511 | 527 | 16 | 16.41 | 17.16 | 0.75 | -2 |
| 61533 | IMPLANT BRAIN ELECTRODES | 090 | A | | | | 2 | | | 537 | 551 | 14 | 21.46 | 22.12 | 0.66 | 0 |
| 61534 | REMOVAL OF BRAIN LESION | 090 | A | | | | 2.5 | | | 619.5 | 637 | 17.5 | 23.01 | 23.84 | 0.82 | 0 |
| 61535 | REMOVE BRAIN ELECTRODES | 090 | A | | | | 2 | | | 414 | 428 | 14 | 13.15 | 13.81 | 0.66 | 0 |
| 61536 | REMOVAL OF BRAIN LESION | 090 | A | | | | 2.5 | | | 759.5 | 777 | 17.5 | 37.72 | 38.55 | 0.83 | 0 |
| 61537 | REMOVAL OF BRAIN TISSUE | 090 | A | | | | 2 | | | 614 | 628 | 14 | 36.45 | 37.11 | 0.66 | 0 |
| 61538 | REMOVAL OF BRAIN TISSUE | 090 | A | | | | 2 | | | 679 | 693 | 14 | 39.45 | 40.11 | 0.66 | 0 |
| 61539 | REMOVAL OF BRAIN TISSUE | 090 | A | | | | 2.5 | | | 758.5 | 776 | 17.5 | 34.28 | 35.10 | 0.83 | 0 |
| 61540 | REMOVAL OF BRAIN TISSUE | 090 | A | | | 1 | 2 | | | 655 | 671 | 16 | 31.43 | 32.31 | 0.88 | 0 |
| 61541 | INCISION OF BRAIN TISSUE | 090 | A | | | | 2.5 | | | 675.5 | 693 | 17.5 | 30.94 | 31.77 | 0.82 | 0 |
| 61543 | REMOVAL OF BRAIN TISSUE | 090 | A | | | | 2.5 | | | 666.5 | 684 | 17.5 | 31.31 | 32.13 | 0.82 | 0 |
| 61544 | REMOVE & TREAT BRAIN LESIO | 090 | A | | | | 2 | | | 598 | 612 | 14 | 27.36 | 28.02 | 0.66 | 0 |
| 61545 | EXCISION OF BRAIN TUMOR | 090 | A | | | | 4 | | | 775 | 803 | 28 | 46.43 | 47.75 | 1.32 | 0 |
| 61546 | REMOVAL OF PITUITARY GLAND | 090 | A | | | | 2.5 | | | 703.5 | 721 | 17.5 | 33.44 | 34.26 | 0.83 | 0 |
| 61548 | REMOVAL OF PITUITARY GLAND | 090 | A | | | | 2 | | | 553 | 567 | 14 | 23.37 | 24.03 | 0.66 | 0 |
| 61550 | RELEASE OF SKULL SEAMS | 090 | A | | | | 3 | | | 279 | 300 | 21 | 15.59 | 16.58 | 0.99 | 0 |
| 61552 | RELEASE OF SKULL SEAMS | 090 | A | | | | 2.5 | | | 345.5 | 363 | 17.5 | 20.40 | 21.22 | 0.82 | 0 |
| 61556 | INCISE SKULL/SUTURES | 090 | A | | 1 | 1 | 1 | | | 692 | 701 | 9 | 24.09 | 24.64 | 0.55 | -2 |
| 61557 | INCISE SKULL/SUTURES | 090 | A | | | | 3 | | | 510 | 531 | 21 | 23.31 | 24.30 | 0.99 | 0 |
| 61558 | EXCISION OF SKULL/SUTURES | 090 | A | | | | 3 | | | 661 | 682 | 21 | 26.50 | 27.49 | 0.99 | 0 |
| 61559 | EXCISION OF SKULL/SUTURES | 090 | A | | | | 4 | | | 665 | 693 | 28 | 34.02 | 35.34 | 1.32 | 0 |
| 61563 | EXCISION OF SKULL TUMOR | 090 | A | | 1 | 1 | 1 | | | 656 | 665 | 9 | 28.44 | 28.99 | 0.55 | -2 |
| 61564 | EXCISION OF SKULL TUMOR | 090 | A | | | | 3 | | | 623 | 644 | 21 | 34.74 | 35.73 | 0.99 | 0 |
| 61566 | REMOVAL OF BRAIN TISSUE | 090 | A | | | 1 | 2 | | | 610 | 626 | 16 | 32.45 | 33.33 | 0.88 | 0 |
| 61567 | INCISION OF BRAIN TISSUE | 090 | A | | | 2 | 2 | | | 681 | 699 | 18 | 37.00 | 38.10 | 1.10 | 0 |
| 61570 | REMOVE FOREIGN BODY BRAIN | 090 | A | | | | 2.5 | | | 585.5 | 603 | 17.5 | 26.51 | 27.34 | 0.82 | 0 |
| 61571 | INCISE SKULL FOR BRAIN WOU | 090 | A | | | | 2.5 | | | 635.5 | 653 | 17.5 | 28.42 | 29.25 | 0.82 | 0 |
| 61575 | SKULL BASE/BRAINSTEM SURGE | 090 | A | | | | 2.5 | | | 762.5 | 780 | 17.5 | 36.56 | 37.39 | 0.83 | 0 |
| 61576 | SKULL BASE/BRAINSTEM SURGE | 090 | A | | | | 4 | | | 915 | 943 | 28 | 55.31 | 56.63 | 1.32 | 0 |
| 61580 | CRANIOFACIAL APPROACH SKUL | 090 | A | | 1 | 2 | 2 | | | 1078.3 | 1096.3 | 18 | 34.51 | 35.61 | 1.10 | -2 |
| 61581 | CRANIOFACIAL APPROACH SKUL | 090 | A | | 1 | 2 | 2 | 1 | | 1214.4 | 1241.4 | 27 | 39.13 | 40.65 | 1.52 | -4 |
| 61582 | CRANIOFACIAL APPROACH SKUL | 090 | A | | | 2 | 3 | | | 1010.3 | 1035.3 | 25 | 35.14 | 36.57 | 1.43 | 0 |
| 61583 | CRANIOFACIAL APPROACH SKUL | 090 | A | | 1 | 1 | 1 | | | 906.4 | 915.4 | 9 | 38.50 | 39.05 | 0.55 | -2 |
| 61584 | ORBITOCRANIAL APPROACH/SKU | 090 | A | | 1 | 1 | 1 | | | 842.4 | 851.4 | 9 | 37.70 | 38.25 | 0.55 | -2 |
| 61585 | ORBITOCRANIAL APPROACH/SKU | 090 | A | | | 2 | 1 | | | 1101.7 | 1112.7 | 11 | 42.57 | 43.34 | 0.77 | 0 |
| 61586 | RESECT NASOPHARYNX SKULL | 090 | A | | | | 4 | | | 720 | 748 | 28 | 27.48 | 28.80 | 1.32 | 0 |
| 61590 | INFRATEMPORAL APPROACH/SKU | 090 | A | | 1 | 2 | 2 | | | 1418.4 | 1436.4 | 18 | 47.04 | 48.14 | 1.10 | -2 |
| 61591 | INFRATEMPORAL APPROACH/SKU | 090 | A | | 2 | 1 | 2 | | | 1254.85 | 1270.85 | 16 | 47.02 | 47.90 | 0.88 | -4 |
| 61592 | ORBITOCRANIAL APPROACH/SKU | 090 | A | | 2 | 1 | 1 | | | 1002.8 | 1011.8 | 9 | 43.08 | 43.63 | 0.55 | -4 |
| 61595 | TRANSTEMPORAL APPROACH/SKU | 090 | A | | 1 | 2 | 2 | | | 1077.8 | 1095.8 | 18 | 33.74 | 34.84 | 1.10 | -2 |
| 61596 | TRANSCOCHLEAR APPROACH/SKU | 090 | A | | 1 | 2 | 1 | | | 1188.3 | 1199.3 | 11 | 39.43 | 40.20 | 0.77 | -2 |
| 61597 | TRANSCONDYLAR APPROACH/SKU | 090 | A | | | 3 | | | | 1041.4 | 1047.4 | 6 | 40.82 | 41.48 | 0.66 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 61598 | TRANSPETROSAL APPROACH/SKU | 090 | A | | 1 | 2 | 1 | | | 1048.1 | 1059.1 | 11 | 36.53 | 37.30 | 0.77 | -2 |
| 61600 | RESECT/EXCISE CRANIAL LESI | 090 | A | | 1 | 2 | 2 | | | 1101.4 | 1119.4 | 18 | 30.01 | 31.11 | 1.10 | -2 |
| 61601 | RESECT/EXCISE CRANIAL LESI | 090 | A | | 2 | 1 | 1 | | | 854.9 | 863.9 | 9 | 31.14 | 31.69 | 0.55 | -4 |
| 61605 | RESECT/EXCISE CRANIAL LESI | 090 | A | | 1 | 2 | 2 | | | 1052.6 | 1070.6 | 18 | 32.57 | 33.67 | 1.10 | -2 |
| 61606 | RESECT/EXCISE CRANIAL LESI | 090 | A | | | 2 | 1 | | | 926.9 | 937.9 | 11 | 42.05 | 42.82 | 0.77 | 0 |
| 61607 | RESECT/EXCISE CRANIAL LESI | 090 | A | | | 2 | 1 | | | 1201.2 | 1212.2 | 11 | 40.93 | 41.70 | 0.77 | 0 |
| 61608 | RESECT/EXCISE CRANIAL LESI | 090 | A | | | 3 | | | | 1042 | 1048 | 6 | 45.54 | 46.20 | 0.66 | 0 |
| 61613 | REMOVE ANEURYSM SINUS | 090 | A | | | 3 | | | | 1102 | 1108 | 6 | 45.03 | 45.69 | 0.66 | 0 |
| 61615 | RESECT/EXCISE LESION SKULL | 090 | A | | 1 | 1 | 2 | | | 1092.2 | 1108.2 | 16 | 35.77 | 36.65 | 0.88 | -2 |
| 61616 | RESECT/EXCISE LESION SKULL | 090 | A | | 1 | 1 | 2 | | | 1116.8 | 1132.8 | 16 | 46.74 | 47.62 | 0.88 | -2 |
| 61618 | REPAIR DURA | 090 | A | | | 2 | 1 | | | 573.1 | 584.1 | 11 | 18.69 | 19.46 | 0.77 | 0 |
| 61619 | REPAIR DURA | 090 | A | | | 3 | | | | 587.6 | 593.6 | 6 | 22.10 | 22.76 | 0.66 | 0 |
| 61630 | INTRACRANIAL ANGIOPLASTY | XXX | R | | | | 2 | | | 394 | 408 | 14 | 22.07 | 22.73 | 0.66 | 0 |
| 61635 | INTRACRAN ANGIOPLSTY W/STE | XXX | R | | | | 2 | | | 424 | 438 | 14 | 24.28 | 24.94 | 0.66 | 0 |
| 61680 | INTRACRANIAL VESSEL SURGER | 090 | A | | | | 3 | | | 632 | 653 | 21 | 32.55 | 33.54 | 0.99 | 0 |
| 61682 | INTRACRANIAL VESSEL SURGER | 090 | A | | | | 2 | | | 874 | 888 | 14 | 63.41 | 64.07 | 0.66 | 0 |
| 61684 | INTRACRANIAL VESSEL SURGER | 090 | A | | | | 3 | | | 717 | 738 | 21 | 41.64 | 42.63 | 0.99 | 0 |
| 61686 | INTRACRANIAL VESSEL SURGER | 090 | A | | | | 2 | 1 | | 1019 | 1042 | 23 | 67.50 | 68.58 | 1.08 | -2 |
| 61690 | INTRACRANIAL VESSEL SURGER | 090 | A | | | | | 2 | | 672 | 690 | 18 | 31.34 | 32.18 | 0.84 | -4 |
| 61692 | INTRACRANIAL VESSEL SURGER | 090 | A | | | | | 2 | | 896 | 914 | 18 | 54.59 | 55.43 | 0.84 | -4 |
| 61697 | BRAIN ANEURYSM REPR COMPLX | 090 | A | | | | 2 | 1 | | 1194 | 1217 | 23 | 63.40 | 64.48 | 1.08 | -2 |
| 61698 | BRAIN ANEURYSM REPR COMPLX | 090 | A | | | | 2 | 1 | | 1209 | 1232 | 23 | 69.63 | 70.71 | 1.08 | -2 |
| 61700 | BRAIN ANEURYSM REPR SIMPLE | 090 | A | | | | 2 | 1 | | 949 | 972 | 23 | 50.62 | 51.70 | 1.08 | -2 |
| 61702 | INNER SKULL VESSEL SURGERY | 090 | A | | | | 2 | 1 | | 1144 | 1167 | 23 | 60.04 | 61.12 | 1.08 | -2 |
| 61703 | CLAMP NECK ARTERY | 090 | A | | | | 2 | | | 377 | 391 | 14 | 18.80 | 19.46 | 0.66 | 0 |
| 61705 | REVISE CIRCULATION TO HEAD | 090 | A | | | | 2.5 | | | 655.5 | 673 | 17.5 | 38.10 | 38.92 | 0.83 | 0 |
| 61708 | REVISE CIRCULATION TO HEAD | 090 | A | | | | 2.5 | | | 647.5 | 665 | 17.5 | 37.20 | 38.03 | 0.83 | 0 |
| 61710 | REVISE CIRCULATION TO HEAD | 090 | A | | | | 2 | | | 551 | 565 | 14 | 31.29 | 31.95 | 0.66 | 0 |
| 61711 | FUSION OF SKULL ARTERIES | 090 | A | | | | 2.5 | | | 665.5 | 683 | 17.5 | 38.23 | 39.05 | 0.83 | 0 |
| 61720 | INCISE SKULL/BRAIN SURGERY | 090 | A | | | | 2 | | | 384 | 398 | 14 | 17.62 | 18.28 | 0.66 | 0 |
| 61735 | INCISE SKULL/BRAIN SURGERY | 090 | A | | | | 2.5 | | | 576.5 | 594 | 17.5 | 22.35 | 23.18 | 0.82 | 0 |
| 61750 | INCISE SKULL/BRAIN BIOPSY | 090 | A | | | | 2 | | | 487 | 501 | 14 | 19.83 | 20.49 | 0.66 | 0 |
| 61751 | BRAIN BIOPSY W/CT/MR GUIDE | 090 | A | | | | 3 | | | 395 | 416 | 21 | 18.79 | 19.78 | 0.99 | 0 |
| 61760 | IMPLANT BRAIN ELECTRODES | 090 | A | | | | 3 | | | 505 | 526 | 21 | 22.39 | 23.38 | 0.99 | 0 |
| 61770 | INCISE SKULL FOR TREATMENT | 090 | A | | | | 2 | | | 517 | 531 | 14 | 23.19 | 23.85 | 0.66 | 0 |
| 61790 | TREAT TRIGEMINAL NERVE | 090 | A | | | | 2 | | | 282 | 296 | 14 | 11.60 | 12.26 | 0.66 | 0 |
| 61791 | TREAT TRIGEMINAL TRACT | 090 | A | | | | 2 | | | 328 | 342 | 14 | 15.41 | 16.07 | 0.66 | 0 |
| 61796 | SRS CRANIAL LESION SIMPLE | 090 | A | | | | 2 | | | 195 | 209 | 14 | 13.93 | 14.59 | 0.66 | 0 |
| 61798 | SRS CRANIAL LESION COMPLEX | 090 | A | | | | 2 | | | 225 | 239 | 14 | 19.85 | 20.51 | 0.66 | 0 |
| 61850 | IMPLANT NEUROELECTRODES | 090 | A | | | | 1.5 | | | 306.5 | 317 | 10.5 | 13.34 | 13.84 | 0.49 | 0 |
| 61860 | IMPLANT NEUROELECTRODES | 090 | A | | | | 2 | | | 405 | 419 | 14 | 22.26 | 22.92 | 0.66 | 0 |
| 61863 | IMPLANT NEUROELECTRODE | 090 | A | | | | 3 | | | 452 | 473 | 21 | 20.71 | 21.70 | 0.99 | 0 |
| 61867 | IMPLANT NEUROELECTRODE | 090 | A | | | | 3 | | | 617 | 638 | 21 | 33.03 | 34.02 | 0.99 | 0 |
| 61870 | IMPLANT NEUROELECTRODES | 090 | A | | | | 2 | | | 426 | 440 | 14 | 16.34 | 17.00 | 0.66 | 0 |
| 61880 | REVISE/REMOVE NEUROELECTRO | 090 | A | | | | 1.5 | | | 213.5 | 224 | 10.5 | 6.95 | 7.44 | 0.50 | 0 |
| 61885 | INSRT/REDO NEUROSTIM 1 ARR | 090 | A | | | | 2 | | | 181 | 195 | 14 | 6.05 | 6.71 | 0.66 | 0 |
| 61886 | IMPLANT NEUROSTIM ARRAYS | 090 | A | | | | 4 | | | 385 | 413 | 28 | 9.93 | 11.25 | 1.32 | 0 |
| 61888 | REVISE/REMOVE NEURORECEIVE | 010 | A | | | 1 | | | | 171 | 173 | 2 | 5.23 | 5.45 | 0.22 | 0 |
| 62000 | TREAT SKULL FRACTURE | 090 | A | | | | 2 | | | 408 | 422 | 14 | 13.93 | 14.59 | 0.66 | 0 |
| 62005 | TREAT SKULL FRACTURE | 090 | A | | | | 2 | | | 470 | 484 | 14 | 17.63 | 18.29 | 0.66 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 62010 | TREATMENT OF HEAD INJURY | 090 | A | | | | 2.5 | | | 519.5 | 537 | 17.5 | 21.43 | 22.26 | 0.82 | 0 |
| 62100 | REPAIR BRAIN FLUID LEAKAGE | 090 | A | | | | 2.5 | | | 549.5 | 567 | 17.5 | 23.53 | 24.36 | 0.82 | 0 |
| 62115 | REDUCTION OF SKULL DEFECT | 090 | A | | | | 4 | | | 678 | 706 | 28 | 22.91 | 24.23 | 1.32 | 0 |
| 62117 | REDUCTION OF SKULL DEFECT | 090 | A | | | 3 | | | | 714 | 720 | 6 | 28.35 | 29.01 | 0.66 | 0 |
| 62120 | REPAIR SKULL CAVITY LESION | 090 | A | | | | 4 | | | 523 | 551 | 28 | 24.59 | 25.91 | 1.32 | 0 |
| 62121 | INCISE SKULL REPAIR | 090 | A | | | | 2 | | | 496 | 510 | 14 | 23.03 | 23.69 | 0.66 | 0 |
| 62140 | REPAIR OF SKULL DEFECT | 090 | A | | | | 2 | | | 383 | 397 | 14 | 14.55 | 15.21 | 0.66 | 0 |
| 62141 | REPAIR OF SKULL DEFECT | 090 | A | | | | 2 | | | 413 | 427 | 14 | 16.07 | 16.73 | 0.66 | 0 |
| 62142 | REMOVE SKULL PLATE/FLAP | 090 | A | | | | 2 | | | 324 | 338 | 14 | 11.83 | 12.49 | 0.66 | 0 |
| 62143 | REPLACE SKULL PLATE/FLAP | 090 | A | | | | 2 | | | 371 | 385 | 14 | 14.15 | 14.81 | 0.66 | 0 |
| 62145 | REPAIR OF SKULL & BRAIN | 090 | A | | | | 2 | | | 490 | 504 | 14 | 20.09 | 20.75 | 0.66 | 0 |
| 62146 | REPAIR OF SKULL WITH GRAFT | 090 | A | | | | 2 | | | 402 | 416 | 14 | 17.28 | 17.94 | 0.66 | 0 |
| 62147 | REPAIR OF SKULL WITH GRAFT | 090 | A | | | | 2 | | | 473 | 487 | 14 | 20.67 | 21.33 | 0.66 | 0 |
| 62161 | DISSECT BRAIN W/SCOPE | 090 | A | | | 1 | 2 | | | 400 | 416 | 16 | 21.23 | 22.11 | 0.88 | 0 |
| 62162 | REMOVE COLLOID CYST W/SCOP | 090 | A | | | 1 | 2 | | | 516 | 532 | 16 | 26.80 | 27.68 | 0.88 | 0 |
| 62163 | ZNEUROENDOSCOPY W/FB REMOV | 090 | A | | | 1 | 2 | | | 358 | 374 | 16 | 16.53 | 17.41 | 0.88 | 0 |
| 62164 | REMOVE BRAIN TUMOR W/SCOPE | 090 | A | | | 2 | 2 | | | 571 | 589 | 18 | 29.43 | 30.53 | 1.10 | 0 |
| 62165 | REMOVE PITUIT TUMOR W/SCOP | 090 | A | | | 1 | 2 | | | 490 | 506 | 16 | 23.23 | 24.11 | 0.88 | 0 |
| 62180 | ESTABLISH BRAIN CAVITY SHU | 090 | A | | | | 1 | 1 | | 564 | 580 | 16 | 22.58 | 23.33 | 0.75 | -2 |
| 62190 | ESTABLISH BRAIN CAVITY SHU | 090 | A | | | | 2 | | | 355 | 369 | 14 | 12.17 | 12.83 | 0.66 | 0 |
| 62192 | ESTABLISH BRAIN CAVITY SHU | 090 | A | | | | 2 | | | 351 | 365 | 14 | 13.35 | 14.01 | 0.66 | 0 |
| 62194 | REPLACE/IRRIGATE CATHETER | 010 | A | | | | 2 | | | 294 | 308 | 14 | 5.78 | 6.44 | 0.66 | 0 |
| 62200 | ESTABLISH BRAIN CAVITY SHU | 090 | A | | | | 2 | | | 388 | 402 | 14 | 19.29 | 19.95 | 0.66 | 0 |
| 62201 | BRAIN CAVITY SHUNT W/SCOPE | 090 | A | | | | 3 | | | 425 | 446 | 21 | 16.04 | 17.03 | 0.99 | 0 |
| 62220 | ESTABLISH BRAIN CAVITY SHU | 090 | A | | | | 2 | | | 356 | 370 | 14 | 14.10 | 14.76 | 0.66 | 0 |
| 62223 | ESTABLISH BRAIN CAVITY SHU | 090 | A | | | | 3 | | | 357 | 378 | 21 | 14.05 | 15.04 | 0.99 | 0 |
| 62225 | REPLACE/IRRIGATE CATHETER | 090 | A | | | | 1.5 | | | 230.5 | 241 | 10.5 | 6.19 | 6.69 | 0.50 | 0 |
| 62230 | REPLACE/REVISE BRAIN SHUNT | 090 | A | | | | 1.5 | | | 293.5 | 304 | 10.5 | 11.43 | 11.93 | 0.49 | 0 |
| 62256 | REMOVE BRAIN CAVITY SHUNT | 090 | A | | | | 1.5 | | | 233.5 | 244 | 10.5 | 7.38 | 7.88 | 0.50 | 0 |
| 62258 | REPLACE BRAIN CAVITY SHUNT | 090 | A | | | | 2 | | | 366 | 380 | 14 | 15.64 | 16.30 | 0.66 | 0 |
| 62263 | EPIDURAL LYSIS MULT SESSIO | 010 | A | | | 1 | 2 | | | 214 | 230 | 16 | 5.00 | 5.88 | 0.88 | 0 |
| 62287 | PERCUTANEOUS DISKECTOMY | 090 | A | | | | 3 | | | 248 | 269 | 21 | 9.03 | 10.02 | 0.99 | 0 |
| 62292 | NJX CHEMONUCLEOLYSIS LMBR | 090 | A | | | | 2 | | | 284 | 298 | 14 | 9.24 | 9.90 | 0.66 | 0 |
| 62294 | INJECTION INTO SPINAL ARTE | 090 | A | | | | 2 | | | 336 | 350 | 14 | 12.87 | 13.53 | 0.66 | 0 |
| 62350 | IMPLANT SPINAL CANAL CATH | 010 | A | | | | 1 | | | 170 | 177 | 7 | 6.05 | 6.38 | 0.33 | 0 |
| 62351 | IMPLANT SPINAL CANAL CATH | 090 | A | | | 4 | | | | 449 | 457 | 8 | 11.66 | 12.54 | 0.88 | 0 |
| 62355 | REMOVE SPINAL CANAL CATHET | 010 | A | | | | 1 | | | 140 | 147 | 7 | 3.55 | 3.88 | 0.33 | 0 |
| 62360 | INSERT SPINE INFUSION DEVI | 010 | A | | | | 1 | | | 170 | 177 | 7 | 4.33 | 4.66 | 0.33 | 0 |
| 62361 | IMPLANT SPINE INFUSION PUM | 010 | A | | | | 1 | | | 170 | 177 | 7 | 5.00 | 5.33 | 0.33 | 0 |
| 62362 | IMPLANT SPINE INFUSION PUM | 010 | A | | | | 1 | | | 170 | 177 | 7 | 5.60 | 5.93 | 0.33 | 0 |
| 62365 | REMOVE SPINE INFUSION DEVI | 010 | A | | | | 1 | | | 155 | 162 | 7 | 3.93 | 4.26 | 0.33 | 0 |
| 62380 | NDSC DCMPRN 1 NTRSPC LUMBA | 090 | C | | | | 2 | | | 231 | 245 | 14 | 0.00 | 0.00 | 0.00 | 0 |
| 63001 | REMOVE SPINE LAMINA 1/2 CR | 090 | A | | | | 2 | | | 488 | 502 | 14 | 17.61 | 18.27 | 0.66 | 0 |
| 63003 | REMOVE SPINE LAMINA 1/2 TH | 090 | A | | | | 2 | | | 485 | 499 | 14 | 17.74 | 18.40 | 0.66 | 0 |
| 63005 | REMOVE SPINE LAMINA 1/2 LM | 090 | A | | | | 3 | | | 450 | 471 | 21 | 16.43 | 17.42 | 0.99 | 0 |
| 63011 | REMOVE SPINE LAMINA 1/2 SC | 090 | A | | | | 2.5 | | | 415.5 | 433 | 17.5 | 15.91 | 16.73 | 0.83 | 0 |
| 63012 | REMOVE LAMINA/FACETS LUMBA | 090 | A | | | | 2.5 | | | 441.5 | 459 | 17.5 | 16.85 | 17.68 | 0.82 | 0 |
| 63015 | REMOVE SPINE LAMINA >2 CRV | 090 | A | | | | 3 | | | 465 | 486 | 21 | 20.85 | 21.84 | 0.99 | 0 |
| 63016 | REMOVE SPINE LAMINA >2 THR | 090 | A | | | | 2.5 | | | 665.5 | 683 | 17.5 | 22.03 | 22.86 | 0.82 | 0 |
| 63017 | REMOVE SPINE LAMINA >2 LMB | 090 | A | | | | 3 | | | 437 | 458 | 21 | 17.33 | 18.32 | 0.99 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 63020 | NECK SPINE DISK SURGERY | 090 | A | | | | 3 | | | 412 | 433 | 21 | 16.20 | 17.19 | 0.99 | 0 |
| 63030 | LOW BACK DISK SURGERY | 090 | A | | | | 3 | | | 342 | 363 | 21 | 13.18 | 14.17 | 0.99 | 0 |
| 63040 | LAMINOTOMY SINGLE CERVICAL | 090 | A | | | | 2.5 | | | 479.5 | 497 | 17.5 | 20.31 | 21.13 | 0.82 | 0 |
| 63042 | LAMINOTOMY SINGLE LUMBAR | 090 | A | | | | 3 | | | 400 | 421 | 21 | 18.76 | 19.75 | 0.99 | 0 |
| 63045 | REMOVE SPINE LAMINA 1 CRVL | 090 | A | | | | 3 | | | 395 | 416 | 21 | 17.95 | 18.94 | 0.99 | 0 |
| 63046 | REMOVE SPINE LAMINA 1 THRC | 090 | A | | | | 3 | | | 395 | 416 | 21 | 17.25 | 18.24 | 0.99 | 0 |
| 63047 | REMOVE SPINE LAMINA 1 LMBR | 090 | A | | | | 3 | | | 362 | 383 | 21 | 15.37 | 16.36 | 0.99 | 0 |
| 63050 | CERVICAL LAMINOPLSTY 2/> S | 090 | A | | | 1 | 2 | | | 455 | 471 | 16 | 22.01 | 22.89 | 0.88 | 0 |
| 63051 | C-LAMINOPLASTY W/GRAFT/PLA | 090 | A | | | 1 | 2 | | | 495 | 511 | 16 | 25.51 | 26.39 | 0.88 | 0 |
| 63055 | DECOMPRESS SPINAL CORD THR | 090 | A | | | | 2.5 | | | 520.5 | 538 | 17.5 | 23.55 | 24.37 | 0.82 | 0 |
| 63056 | DECOMPRESS SPINAL CORD LMB | 090 | A | | | | 2.5 | | | 490.5 | 508 | 17.5 | 21.86 | 22.69 | 0.82 | 0 |
| 63064 | DECOMPRESS SPINAL CORD THR | 090 | A | | | | 2.5 | | | 592.5 | 610 | 17.5 | 26.22 | 27.04 | 0.82 | 0 |
| 63075 | NECK SPINE DISK SURGERY | 090 | A | | | 1 | 2 | | | 355 | 371 | 16 | 19.60 | 20.48 | 0.88 | 0 |
| 63077 | SPINE DISK SURGERY THORAX | 090 | A | | | | 2.5 | | | 517.5 | 535 | 17.5 | 22.88 | 23.70 | 0.82 | 0 |
| 63081 | REMOVE VERT BODY DCMPRN CR | 090 | A | | | | 2.5 | | | 622.5 | 640 | 17.5 | 26.10 | 26.93 | 0.82 | 0 |
| 63085 | REMOVE VERT BODY DCMPRN TH | 090 | A | | | | 2.5 | | | 721.5 | 739 | 17.5 | 29.47 | 30.29 | 0.82 | 0 |
| 63087 | REMOV VERTBR DCMPRN THRCLM | 090 | A | | | | 3 | | | 682 | 703 | 21 | 37.53 | 38.52 | 0.99 | 0 |
| 63090 | REMOVE VERT BODY DCMPRN LM | 090 | A | | | | 3 | | | 741 | 762 | 21 | 30.93 | 31.92 | 0.99 | 0 |
| 63101 | REMOVE VERT BODY DCMPRN TH | 090 | A | | | 1 | 3 | | | 671 | 694 | 23 | 34.10 | 35.31 | 1.21 | 0 |
| 63102 | REMOVE VERT BODY DCMPRN LM | 090 | A | | | 1 | 3 | | | 658 | 681 | 23 | 34.10 | 35.31 | 1.21 | 0 |
| 63170 | INCISE SPINAL CORD TRACT(S | 090 | A | | | | 2.5 | | | 623.5 | 641 | 17.5 | 22.21 | 23.03 | 0.82 | 0 |
| 63172 | DRAINAGE OF SPINAL CYST | 090 | A | | | | 2 | | | 581 | 595 | 14 | 19.76 | 20.42 | 0.66 | 0 |
| 63173 | DRAINAGE OF SPINAL CYST | 090 | A | | | | 2.5 | | | 630.5 | 648 | 17.5 | 24.31 | 25.13 | 0.82 | 0 |
| 63180 | REVISE SPINAL CORD LIGAMEN | 090 | A | | | | 2.5 | | | 581.5 | 599 | 17.5 | 20.53 | 21.36 | 0.82 | 0 |
| 63182 | REVISE SPINAL CORD LIGAMEN | 090 | A | | | | 2.5 | | | 636.5 | 654 | 17.5 | 22.82 | 23.64 | 0.82 | 0 |
| 63185 | INCISE SPINE NRV HALF SEGM | 090 | A | | | | 2.5 | | | 451.5 | 469 | 17.5 | 16.49 | 17.31 | 0.82 | 0 |
| 63190 | INCISE SPINE NRV >2 SEGMNT | 090 | A | | | | 2.5 | | | 491.5 | 509 | 17.5 | 18.89 | 19.71 | 0.82 | 0 |
| 63191 | INCISE SPINE ACCESSORY NER | 090 | A | | | | 2.5 | | | 468.5 | 486 | 17.5 | 18.92 | 19.75 | 0.82 | 0 |
| 63194 | INCISE SPINE & CORD CERVIC | 090 | A | | | | 2.5 | | | 662.5 | 680 | 17.5 | 22.10 | 22.93 | 0.82 | 0 |
| 63195 | INCISE SPINE & CORD THORAC | 090 | A | | | | 2 | | | 670 | 684 | 14 | 21.64 | 22.30 | 0.66 | 0 |
| 63196 | INCISE SPINE&CORD 2 TRX CR | 090 | A | | | | 2.5 | | | 703.5 | 721 | 17.5 | 25.27 | 26.10 | 0.82 | 0 |
| 63197 | INCISE SPINE&CORD 2 TRX TH | 090 | A | | | | 2.5 | | | 707.5 | 725 | 17.5 | 24.08 | 24.90 | 0.82 | 0 |
| 63198 | INCISE SPIN&CORD 2 STGS CR | 090 | A | | | | 3 | | | 983 | 1004 | 21 | 29.90 | 30.89 | 0.99 | 0 |
| 63199 | INCISE SPIN&CORD 2 STGS TH | 090 | A | | | | 3 | | | 1029 | 1050 | 21 | 31.47 | 32.46 | 0.99 | 0 |
| 63200 | RELEASE SPINAL CORD LUMBAR | 090 | A | | | | 2.5 | | | 589.5 | 607 | 17.5 | 21.44 | 22.27 | 0.82 | 0 |
| 63250 | REVISE SPINAL CORD VSLS CR | 090 | A | | | | 2.5 | | | 941.5 | 959 | 17.5 | 43.86 | 44.69 | 0.83 | 0 |
| 63251 | REVISE SPINAL CORD VSLS TH | 090 | A | | | | 3 | | | 983 | 1004 | 21 | 44.64 | 45.63 | 0.99 | 0 |
| 63252 | REVISE SPINE CORD VSL THRL | 090 | A | | | | 3 | | | 981 | 1002 | 21 | 44.63 | 45.62 | 0.99 | 0 |
| 63265 | EXCISE INTRASPINL LESION C | 090 | A | | | | 2.5 | | | 612.5 | 630 | 17.5 | 23.82 | 24.64 | 0.82 | 0 |
| 63266 | EXCISE INTRSPINL LESION TH | 090 | A | | | | 2.5 | | | 636.5 | 654 | 17.5 | 24.68 | 25.51 | 0.82 | 0 |
| 63267 | EXCISE INTRSPINL LESION LM | 090 | A | | | | 2.5 | | | 480.5 | 498 | 17.5 | 19.45 | 20.28 | 0.82 | 0 |
| 63268 | EXCISE INTRSPINL LESION SC | 090 | A | | | | 2.5 | | | 498.5 | 516 | 17.5 | 20.02 | 20.85 | 0.82 | 0 |
| 63270 | EXCISE INTRSPINL LESION CR | 090 | A | | | | 2.5 | | | 781.5 | 799 | 17.5 | 29.80 | 30.62 | 0.82 | 0 |
| 63271 | EXCISE INTRSPINL LESION TH | 090 | A | | | | 2.5 | | | 779.5 | 797 | 17.5 | 29.92 | 30.75 | 0.82 | 0 |
| 63272 | EXCISE INTRSPINL LESION LM | 090 | A | | | | 2.5 | | | 648.5 | 666 | 17.5 | 27.50 | 28.33 | 0.82 | 0 |
| 63273 | EXCISE INTRSPINL LESION SC | 090 | A | | | | 2.5 | | | 648.5 | 666 | 17.5 | 26.47 | 27.29 | 0.82 | 0 |
| 63275 | BX/EXC XDRL SPINE LESN CRV | 090 | A | | | | 2.5 | | | 654.5 | 672 | 17.5 | 25.86 | 26.69 | 0.82 | 0 |
| 63276 | BX/EXC XDRL SPINE LESN THR | 090 | A | | | | 2.5 | | | 659.5 | 677 | 17.5 | 25.69 | 26.52 | 0.82 | 0 |
| 63277 | BX/EXC XDRL SPINE LESN LMB | 090 | A | | | | 2.5 | | | 544.5 | 562 | 17.5 | 22.39 | 23.21 | 0.82 | 0 |
| 63278 | BX/EXC XDRL SPINE LESN SCR | 090 | A | | | | 2.5 | | | 546.5 | 564 | 17.5 | 22.12 | 22.95 | 0.82 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 63280 | BX/EXC IDRL SPINE LESN CRV | 090 | A | | | | 3 | | | 669 | 690 | 21 | 30.29 | 31.28 | 0.99 | 0 |
| 63281 | BX/EXC IDRL SPINE LESN THR | 090 | A | | | | 3 | | | 669 | 690 | 21 | 29.99 | 30.98 | 0.99 | 0 |
| 63282 | BX/EXC IDRL SPINE LESN LMB | 090 | A | | | | 3 | | | 623 | 644 | 21 | 28.15 | 29.14 | 0.99 | 0 |
| 63283 | BX/EXC IDRL SPINE LESN SCR | 090 | A | | | | 3 | | | 618 | 639 | 21 | 26.76 | 27.75 | 0.99 | 0 |
| 63285 | BX/EXC IDRL IMED LESN CERV | 090 | A | | | | 3 | | | 762 | 783 | 21 | 38.05 | 39.04 | 0.99 | 0 |
| 63286 | BX/EXC IDRL IMED LESN THRC | 090 | A | | | | 3 | | | 747 | 768 | 21 | 37.62 | 38.61 | 0.99 | 0 |
| 63287 | BX/EXC IDRL IMED LESN THRL | 090 | A | | | | 3 | | | 931 | 952 | 21 | 40.08 | 41.07 | 0.99 | 0 |
| 63290 | BX/EXC XDRL/IDRL LSN ANY L | 090 | A | | | | 3 | | | 960 | 981 | 21 | 40.82 | 41.81 | 0.99 | 0 |
| 63300 | REMOVE VERT XDRL BODY CRVC | 090 | A | | | | 2.5 | | | 638.5 | 656 | 17.5 | 26.80 | 27.62 | 0.82 | 0 |
| 63301 | REMOVE VERT XDRL BODY THRC | 090 | A | | | | 3 | | | 950 | 971 | 21 | 31.57 | 32.56 | 0.99 | 0 |
| 63302 | REMOVE VERT XDRL BODY THRL | 090 | A | | | | 3 | | | 871 | 892 | 21 | 31.15 | 32.14 | 0.99 | 0 |
| 63303 | REMOV VERT XDRL BDY LMBR/S | 090 | A | | | | 2.5 | | | 809.5 | 827 | 17.5 | 33.55 | 34.37 | 0.83 | 0 |
| 63304 | REMOVE VERT IDRL BODY CRVC | 090 | A | | | | 3 | | | 845 | 866 | 21 | 33.85 | 34.84 | 0.99 | 0 |
| 63305 | REMOVE VERT IDRL BODY THRC | 090 | A | | | | 3 | | | 1004 | 1025 | 21 | 36.24 | 37.23 | 0.99 | 0 |
| 63306 | REMOV VERT IDRL BDY THRCLM | 090 | A | | | | 3 | | | 871 | 892 | 21 | 35.55 | 36.54 | 0.99 | 0 |
| 63307 | REMOV VERT IDRL BDY LMBR/S | 090 | A | | | | 3 | | | 863 | 884 | 21 | 34.96 | 35.95 | 0.99 | 0 |
| 63600 | REMOVE SPINAL CORD LESION | 090 | A | | | | 2 | | | 364 | 378 | 14 | 15.12 | 15.78 | 0.66 | 0 |
| 63620 | SRS SPINAL LESION | 090 | A | | | | 2 | | | 195 | 209 | 14 | 15.60 | 16.26 | 0.66 | 0 |
| 63650 | IMPLANT NEUROELECTRODES | 010 | A | | | | 1 | | | 170 | 177 | 7 | 7.15 | 7.48 | 0.33 | 0 |
| 63655 | IMPLANT NEUROELECTRODES | 090 | A | | | 1 | 2 | | | 254 | 270 | 16 | 10.92 | 11.80 | 0.88 | 0 |
| 63661 | REMOVE SPINE ELTRD PERQ AR | 010 | A | | | | 1 | | | 165 | 172 | 7 | 5.08 | 5.41 | 0.33 | 0 |
| 63662 | REMOVE SPINE ELTRD PLATE | 090 | A | | | 1 | 2 | | | 243 | 259 | 16 | 11.00 | 11.88 | 0.88 | 0 |
| 63663 | REVISE SPINE ELTRD PERQ AR | 010 | A | | | | 1 | | | 200 | 207 | 7 | 7.75 | 8.08 | 0.33 | 0 |
| 63664 | REVISE SPINE ELTRD PLATE | 090 | A | | | 1 | 2 | | | 273 | 289 | 16 | 11.52 | 12.40 | 0.88 | 0 |
| 63685 | INSRT/REDO SPINE N GENERAT | 010 | A | | | | 1 | | | 170 | 177 | 7 | 5.19 | 5.52 | 0.33 | 0 |
| 63688 | REVISE/REMOVE NEURORECEIVE | 010 | A | | | | 1 | | | 165 | 172 | 7 | 5.30 | 5.63 | 0.33 | 0 |
| 63700 | REPAIR OF SPINAL HERNIATIO | 090 | A | | | | 3 | | | 401 | 422 | 21 | 17.47 | 18.46 | 0.99 | 0 |
| 63702 | REPAIR OF SPINAL HERNIATIO | 090 | A | | | | 3 | | | 463 | 484 | 21 | 19.41 | 20.40 | 0.99 | 0 |
| 63704 | REPAIR OF SPINAL HERNIATIO | 090 | A | | | | 4 | | | 609 | 637 | 28 | 22.43 | 23.75 | 1.32 | 0 |
| 63706 | REPAIR OF SPINAL HERNIATIO | 090 | A | | | | 4 | | | 679 | 707 | 28 | 25.35 | 26.67 | 1.32 | 0 |
| 63707 | REPAIR SPINAL FLUID LEAKAG | 090 | A | | | | 2.5 | | | 377.5 | 395 | 17.5 | 12.65 | 13.47 | 0.83 | 0 |
| 63709 | REPAIR SPINAL FLUID LEAKAG | 090 | A | | | | 2.5 | | | 426.5 | 444 | 17.5 | 15.65 | 16.47 | 0.83 | 0 |
| 63710 | GRAFT REPAIR OF SPINE DEFE | 090 | A | | | | 2.5 | | | 407.5 | 425 | 17.5 | 15.40 | 16.22 | 0.83 | 0 |
| 63740 | INSTALL SPINAL SHUNT | 090 | A | | | | 2.5 | | | 378.5 | 396 | 17.5 | 12.63 | 13.46 | 0.82 | 0 |
| 63741 | INSTALL SPINAL SHUNT | 090 | A | | | | 2 | | | 289 | 303 | 14 | 9.12 | 9.78 | 0.66 | 0 |
| 63744 | REVISION OF SPINAL SHUNT | 090 | A | | | | 1.5 | | | 282.5 | 293 | 10.5 | 8.94 | 9.43 | 0.50 | 0 |
| 63746 | REMOVAL OF SPINAL SHUNT | 090 | A | | | | 1.5 | | | 254.5 | 265 | 10.5 | 7.33 | 7.82 | 0.50 | 0 |
| 64553 | IMPLANT NEUROELECTRODES | 010 | A | | | | 1 | | | 160 | 167 | 7 | 6.13 | 6.46 | 0.33 | 0 |
| 64555 | IMPLANT NEUROELECTRODES | 010 | A | | | | 1 | | | 145 | 152 | 7 | 5.76 | 6.09 | 0.33 | 0 |
| 64561 | IMPLANT NEUROELECTRODES | 010 | A | | | | | 1 | | 131 | 140 | 9 | 5.44 | 5.86 | 0.42 | -2 |
| 64568 | INC FOR VAGUS N ELECT IMPL | 090 | A | | | | 2 | | | 275 | 289 | 14 | 9.00 | 9.66 | 0.66 | 0 |
| 64569 | REVISE/REPL VAGUS N ELTRD | 090 | A | | | | 2 | | | 312 | 326 | 14 | 11.00 | 11.66 | 0.66 | 0 |
| 64570 | REMOVE VAGUS N ELTRD | 090 | A | | | | 2 | | | 282 | 296 | 14 | 9.10 | 9.76 | 0.66 | 0 |
| 64575 | IMPLANT NEUROELECTRODES | 090 | A | | | 1.5 | | | | 78 | 81 | 3 | 4.42 | 4.75 | 0.33 | 0 |
| 64580 | IMPLANT NEUROELECTRODES | 090 | A | | | 1.5 | | | | 79 | 82 | 3 | 4.19 | 4.52 | 0.33 | 0 |
| 64581 | IMPLANT NEUROELECTRODES | 090 | A | | | | | 1 | | 269 | 278 | 9 | 12.20 | 12.62 | 0.42 | -2 |
| 64585 | REVISE/REMOVE NEUROELECTRO | 010 | A | | | 1 | | | | 58 | 60 | 2 | 2.11 | 2.33 | 0.22 | 0 |
| 64590 | INSRT/REDO PN/GASTR STIMUL | 010 | A | | | 1 | | | | 74 | 76 | 2 | 2.45 | 2.67 | 0.22 | 0 |
| 64595 | REVISE/RMV PN/GASTR STIMUL | 010 | A | | | 1 | | | | 66 | 68 | 2 | 1.78 | 2.00 | 0.22 | 0 |
| 64600 | INJECTION TREATMENT OF NER | 010 | A | | | 1 | | | | 77 | 79 | 2 | 3.49 | 3.71 | 0.22 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 64605 | INJECTION TREATMENT OF NER | 010 | A | | | 1 | | | | 103 | 105 | 2 | 5.65 | 5.87 | 0.22 | 0 |
| 64610 | INJECTION TREATMENT OF NER | 010 | A | | | 1 | | | | 140 | 142 | 2 | 7.20 | 7.42 | 0.22 | 0 |
| 64611 | CHEMODENERV SALIV GLANDS | 010 | A | | | 1 | | | | 36 | 38 | 2 | 1.03 | 1.25 | 0.22 | 0 |
| 64612 | DESTROY NERVE FACE MUSCLE | 010 | A | | | 1 | | | | 41 | 43 | 2 | 1.41 | 1.63 | 0.22 | 0 |
| 64620 | INJECTION TREATMENT OF NER | 010 | A | | | 1 | | | | 76 | 78 | 2 | 2.89 | 3.11 | 0.22 | 0 |
| 64630 | INJECTION TREATMENT OF NER | 010 | A | | | 1 | | | | 78 | 80 | 2 | 3.05 | 3.27 | 0.22 | 0 |
| 64632 | N BLOCK INJ COMMON DIGIT | 010 | A | | | 1 | | | | 36 | 38 | 2 | 1.23 | 1.45 | 0.22 | 0 |
| 64633 | DESTROY CERV/THOR FACET JN | 010 | A | | | | 1 | | | 116 | 123 | 7 | 3.84 | 4.17 | 0.33 | 0 |
| 64635 | DESTROY LUMB/SAC FACET JNT | 010 | A | | | | 1 | | | 114 | 121 | 7 | 3.78 | 4.11 | 0.33 | 0 |
| 64640 | INJECTION TREATMENT OF NER | 010 | A | | | 1 | | | | 36 | 38 | 2 | 1.23 | 1.45 | 0.22 | 0 |
| 64680 | INJECTION TREATMENT OF NER | 010 | A | | | 1 | | | | 98 | 100 | 2 | 2.67 | 2.89 | 0.22 | 0 |
| 64702 | REVISE FINGER/TOE NERVE | 090 | A | | | 2 | 2 | | | 212 | 230 | 18 | 6.26 | 7.36 | 1.10 | 0 |
| 64704 | REVISE HAND/FOOT NERVE | 090 | A | | | 2.5 | | | | 152 | 157 | 5 | 4.69 | 5.24 | 0.55 | 0 |
| 64708 | REVISE ARM/LEG NERVE | 090 | A | | | 3 | 1 | | | 220 | 233 | 13 | 6.36 | 7.35 | 0.99 | 0 |
| 64712 | REVISION OF SCIATIC NERVE | 090 | A | | | 3 | | | | 294 | 300 | 6 | 8.07 | 8.73 | 0.66 | 0 |
| 64713 | REVISION OF ARM NERVE(S) | 090 | A | | | 3.5 | | | | 429 | 436 | 7 | 11.40 | 12.17 | 0.77 | 0 |
| 64714 | REVISE LOW BACK NERVE(S) | 090 | A | | | 3.5 | | | | 364 | 371 | 7 | 10.55 | 11.32 | 0.77 | 0 |
| 64716 | REVISION OF CRANIAL NERVE | 090 | A | | | 1 | 2 | | | 182 | 198 | 16 | 6.99 | 7.87 | 0.88 | 0 |
| 64718 | REVISE ULNAR NERVE AT ELBO | 090 | A | | | | 4 | | | 250 | 278 | 28 | 7.26 | 8.58 | 1.32 | 0 |
| 64719 | REVISE ULNAR NERVE AT WRIS | 090 | A | | | 2.5 | | | | 149 | 154 | 5 | 4.97 | 5.52 | 0.55 | 0 |
| 64721 | CARPAL TUNNEL SURGERY | 090 | A | | | 1 | 2 | | | 171 | 187 | 16 | 4.97 | 5.85 | 0.88 | 0 |
| 64722 | RELIEVE PRESSURE ON NERVE(| 090 | A | | | 2.5 | | | | 159 | 164 | 5 | 4.82 | 5.37 | 0.55 | 0 |
| 64726 | RELEASE FOOT/TOE NERVE | 090 | A | | | 2 | | | | 151 | 155 | 4 | 4.27 | 4.71 | 0.44 | 0 |
| 64732 | INCISION OF BROW NERVE | 090 | A | | | | 1.5 | | | 132.5 | 143 | 10.5 | 4.89 | 5.38 | 0.50 | 0 |
| 64734 | INCISION OF CHEEK NERVE | 090 | A | | | | 2 | | | 186 | 200 | 14 | 5.55 | 6.21 | 0.66 | 0 |
| 64736 | INCISION OF CHIN NERVE | 090 | A | | | | 2 | | | 139 | 153 | 14 | 5.23 | 5.89 | 0.66 | 0 |
| 64738 | INCISION OF JAW NERVE | 090 | A | | | | 2 | | | 173 | 187 | 14 | 6.36 | 7.02 | 0.66 | 0 |
| 64740 | INCISION OF TONGUE NERVE | 090 | A | | | | 2 | | | 166 | 180 | 14 | 6.22 | 6.88 | 0.66 | 0 |
| 64742 | INCISION OF FACIAL NERVE | 090 | A | | | | 2 | | | 179 | 193 | 14 | 6.85 | 7.51 | 0.66 | 0 |
| 64744 | INCISE NERVE BACK OF HEAD | 090 | A | | | | 1.5 | | | 192.5 | 203 | 10.5 | 5.72 | 6.21 | 0.50 | 0 |
| 64746 | INCISE DIAPHRAGM NERVE | 090 | A | | | | 2 | | | 177 | 191 | 14 | 6.56 | 7.22 | 0.66 | 0 |
| 64755 | INCISION OF STOMACH NERVES | 090 | A | | | 1 | 1 | | | 360 | 369 | 9 | 15.05 | 15.60 | 0.55 | 0 |
| 64760 | INCISION OF VAGUS NERVE | 090 | A | | | | 2 | | | 212 | 226 | 14 | 7.59 | 8.25 | 0.66 | 0 |
| 64763 | INCISE HIP/THIGH NERVE | 090 | A | | | | 2 | | | 210 | 224 | 14 | 7.56 | 8.22 | 0.66 | 0 |
| 64766 | INCISE HIP/THIGH NERVE | 090 | A | | | | 2.5 | | | 239.5 | 257 | 17.5 | 9.47 | 10.30 | 0.83 | 0 |
| 64771 | SEVER CRANIAL NERVE | 090 | A | | | | 2.5 | | | 236.5 | 254 | 17.5 | 8.15 | 8.97 | 0.82 | 0 |
| 64772 | INCISION OF SPINAL NERVE | 090 | A | | | | 2 | | | 245 | 259 | 14 | 7.84 | 8.50 | 0.66 | 0 |
| 64774 | REMOVE SKIN NERVE LESION | 090 | A | | | | 2 | | | 174 | 188 | 14 | 5.80 | 6.46 | 0.66 | 0 |
| 64776 | REMOVE DIGIT NERVE LESION | 090 | A | | | | 1.5 | | | 158.5 | 169 | 10.5 | 5.60 | 6.09 | 0.50 | 0 |
| 64782 | REMOVE LIMB NERVE LESION | 090 | A | | | | 2 | | | 235 | 249 | 14 | 6.86 | 7.52 | 0.66 | 0 |
| 64784 | REMOVE NERVE LESION | 090 | A | | | | 2.5 | | | 257.5 | 275 | 17.5 | 10.62 | 11.44 | 0.82 | 0 |
| 64786 | REMOVE SCIATIC NERVE LESIO | 090 | A | | | | 2.5 | | | 291.5 | 309 | 17.5 | 16.25 | 17.08 | 0.82 | 0 |
| 64788 | REMOVE SKIN NERVE LESION | 090 | A | | | | 2 | | | 183 | 197 | 14 | 5.24 | 5.90 | 0.66 | 0 |
| 64790 | REMOVAL OF NERVE LESION | 090 | A | | | | 2.5 | | | 331.5 | 349 | 17.5 | 12.10 | 12.93 | 0.83 | 0 |
| 64792 | REMOVAL OF NERVE LESION | 090 | A | | | | 3 | | | 416 | 437 | 21 | 15.86 | 16.85 | 0.99 | 0 |
| 64802 | SYMPATHECTOMY CERVICAL | 090 | A | | | | 2.5 | | | 354.5 | 372 | 17.5 | 10.37 | 11.19 | 0.82 | 0 |
| 64804 | REMOVE SYMPATHETIC NERVES | 090 | A | | | | 2.5 | | | 389.5 | 407 | 17.5 | 15.91 | 16.73 | 0.83 | 0 |
| 64809 | REMOVE SYMPATHETIC NERVES | 090 | A | | | | 2 | | | 336 | 350 | 14 | 14.71 | 15.37 | 0.66 | 0 |
| 64818 | REMOVE SYMPATHETIC NERVES | 090 | A | | | | 2 | | | 345 | 359 | 14 | 11.34 | 12.00 | 0.66 | 0 |
| 64820 | SYMPATHECTOMY DIGITAL ARTE | 090 | A | | 2 | 1 | 1 | | | 268 | 277 | 9 | 10.74 | 11.29 | 0.55 | -4 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 64821 | REMOVE SYMPATHETIC NERVES | 090 | A | | | 3 | 1 | | | 269 | 282 | 13 | 9.33 | 10.32 | 0.99 | 0 |
| 64822 | REMOVE SYMPATHETIC NERVES | 090 | A | | | 3 | 1 | | | 269 | 282 | 13 | 9.33 | 10.32 | 0.99 | 0 |
| 64823 | SYMPATHECTOMY SUPFC PALMAR | 090 | A | | | 3 | 1 | | | 299 | 312 | 13 | 10.94 | 11.93 | 0.99 | 0 |
| 64831 | REPAIR OF DIGIT NERVE | 090 | A | | | 2 | 2 | | | 237 | 255 | 18 | 9.16 | 10.26 | 1.10 | 0 |
| 64834 | REPAIR OF HAND OR FOOT NER | 090 | A | | | | 2 | | | 226 | 240 | 14 | 10.81 | 11.47 | 0.66 | 0 |
| 64835 | REPAIR OF HAND OR FOOT NER | 090 | A | | | | 2.5 | | | 259.5 | 277 | 17.5 | 11.73 | 12.55 | 0.82 | 0 |
| 64836 | REPAIR OF HAND OR FOOT NER | 090 | A | | | | 2.5 | | | 260.5 | 278 | 17.5 | 11.73 | 12.55 | 0.82 | 0 |
| 64840 | REPAIR OF LEG NERVE | 090 | A | | | | 3 | | | 356 | 377 | 21 | 14.02 | 15.01 | 0.99 | 0 |
| 64856 | REPAIR/TRANSPOSE NERVE | 090 | A | | | | 2.5 | | | 415.5 | 433 | 17.5 | 15.07 | 15.89 | 0.83 | 0 |
| 64857 | REPAIR ARM/LEG NERVE | 090 | A | | | | 2.5 | | | 428.5 | 446 | 17.5 | 15.82 | 16.64 | 0.83 | 0 |
| 64858 | REPAIR SCIATIC NERVE | 090 | A | | | | 2.5 | | | 442.5 | 460 | 17.5 | 17.82 | 18.64 | 0.82 | 0 |
| 64861 | REPAIR OF ARM NERVES | 090 | A | | | | 3 | | | 549 | 570 | 21 | 20.89 | 21.88 | 0.99 | 0 |
| 64862 | REPAIR OF LOW BACK NERVES | 090 | A | | | | 3 | | | 531 | 552 | 21 | 21.09 | 22.08 | 0.99 | 0 |
| 64864 | REPAIR OF FACIAL NERVE | 090 | A | | | | 2 | | | 321 | 335 | 14 | 13.41 | 14.07 | 0.66 | 0 |
| 64865 | REPAIR OF FACIAL NERVE | 090 | A | | | | 2.5 | | | 365.5 | 383 | 17.5 | 16.09 | 16.92 | 0.82 | 0 |
| 64866 | FUSION OF FACIAL/OTHER NER | 090 | A | | | | 2.5 | | | 391.5 | 409 | 17.5 | 16.83 | 17.65 | 0.82 | 0 |
| 64868 | FUSION OF FACIAL/OTHER NER | 090 | A | | | | 2 | | | 351 | 365 | 14 | 14.90 | 15.56 | 0.66 | 0 |
| 64885 | NERVE GRAFT HEAD/NECK </4 | 090 | A | | | | 2 | | | 325 | 339 | 14 | 17.60 | 18.26 | 0.66 | 0 |
| 64886 | NERVE GRAFT HEAD/NECK >4 C | 090 | A | | | | 2 | | | 411 | 425 | 14 | 20.82 | 21.48 | 0.66 | 0 |
| 64890 | NERVE GRAFT HAND/FOOT </4 | 090 | A | | | | 2.5 | | | 403.5 | 421 | 17.5 | 16.24 | 17.06 | 0.82 | 0 |
| 64891 | NERVE GRAFT HAND/FOOT >4 C | 090 | A | | | | 2.5 | | | 424.5 | 442 | 17.5 | 17.35 | 18.18 | 0.82 | 0 |
| 64892 | NERVE GRAFT ARM/LEG <4 CM | 090 | A | | | | 2.5 | | | 396.5 | 414 | 17.5 | 15.74 | 16.56 | 0.82 | 0 |
| 64893 | NERVE GRAFT ARM/LEG >4 CM | 090 | A | | | | 2.5 | | | 439.5 | 457 | 17.5 | 16.87 | 17.70 | 0.82 | 0 |
| 64895 | NERVE GRAFT HAND/FOOT </4 | 090 | A | | | | 2.5 | | | 458.5 | 476 | 17.5 | 20.39 | 21.21 | 0.82 | 0 |
| 64896 | NERVE GRAFT HAND/FOOT >4 C | 090 | A | | | | 3 | | | 523 | 544 | 21 | 21.96 | 22.95 | 0.99 | 0 |
| 64897 | NERVE GRAFT ARM/LEG </4 CM | 090 | A | | | | 2.5 | | | 480.5 | 498 | 17.5 | 19.38 | 20.20 | 0.82 | 0 |
| 64898 | NERVE GRAFT ARM/LEG >4 CM | 090 | A | | | | 3 | | | 531 | 552 | 21 | 20.97 | 21.96 | 0.99 | 0 |
| 64905 | NERVE PEDICLE TRANSFER | 090 | A | | | | 2.5 | | | 383.5 | 401 | 17.5 | 15.11 | 15.93 | 0.82 | 0 |
| 64907 | NERVE PEDICLE TRANSFER | 090 | A | | | | 2.5 | | | 404.5 | 422 | 17.5 | 20.03 | 20.86 | 0.82 | 0 |
| 64910 | NERVE REPAIR W/ALLOGRAFT | 090 | A | | | 1 | 3 | | | 257 | 280 | 23 | 10.52 | 11.73 | 1.21 | 0 |
| 64911 | NEURORRAPHY W/VEIN AUTOGRA | 090 | A | | | 1 | 3 | | | 292 | 315 | 23 | 14.00 | 15.21 | 1.21 | 0 |
| 64912 | NRV RPR W/NRV ALGRFT 1ST | 090 | A | | | 1 | 3 | | | 272 | 295 | 23 | 12.00 | 13.21 | 1.21 | 0 |
| 65091 | REVISE EYE | 090 | A | | | | 2.5 | | | 164.5 | 182 | 17.5 | 7.26 | 8.09 | 0.83 | 0 |
| 65093 | REVISE EYE WITH IMPLANT | 090 | A | | | 3.5 | | | | 214 | 221 | 7 | 7.04 | 7.81 | 0.77 | 0 |
| 65101 | REMOVAL OF EYE | 090 | A | | | | 4 | | | 232 | 260 | 28 | 8.30 | 9.62 | 1.32 | 0 |
| 65103 | REMOVE EYE/INSERT IMPLANT | 090 | A | | | | 4 | | | 237 | 265 | 28 | 8.84 | 10.16 | 1.32 | 0 |
| 65105 | REMOVE EYE/ATTACH IMPLANT | 090 | A | | | | 4.5 | | | 269.5 | 301 | 31.5 | 9.93 | 11.42 | 1.49 | 0 |
| 65110 | REMOVAL OF EYE | 090 | A | | | | 5.5 | | | 370.5 | 409 | 38.5 | 15.70 | 17.51 | 1.82 | 0 |
| 65112 | REMOVE EYE/REVISE SOCKET | 090 | A | | | | 6.5 | | | 434.5 | 480 | 45.5 | 18.51 | 20.66 | 2.15 | 0 |
| 65114 | REMOVE EYE/REVISE SOCKET | 090 | A | | | | 6.5 | | | 446.5 | 492 | 45.5 | 19.65 | 21.79 | 2.15 | 0 |
| 65125 | REVISE OCULAR IMPLANT | 090 | A | | | 3 | | | | 148 | 154 | 6 | 3.27 | 3.93 | 0.66 | 0 |
| 65130 | INSERT OCULAR IMPLANT | 090 | A | | | | 4 | | | 200 | 228 | 28 | 8.42 | 9.74 | 1.32 | 0 |
| 65135 | INSERT OCULAR IMPLANT | 090 | A | | | | 4 | | | 207 | 235 | 28 | 8.60 | 9.92 | 1.32 | 0 |
| 65140 | ATTACH OCULAR IMPLANT | 090 | A | | | | 4.5 | | | 255.5 | 287 | 31.5 | 9.46 | 10.95 | 1.49 | 0 |
| 65150 | REVISE OCULAR IMPLANT | 090 | A | | | 3.5 | | | | 187 | 194 | 7 | 6.43 | 7.20 | 0.77 | 0 |
| 65155 | REINSERT OCULAR IMPLANT | 090 | A | | | | 4.5 | | | 259.5 | 291 | 31.5 | 10.10 | 11.59 | 1.49 | 0 |
| 65175 | REMOVAL OF OCULAR IMPLANT | 090 | A | | | | 3.5 | | | 174.5 | 199 | 24.5 | 7.40 | 8.56 | 1.16 | 0 |
| 65235 | REMOVE FOREIGN BODY FROM E | 090 | A | | | | 4.5 | | | 185.5 | 217 | 31.5 | 9.01 | 10.50 | 1.49 | 0 |
| 65260 | REMOVE FOREIGN BODY FROM E | 090 | A | | | | 5 | | | 270 | 305 | 35 | 12.54 | 14.19 | 1.65 | 0 |
| 65265 | REMOVE FOREIGN BODY FROM E | 090 | A | | | | 5.5 | | | 291.5 | 330 | 38.5 | 14.34 | 16.16 | 1.82 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 65270 | REPAIR OF EYE WOUND | 010 | A | | | 1 | | | | 67 | 69 | 2 | 1.95 | 2.17 | 0.22 | 0 |
| 65272 | REPAIR OF EYE WOUND | 090 | A | | | | 2.5 | | | 115.5 | 133 | 17.5 | 4.62 | 5.44 | 0.83 | 0 |
| 65273 | REPAIR OF EYE WOUND | 090 | A | | | | 2.5 | | | 164.5 | 182 | 17.5 | 5.16 | 5.98 | 0.83 | 0 |
| 65275 | REPAIR OF EYE WOUND | 090 | A | | | | 3 | | | 146 | 167 | 21 | 6.29 | 7.28 | 0.99 | 0 |
| 65280 | REPAIR OF EYE WOUND | 090 | A | | | | 4.5 | | | 249.5 | 281 | 31.5 | 9.10 | 10.59 | 1.49 | 0 |
| 65285 | REPAIR OF EYE WOUND | 090 | A | | 1 | 6 | | | | 353 | 397 | 44 | 15.36 | 17.56 | 2.20 | 0 |
| 65286 | REPAIR OF EYE WOUND | 090 | A | | | | 3.5 | | | 172.5 | 197 | 24.5 | 6.63 | 7.79 | 1.16 | 0 |
| 65290 | REPAIR OF EYE SOCKET WOUND | 090 | A | | | | 3.5 | | | 178.5 | 203 | 24.5 | 6.53 | 7.69 | 1.16 | 0 |
| 65400 | REMOVAL OF EYE LESION | 090 | A | | | | 4.5 | | | 189.5 | 221 | 31.5 | 7.50 | 8.99 | 1.49 | 0 |
| 65420 | REMOVAL OF EYE LESION | 090 | A | | 4 | | | | | 149 | 157 | 8 | 4.36 | 5.24 | 0.88 | 0 |
| 65426 | REMOVAL OF EYE LESION | 090 | A | | 4 | | | | | 162.5 | 170.5 | 8 | 6.05 | 6.93 | 0.88 | 0 |
| 65436 | CURETTE/TREAT CORNEA | 090 | A | | | | 2 | | | 101 | 115 | 14 | 4.82 | 5.48 | 0.66 | 0 |
| 65450 | TREATMENT OF CORNEAL LESIO | 090 | A | | 4 | | | | | 117 | 125 | 8 | 3.47 | 4.35 | 0.88 | 0 |
| 65600 | REVISION OF CORNEA | 090 | A | | | | 2.5 | | | 115.5 | 133 | 17.5 | 4.20 | 5.02 | 0.83 | 0 |
| 65710 | CORNEAL TRANSPLANT | 090 | A | | | | 4 | 2 | | 317 | 363 | 46 | 14.45 | 16.61 | 2.16 | -4 |
| 65730 | CORNEAL TRANSPLANT | 090 | A | | | | 4 | 2 | | 322 | 368 | 46 | 16.35 | 18.51 | 2.16 | -4 |
| 65750 | CORNEAL TRANSPLANT | 090 | A | | | | 6 | | | 288 | 330 | 42 | 16.90 | 18.88 | 1.98 | 0 |
| 65755 | CORNEAL TRANSPLANT | 090 | A | | | | 6 | | | 288 | 330 | 42 | 16.79 | 18.77 | 1.98 | 0 |
| 65756 | CORNEAL TRNSPL ENDOTHELIAL | 090 | A | | 3 | 3 | | | | 255 | 282 | 27 | 16.84 | 18.49 | 1.65 | 0 |
| 65770 | REVISE CORNEA WITH IMPLANT | 090 | A | | | | 6.5 | | | 456.5 | 502 | 45.5 | 19.74 | 21.88 | 2.15 | 0 |
| 65772 | CORRECTION OF ASTIGMATISM | 090 | A | | | | 2.5 | | | 128.5 | 146 | 17.5 | 5.09 | 5.92 | 0.83 | 0 |
| 65775 | CORRECTION OF ASTIGMATISM | 090 | A | | | | 3.5 | | | 168.5 | 193 | 24.5 | 6.91 | 8.06 | 1.16 | 0 |
| 65780 | OCULAR RECONST TRANSPLANT | 090 | A | | 5 | 2 | | | | 230 | 254 | 24 | 7.81 | 9.57 | 1.76 | 0 |
| 65781 | OCULAR RECONST TRANSPLANT | 090 | A | | 10 | | | | | 354 | 374 | 20 | 18.14 | 20.34 | 2.20 | 0 |
| 65782 | OCULAR RECONST TRANSPLANT | 090 | A | | 9 | | | | | 331 | 349 | 18 | 15.43 | 17.41 | 1.98 | 0 |
| 65785 | IMPLTJ NTRSTRML CRNL RNG S | 090 | A | | 3 | 1 | | | | 134 | 147 | 13 | 5.39 | 6.38 | 0.99 | 0 |
| 65810 | DRAINAGE OF EYE | 090 | A | | | 3 | | | | 142 | 163 | 21 | 5.82 | 6.81 | 0.99 | 0 |
| 65815 | DRAINAGE OF EYE | 090 | A | | | 3 | | | | 152 | 173 | 21 | 6.00 | 6.99 | 0.99 | 0 |
| 65820 | RELIEVE INNER EYE PRESSURE | 090 | A | | 3 | 2 | | | | 244 | 264 | 20 | 8.91 | 10.23 | 1.32 | 0 |
| 65850 | INCISION OF EYE | 090 | A | | 5 | | | | | 233 | 243 | 10 | 11.39 | 12.49 | 1.10 | 0 |
| 65855 | TRABECULOPLASTY LASER SURG | 010 | A | | 1 | | | | | 61 | 63 | 2 | 3.00 | 3.22 | 0.22 | 0 |
| 65860 | INCISE INNER EYE ADHESIONS | 090 | A | | 1 | | | | | 120 | 122 | 2 | 3.59 | 3.81 | 0.22 | 0 |
| 65865 | INCISE INNER EYE ADHESIONS | 090 | A | | 3.5 | | | | | 135 | 142 | 7 | 5.77 | 6.54 | 0.77 | 0 |
| 65870 | INCISE INNER EYE ADHESIONS | 090 | A | | | 3.5 | | | | 165.5 | 190 | 24.5 | 7.39 | 8.54 | 1.16 | 0 |
| 65875 | INCISE INNER EYE ADHESIONS | 090 | A | | | 4 | | | | 178 | 206 | 28 | 7.81 | 9.13 | 1.32 | 0 |
| 65880 | INCISE INNER EYE ADHESIONS | 090 | A | | | 4 | | | | 185 | 213 | 28 | 8.36 | 9.68 | 1.32 | 0 |
| 65900 | REMOVE EYE LESION | 090 | A | | | 5 | | | | 246 | 281 | 35 | 12.51 | 14.16 | 1.65 | 0 |
| 65920 | REMOVE IMPLANT OF EYE | 090 | A | | | 5 | | | | 214 | 249 | 35 | 9.99 | 11.64 | 1.65 | 0 |
| 65930 | REMOVE BLOOD CLOT FROM EYE | 090 | A | | | 3 | | | | 176 | 197 | 21 | 8.39 | 9.38 | 0.99 | 0 |
| 66020 | INJECTION TREATMENT OF EYE | 010 | A | | 1 | | | | | 52 | 54 | 2 | 1.64 | 1.86 | 0.22 | 0 |
| 66030 | INJECTION TREATMENT OF EYE | 010 | A | | 1 | | | | | 51 | 53 | 2 | 1.30 | 1.52 | 0.22 | 0 |
| 66130 | REMOVE EYE LESION | 090 | A | | 3 | | | | | 131 | 137 | 6 | 7.83 | 8.49 | 0.66 | 0 |
| 66150 | GLAUCOMA SURGERY | 090 | A | | | 7 | | | | 269 | 318 | 49 | 10.53 | 12.84 | 2.31 | 0 |
| 66155 | GLAUCOMA SURGERY | 090 | A | | | 7 | | | | 284 | 333 | 49 | 10.52 | 12.83 | 2.31 | 0 |
| 66160 | GLAUCOMA SURGERY | 090 | A | | | 7 | | | | 266 | 315 | 49 | 12.39 | 14.70 | 2.31 | 0 |
| 66170 | GLAUCOMA SURGERY | 090 | A | | 4 | 5 | | | | 278 | 321 | 43 | 13.94 | 16.47 | 2.53 | 0 |
| 66172 | INCISION OF EYE | 090 | A | | 6 | 5 | | | | 325 | 372 | 47 | 14.84 | 17.81 | 2.97 | 0 |
| 66174 | TRANSLUM DIL EYE CANAL | 090 | A | | 4 | 2 | | | | 215 | 237 | 22 | 12.85 | 14.39 | 1.54 | 0 |
| 66175 | TRNSLUM DIL EYE CANAL W/ST | 090 | A | | 4 | 2 | | | | 222.5 | 244.5 | 22 | 13.60 | 15.14 | 1.54 | 0 |
| 66179 | AQUEOUS SHUNT EYE W/O GRAF | 090 | A | | 3 | 5 | | | | 272 | 313 | 41 | 14.00 | 16.31 | 2.31 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 66180 | AQUEOUS SHUNT EYE W/GRAFT | 090 | A | | | 3 | 5 | | | 277 | 318 | 41 | 15.00 | 17.31 | 2.31 | 0 |
| 66183 | INSERT ANT DRAINAGE DEVICE | 090 | A | | | 3 | 5 | | | 257 | 298 | 41 | 13.20 | 15.51 | 2.31 | 0 |
| 66184 | REVISION OF AQUEOUS SHUNT | 090 | A | | | 3 | 4 | | | 254 | 288 | 34 | 9.58 | 11.56 | 1.98 | 0 |
| 66185 | REVISE AQUEOUS SHUNT EYE | 090 | A | | | 3 | 4 | | | 259 | 293 | 34 | 10.58 | 12.56 | 1.98 | 0 |
| 66225 | REPAIR/GRAFT EYE LESION | 090 | A | | | | 5 | | | 294 | 329 | 35 | 12.63 | 14.28 | 1.65 | 0 |
| 66250 | FOLLOW-UP SURGERY OF EYE | 090 | A | | | | 3.5 | | | 175.5 | 200 | 24.5 | 7.10 | 8.25 | 1.16 | 0 |
| 66500 | INCISION OF IRIS | 090 | A | | | 2.5 | | | | 103 | 108 | 5 | 3.83 | 4.38 | 0.55 | 0 |
| 66505 | INCISION OF IRIS | 090 | A | | | 3 | | | | 108 | 114 | 6 | 4.22 | 4.88 | 0.66 | 0 |
| 66600 | REMOVE IRIS AND LESION | 090 | A | | | | 4.5 | | | 211.5 | 243 | 31.5 | 10.12 | 11.60 | 1.49 | 0 |
| 66605 | REMOVAL OF IRIS | 090 | A | | | | 4.5 | | | 221.5 | 253 | 31.5 | 14.22 | 15.71 | 1.49 | 0 |
| 66625 | REMOVAL OF IRIS | 090 | A | | | 3.5 | | | | 132 | 139 | 7 | 5.30 | 6.07 | 0.77 | 0 |
| 66630 | REMOVAL OF IRIS | 090 | A | | | | 3.5 | | | 171.5 | 196 | 24.5 | 7.28 | 8.44 | 1.16 | 0 |
| 66635 | REMOVAL OF IRIS | 090 | A | | | | 3.5 | | | 167.5 | 192 | 24.5 | 7.37 | 8.52 | 1.16 | 0 |
| 66680 | REPAIR IRIS & CILIARY BODY | 090 | A | | | | 3 | | | 159 | 180 | 21 | 6.39 | 7.38 | 0.99 | 0 |
| 66682 | REPAIR IRIS & CILIARY BODY | 090 | A | | | | 3.5 | | | 169.5 | 194 | 24.5 | 7.33 | 8.48 | 1.16 | 0 |
| 66700 | DESTRUCTION CILIARY BODY | 090 | A | | | 1 | 1 | | | 146 | 155 | 9 | 5.14 | 5.69 | 0.55 | 0 |
| 66710 | CILIARY TRANSSLERAL THERAP | 090 | A | | | 1 | 1 | | | 140 | 149 | 9 | 5.14 | 5.69 | 0.55 | 0 |
| 66711 | CILIARY ENDOSCOPIC ABLATIO | 090 | A | | | 1 | 4 | | | 192 | 222 | 30 | 7.93 | 9.47 | 1.54 | 0 |
| 66720 | DESTRUCTION CILIARY BODY | 090 | A | | | 4.5 | | | | 146 | 155 | 9 | 4.75 | 5.74 | 0.99 | 0 |
| 66740 | DESTRUCTION CILIARY BODY | 090 | A | | | 1 | 1 | | | 140 | 149 | 9 | 5.14 | 5.69 | 0.55 | 0 |
| 66761 | REVISION OF IRIS | 010 | A | | | 1 | 1 | | | 66 | 75 | 9 | 3.00 | 3.55 | 0.55 | 0 |
| 66762 | REVISION OF IRIS | 090 | A | | | | 2.5 | | | 123.5 | 141 | 17.5 | 5.38 | 6.21 | 0.83 | 0 |
| 66770 | REMOVAL OF INNER EYE LESIO | 090 | A | | | | 3 | | | 132 | 153 | 21 | 6.13 | 7.12 | 0.99 | 0 |
| 66820 | INCISION SECONDARY CATARAC | 090 | A | | | 2.5 | | | | 113 | 118 | 5 | 4.01 | 4.56 | 0.55 | 0 |
| 66821 | AFTER CATARACT LASER SURGE | 090 | A | | | | 2 | | | 82 | 96 | 14 | 3.42 | 4.08 | 0.66 | 0 |
| 66825 | REPOSITION INTRAOCULAR LEN | 090 | A | | | 3 | 2 | | | 219 | 239 | 20 | 9.01 | 10.33 | 1.32 | 0 |
| 66830 | REMOVAL OF LENS LESION | 090 | A | | | | 4 | | | 189 | 217 | 28 | 9.47 | 10.79 | 1.32 | 0 |
| 66840 | REMOVAL OF LENS MATERIAL | 090 | A | | | | 4 | | | 183 | 211 | 28 | 9.18 | 10.50 | 1.32 | 0 |
| 66850 | REMOVAL OF LENS MATERIAL | 090 | A | | | | 4.5 | | | 207.5 | 239 | 31.5 | 10.55 | 12.04 | 1.49 | 0 |
| 66852 | REMOVAL OF LENS MATERIAL | 090 | A | | | | 4.5 | | | 206.5 | 238 | 31.5 | 11.41 | 12.89 | 1.49 | 0 |
| 66920 | EXTRACTION OF LENS | 090 | A | | | | 4 | | | 188 | 216 | 28 | 10.13 | 11.45 | 1.32 | 0 |
| 66930 | EXTRACTION OF LENS | 090 | A | | | | 4.5 | | | 210.5 | 242 | 31.5 | 11.61 | 13.09 | 1.49 | 0 |
| 66940 | EXTRACTION OF LENS | 090 | A | | | | 4.5 | | | 198.5 | 230 | 31.5 | 10.37 | 11.85 | 1.49 | 0 |
| 66982 | CATARACT SURGERY COMPLEX | 090 | A | | | 2 | 2 | | | 165 | 183 | 18 | 11.08 | 12.18 | 1.10 | 0 |
| 66983 | CATARACT SURG W/IOL 1 STAG | 090 | A | | | | 4.5 | | | 207.5 | 239 | 31.5 | 10.43 | 11.92 | 1.49 | 0 |
| 66984 | CATARACT SURG W/IOL 1 STAG | 090 | A | | | 2 | 2 | | | 147 | 165 | 18 | 8.52 | 9.62 | 1.10 | 0 |
| 66985 | INSERT LENS PROSTHESIS | 090 | A | | | | 5 | | | 227 | 262 | 35 | 9.98 | 11.63 | 1.65 | 0 |
| 67005 | PARTIAL REMOVAL OF EYE FLU | 090 | A | | | 4 | | | | 147 | 155 | 8 | 5.89 | 6.77 | 0.88 | 0 |
| 67010 | PARTIAL REMOVAL OF EYE FLU | 090 | A | | | 4 | | | | 156 | 164 | 8 | 7.06 | 7.94 | 0.88 | 0 |
| 67015 | RELEASE OF EYE FLUID | 090 | A | | | 4.5 | | | | 171 | 180 | 9 | 7.14 | 8.13 | 0.99 | 0 |
| 67025 | REPLACE EYE FLUID | 090 | A | | | | 4 | | | 190 | 218 | 28 | 8.11 | 9.43 | 1.32 | 0 |
| 67027 | IMPLANT EYE DRUG SYSTEM | 090 | A | | | 3 | 2 | | | 244 | 264 | 20 | 11.62 | 12.94 | 1.32 | 0 |
| 67030 | INCISE INNER EYE STRANDS | 090 | A | | | | 4 | | | 167 | 195 | 28 | 6.11 | 7.43 | 1.32 | 0 |
| 67031 | LASER SURGERY EYE STRANDS | 090 | A | | | | 2.5 | | | 109.5 | 127 | 17.5 | 4.47 | 5.29 | 0.83 | 0 |
| 67036 | REMOVAL OF INNER EYE FLUID | 090 | A | | | | 5 | | | 250 | 285 | 35 | 12.13 | 13.78 | 1.65 | 0 |
| 67039 | LASER TREATMENT OF RETINA | 090 | A | | | | 5 | | | 260 | 295 | 35 | 13.20 | 14.85 | 1.65 | 0 |
| 67040 | LASER TREATMENT OF RETINA | 090 | A | | | | 5 | | | 273 | 308 | 35 | 14.50 | 16.15 | 1.65 | 0 |
| 67041 | VIT FOR MACULAR PUCKER | 090 | A | | | | 5 | | | 260 | 295 | 35 | 16.33 | 17.98 | 1.65 | 0 |
| 67042 | VIT FOR MACULAR HOLE | 090 | A | | | | 5 | | | 260 | 295 | 35 | 16.33 | 17.98 | 1.65 | 0 |
| 67043 | VIT FOR MEMBRANE DISSECT | 090 | A | | | | 5 | | | 275 | 310 | 35 | 17.40 | 19.05 | 1.65 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 67101 | REPAIR DETACHED RETINA CRT | 010 | A | | | | 2 | | | 145 | 159 | 14 | 3.50 | 4.16 | 0.66 | 0 |
| 67105 | REPAIR DETACHED RETINA PC | 010 | A | | | | 2 | | | 97 | 111 | 14 | 3.39 | 4.05 | 0.66 | 0 |
| 67107 | REPAIR DETACHED RETINA | 090 | A | | | | 5 | | | 290 | 325 | 35 | 16.00 | 17.65 | 1.65 | 0 |
| 67108 | REPAIR DETACHED RETINA | 090 | A | | | | 5 | | | 295 | 330 | 35 | 17.13 | 18.78 | 1.65 | 0 |
| 67110 | REPAIR DETACHED RETINA | 090 | A | | | | 6 | | | 196 | 238 | 42 | 10.25 | 12.23 | 1.98 | 0 |
| 67113 | REPAIR RETINAL DETACH CPLX | 090 | A | | | | 6 | | | 348 | 390 | 42 | 19.00 | 20.98 | 1.98 | 0 |
| 67115 | RELEASE ENCIRCLING MATERIA | 090 | A | | | | 3.5 | | | 158.5 | 183 | 24.5 | 6.11 | 7.27 | 1.16 | 0 |
| 67120 | REMOVE EYE IMPLANT MATERIA | 090 | A | | | | 3.5 | | | 162.5 | 187 | 24.5 | 7.10 | 8.25 | 1.16 | 0 |
| 67121 | REMOVE EYE IMPLANT MATERIA | 090 | A | | | | 5 | | | 280 | 315 | 35 | 12.25 | 13.90 | 1.65 | 0 |
| 67141 | TREATMENT OF RETINA | 090 | A | | | | 3 | | | 139 | 160 | 21 | 6.15 | 7.14 | 0.99 | 0 |
| 67145 | TREATMENT OF RETINA | 090 | A | | | | 3 | | | 129 | 150 | 21 | 6.32 | 7.31 | 0.99 | 0 |
| 67208 | TREATMENT OF RETINAL LESIO | 090 | A | | | | 3 | | | 137 | 158 | 21 | 7.65 | 8.64 | 0.99 | 0 |
| 67210 | TREATMENT OF RETINAL LESIO | 090 | A | | | | 3 | | | 106 | 127 | 21 | 6.36 | 7.35 | 0.99 | 0 |
| 67218 | TREATMENT OF RETINAL LESIO | 090 | A | | | 3 | 1 | | | 464 | 477 | 13 | 20.36 | 21.35 | 0.99 | 0 |
| 67220 | TREATMENT OF CHOROID LESIO | 090 | A | | | | 3 | | | 117.5 | 138.5 | 21 | 6.36 | 7.35 | 0.99 | 0 |
| 67227 | DSTRJ EXTENSIVE RETINOPATH | 010 | A | | | | 1 | | | 93 | 100 | 7 | 3.50 | 3.83 | 0.33 | 0 |
| 67228 | TREATMENT X10SV RETINOPATH | 010 | A | | | | 1 | | | 81 | 88 | 7 | 4.39 | 4.72 | 0.33 | 0 |
| 67229 | TR RETINAL LES PRETERM INF | 090 | A | | | | 6 | | | 353.5 | 395.5 | 42 | 16.30 | 18.28 | 1.98 | 0 |
| 67250 | REINFORCE EYE WALL | 090 | A | | | | 3 | | | 210 | 231 | 21 | 9.61 | 10.60 | 0.99 | 0 |
| 67255 | REINFORCE/GRAFT EYE WALL | 090 | A | | | 3 | 3 | | | 216 | 243 | 27 | 8.38 | 10.03 | 1.65 | 0 |
| 67311 | REVISE EYE MUSCLE | 090 | A | | | | 3.5 | | | 173.5 | 198 | 24.5 | 7.77 | 8.92 | 1.16 | 0 |
| 67312 | REVISE TWO EYE MUSCLES | 090 | A | | | | 3.5 | | | 190.5 | 215 | 24.5 | 9.66 | 10.81 | 1.16 | 0 |
| 67314 | REVISE EYE MUSCLE | 090 | A | | | | 4 | | | 182 | 210 | 28 | 8.79 | 10.11 | 1.32 | 0 |
| 67316 | REVISE TWO EYE MUSCLES | 090 | A | | | | 4 | | | 208 | 236 | 28 | 10.93 | 12.25 | 1.32 | 0 |
| 67318 | REVISE EYE MUSCLE(S) | 090 | A | | | | 4 | | | 187 | 215 | 28 | 9.12 | 10.44 | 1.32 | 0 |
| 67320* | REVISE EYE MUSCLE(S) ADD-O | ZZZ | A | | | | 4 | | | 201 | 201 | N/A | 5.40 | 5.40 | N/A | N/A |
| 67331* | EYE SURGERY FOLLOW-UP ADD- | ZZZ | A | | | | 4 | | | 202 | 202 | N/A | 5.13 | 5.13 | N/A | N/A |
| 67332* | REREVISE EYE MUSCLES ADD-O | ZZZ | A | | | | 4 | | | 218 | 218 | N/A | 5.56 | 5.56 | N/A | N/A |
| 67334* | REVISE EYE MUSCLE W/SUTURE | ZZZ | A | | | | 4 | | | 192 | 192 | N/A | 5.05 | 5.05 | N/A | N/A |
| 67340* | REVISE EYE MUSCLE ADD-ON | ZZZ | A | | | | 4 | | | 231 | 231 | N/A | 6.00 | 6.00 | N/A | N/A |
| 67343 | RELEASE EYE TISSUE | 090 | A | | | | 3.5 | | | 167.5 | 192 | 24.5 | 8.47 | 9.63 | 1.16 | 0 |
| 67345 | DESTROY NERVE OF EYE MUSCL | 010 | A | | | 1 | | | | 58 | 60 | 2 | 3.01 | 3.23 | 0.22 | 0 |
| 67400 | EXPLORE/BIOPSY EYE SOCKET | 090 | A | | | | 4.5 | | | 255.5 | 287 | 31.5 | 11.20 | 12.68 | 1.49 | 0 |
| 67405 | EXPLORE/DRAIN EYE SOCKET | 090 | A | | | | 4 | | | 209 | 237 | 28 | 9.20 | 10.52 | 1.32 | 0 |
| 67412 | EXPLORE/TREAT EYE SOCKET | 090 | A | | | | 2.5 | | | 234.5 | 252 | 17.5 | 10.30 | 11.13 | 0.83 | 0 |
| 67413 | EXPLORE/TREAT EYE SOCKET | 090 | A | | | 5 | | | | 220 | 230 | 10 | 10.24 | 11.34 | 1.10 | 0 |
| 67414 | EXPLR/DECOMPRESS EYE SOCKE | 090 | A | | | 1 | 1 | 1 | | 347 | 365 | 18 | 17.94 | 18.91 | 0.97 | -2 |
| 67420 | EXPLORE/TREAT EYE SOCKET | 090 | A | | | | 5 | | | 468 | 503 | 35 | 21.87 | 23.52 | 1.65 | 0 |
| 67430 | EXPLORE/TREAT EYE SOCKET | 090 | A | | | | 6 | | | 353 | 395 | 42 | 15.29 | 17.27 | 1.98 | 0 |
| 67440 | EXPLORE/DRAIN EYE SOCKET | 090 | A | | | | 5.5 | | | 336.5 | 375 | 38.5 | 14.84 | 16.66 | 1.82 | 0 |
| 67445 | EXPLR/DECOMPRESS EYE SOCKE | 090 | A | | | 1 | 1 | 1 | | 352 | 370 | 18 | 19.12 | 20.09 | 0.97 | -2 |
| 67450 | EXPLORE/BIOPSY EYE SOCKET | 090 | A | | | | 6 | | | 366 | 408 | 42 | 15.41 | 17.39 | 1.98 | 0 |
| 67550 | INSERT EYE SOCKET IMPLANT | 090 | A | | | | 5 | | | 282 | 317 | 35 | 11.77 | 13.42 | 1.65 | 0 |
| 67560 | REVISE EYE SOCKET IMPLANT | 090 | A | | | | 5 | | | 276 | 311 | 35 | 12.18 | 13.83 | 1.65 | 0 |
| 67570 | DECOMPRESS OPTIC NERVE | 090 | A | | | 2 | 1 | 1 | | 294 | 314 | 20 | 14.40 | 15.59 | 1.19 | -2 |
| 67700 | DRAINAGE OF EYELID ABSCESS | 010 | A | | | 1 | | | | 59 | 61 | 2 | 1.40 | 1.62 | 0.22 | 0 |
| 67710 | INCISION OF EYELID | 010 | A | | | 1 | | | | 39 | 41 | 2 | 1.07 | 1.29 | 0.22 | 0 |
| 67715 | INCISION OF EYELID FOLD | 010 | A | | | 1 | | | | 41 | 43 | 2 | 1.27 | 1.49 | 0.22 | 0 |
| 67800 | REMOVE EYELID LESION | 010 | A | | | 0.5 | | | | 46 | 47 | 1 | 1.41 | 1.52 | 0.11 | 0 |
| 67801 | REMOVE EYELID LESIONS | 010 | A | | | 0.5 | | | | 48 | 49 | 1 | 1.91 | 2.02 | 0.11 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 67805 | REMOVE EYELID LESIONS | 010 | A | | | 1 | | | | 78 | 80 | 2 | 2.27 | 2.49 | 0.22 | 0 |
| 67808 | REMOVE EYELID LESION(S) | 090 | A | | | | 2.5 | | | 126.5 | 144 | 17.5 | 4.60 | 5.42 | 0.83 | 0 |
| 67825 | REVISE EYELASHES | 010 | A | | | 1 | | | | 47 | 49 | 2 | 1.43 | 1.65 | 0.22 | 0 |
| 67830 | REVISE EYELASHES | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.75 | 1.97 | 0.22 | 0 |
| 67835 | REVISE EYELASHES | 090 | A | | | 3 | | | | 154 | 160 | 6 | 5.70 | 6.36 | 0.66 | 0 |
| 67840 | REMOVE EYELID LESION | 010 | A | | | 1 | | | | 56 | 58 | 2 | 2.09 | 2.31 | 0.22 | 0 |
| 67850 | TREAT EYELID LESION | 010 | A | | | 1 | | | | 48 | 50 | 2 | 1.74 | 1.96 | 0.22 | 0 |
| 67880 | REVISION OF EYELID | 090 | A | | | | 2.5 | | | 114.5 | 132 | 17.5 | 4.60 | 5.42 | 0.83 | 0 |
| 67882 | REVISION OF EYELID | 090 | A | | | | 3 | | | 156 | 177 | 21 | 6.02 | 7.01 | 0.99 | 0 |
| 67900 | REPAIR BROW DEFECT | 090 | A | | | 1 | 2 | | | 177 | 193 | 16 | 6.82 | 7.70 | 0.88 | 0 |
| 67901 | REPAIR EYELID DEFECT | 090 | A | | | 4 | | | | 188 | 196 | 8 | 7.59 | 8.47 | 0.88 | 0 |
| 67902 | REPAIR EYELID DEFECT | 090 | A | | | 3 | 1 | | | 221 | 234 | 13 | 9.82 | 10.81 | 0.99 | 0 |
| 67903 | REPAIR EYELID DEFECT | 090 | A | | | 3 | | | | 145 | 151 | 6 | 6.51 | 7.17 | 0.66 | 0 |
| 67904 | REPAIR EYELID DEFECT | 090 | A | | | 3 | 1 | | | 185 | 198 | 13 | 7.97 | 8.96 | 0.99 | 0 |
| 67906 | REPAIR EYELID DEFECT | 090 | A | | | 3 | | | | 134 | 140 | 6 | 6.93 | 7.59 | 0.66 | 0 |
| 67908 | REPAIR EYELID DEFECT | 090 | A | | | 3.5 | | | | 136 | 143 | 7 | 5.30 | 6.07 | 0.77 | 0 |
| 67909 | REVISE EYELID DEFECT | 090 | A | | | 3.5 | | | | 136 | 143 | 7 | 5.57 | 6.34 | 0.77 | 0 |
| 67911 | REVISE EYELID DEFECT | 090 | A | | | 4 | | | | 183 | 191 | 8 | 7.50 | 8.38 | 0.88 | 0 |
| 67912 | CORRECTION EYELID W/IMPLAN | 090 | A | | | 1 | 2 | | | 166 | 182 | 16 | 6.36 | 7.24 | 0.88 | 0 |
| 67914 | REPAIR EYELID DEFECT | 090 | A | | | 2 | 1 | | | 129 | 140 | 11 | 3.75 | 4.52 | 0.77 | 0 |
| 67915 | REPAIR EYELID DEFECT | 090 | A | | | 2 | | | | 70 | 74 | 4 | 2.03 | 2.47 | 0.44 | 0 |
| 67916 | REPAIR EYELID DEFECT | 090 | A | | | 2 | 1 | | | 134 | 145 | 11 | 5.48 | 6.25 | 0.77 | 0 |
| 67917 | REPAIR EYELID DEFECT | 090 | A | | | 2 | 1 | | | 142 | 153 | 11 | 5.93 | 6.70 | 0.77 | 0 |
| 67921 | REPAIR EYELID DEFECT | 090 | A | | | 2 | 1 | | | 124 | 135 | 11 | 3.47 | 4.24 | 0.77 | 0 |
| 67922 | REPAIR EYELID DEFECT | 090 | A | | | 2 | | | | 75 | 79 | 4 | 2.03 | 2.47 | 0.44 | 0 |
| 67923 | REPAIR EYELID DEFECT | 090 | A | | | 2 | 1 | | | 134 | 145 | 11 | 5.48 | 6.25 | 0.77 | 0 |
| 67924 | REPAIR EYELID DEFECT | 090 | A | | | 2 | 1 | | | 149 | 160 | 11 | 5.93 | 6.70 | 0.77 | 0 |
| 67930 | REPAIR EYELID WOUND | 010 | A | | | 1 | | | | 77 | 79 | 2 | 3.65 | 3.87 | 0.22 | 0 |
| 67935 | REPAIR EYELID WOUND | 090 | A | | | 3 | | | | 150 | 156 | 6 | 6.36 | 7.02 | 0.66 | 0 |
| 67938 | REMOVE EYELID FOREIGN BODY | 010 | A | | | 1 | | | | 48 | 50 | 2 | 1.38 | 1.60 | 0.22 | 0 |
| 67950 | REVISION OF EYELID | 090 | A | | | 3.5 | | | | 144 | 151 | 7 | 5.99 | 6.76 | 0.77 | 0 |
| 67961 | REVISION OF EYELID | 090 | A | | | 3.5 | | | | 167 | 174 | 7 | 5.86 | 6.63 | 0.77 | 0 |
| 67966 | REVISION OF EYELID | 090 | A | | | 3 | 1 | | | 200 | 213 | 13 | 8.97 | 9.96 | 0.99 | 0 |
| 67971 | RECONSTRUCTION OF EYELID | 090 | A | | | 4.5 | | | | 235 | 244 | 9 | 10.01 | 11.00 | 0.99 | 0 |
| 67973 | RECONSTRUCTION OF EYELID | 090 | A | | | 5.5 | | | | 253 | 264 | 11 | 13.13 | 14.34 | 1.21 | 0 |
| 67974 | RECONSTRUCTION OF EYELID | 090 | A | | | 5.5 | | | | 255 | 266 | 11 | 13.10 | 14.31 | 1.21 | 0 |
| 67975 | RECONSTRUCTION OF EYELID | 090 | A | | | 4.5 | | | | 197 | 206 | 9 | 9.35 | 10.34 | 0.99 | 0 |
| 68020 | INCISE/DRAIN EYELID LINING | 010 | A | | | 1 | | | | 41 | 43 | 2 | 1.42 | 1.64 | 0.22 | 0 |
| 68110 | REMOVE EYELID LINING LESIO | 010 | A | | | 1 | | | | 58 | 60 | 2 | 1.82 | 2.04 | 0.22 | 0 |
| 68115 | REMOVE EYELID LINING LESIO | 010 | A | | | 1 | | | | 68 | 70 | 2 | 2.41 | 2.63 | 0.22 | 0 |
| 68130 | REMOVE EYELID LINING LESIO | 090 | A | | | 3.5 | | | | 132 | 139 | 7 | 5.10 | 5.87 | 0.77 | 0 |
| 68135 | REMOVE EYELID LINING LESIO | 010 | A | | | 1 | | | | 58 | 60 | 2 | 1.89 | 2.11 | 0.22 | 0 |
| 68320 | REVISE/GRAFT EYELID LINING | 090 | A | | | | 4 | | | 209 | 237 | 28 | 6.64 | 7.96 | 1.32 | 0 |
| 68325 | REVISE/GRAFT EYELID LINING | 090 | A | | | | 4 | | | 217 | 245 | 28 | 8.63 | 9.95 | 1.32 | 0 |
| 68326 | REVISE/GRAFT EYELID LINING | 090 | A | | | | 4 | | | 211 | 239 | 28 | 8.42 | 9.74 | 1.32 | 0 |
| 68328 | REVISE/GRAFT EYELID LINING | 090 | A | | | | 4 | | | 231 | 259 | 28 | 9.45 | 10.77 | 1.32 | 0 |
| 68330 | REVISE EYELID LINING | 090 | A | | | | 3 | | | 154 | 175 | 21 | 5.78 | 6.77 | 0.99 | 0 |
| 68335 | REVISE/GRAFT EYELID LINING | 090 | A | | | | 4 | | | 216 | 244 | 28 | 8.46 | 9.78 | 1.32 | 0 |
| 68340 | SEPARATE EYELID ADHESIONS | 090 | A | | | | 2.5 | | | 134.5 | 152 | 17.5 | 4.97 | 5.79 | 0.83 | 0 |
| 68360 | REVISE EYELID LINING | 090 | A | | | | 2.5 | | | 138.5 | 156 | 17.5 | 5.17 | 6.00 | 0.83 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 68362 | REVISE EYELID LINING | 090 | A | | | | 4 | | | 203 | 231 | 28 | 8.61 | 9.93 | 1.32 | 0 |
| 68371 | HARVEST EYE TISSUE ALOGRAF | 010 | A | | | 4 | | | | 150 | 158 | 8 | 5.09 | 5.97 | 0.88 | 0 |
| 68400 | INCISE/DRAIN TEAR GLAND | 010 | A | | | 1 | | | | 56 | 58 | 2 | 1.74 | 1.96 | 0.22 | 0 |
| 68420 | INCISE/DRAIN TEAR SAC | 010 | A | | | 1 | | | | 61 | 63 | 2 | 2.35 | 2.57 | 0.22 | 0 |
| 68440 | INCISE TEAR DUCT OPENING | 010 | A | | | 1 | | | | 35 | 37 | 2 | 0.99 | 1.21 | 0.22 | 0 |
| 68500 | REMOVAL OF TEAR GLAND | 090 | A | | | | 5.5 | | | 260.5 | 299 | 38.5 | 12.77 | 14.59 | 1.82 | 0 |
| 68505 | PARTIAL REMOVAL TEAR GLAND | 090 | A | | | | 5.5 | | | 262.5 | 301 | 38.5 | 12.69 | 14.50 | 1.82 | 0 |
| 68520 | REMOVAL OF TEAR SAC | 090 | A | | | | 4 | | | 212 | 240 | 28 | 8.78 | 10.10 | 1.32 | 0 |
| 68530 | CLEARANCE OF TEAR DUCT | 010 | A | | | 1 | | | | 89 | 91 | 2 | 3.70 | 3.92 | 0.22 | 0 |
| 68540 | REMOVE TEAR GLAND LESION | 090 | A | | | | 5 | | | 263 | 298 | 35 | 12.18 | 13.83 | 1.65 | 0 |
| 68550 | REMOVE TEAR GLAND LESION | 090 | A | | | | 6 | | | 328 | 370 | 42 | 15.16 | 17.14 | 1.98 | 0 |
| 68700 | REPAIR TEAR DUCTS | 090 | A | | | | 4 | | | 201 | 229 | 28 | 7.87 | 9.19 | 1.32 | 0 |
| 68705 | REVISE TEAR DUCT OPENING | 010 | A | | | 1 | | | | 55 | 57 | 2 | 2.11 | 2.33 | 0.22 | 0 |
| 68720 | CREATE TEAR SAC DRAIN | 090 | A | | | 1 | 3 | | | 235 | 258 | 23 | 9.96 | 11.17 | 1.21 | 0 |
| 68745 | CREATE TEAR DUCT DRAIN | 090 | A | | | | 4 | | | 212 | 240 | 28 | 9.90 | 11.22 | 1.32 | 0 |
| 68750 | CREATE TEAR DUCT DRAIN | 090 | A | | | | 4.5 | | | 233.5 | 265 | 31.5 | 10.10 | 11.59 | 1.49 | 0 |
| 68760 | CLOSE TEAR DUCT OPENING | 010 | A | | | 1 | | | | 37 | 39 | 2 | 1.78 | 2.00 | 0.22 | 0 |
| 68761 | CLOSE TEAR DUCT OPENING | 010 | A | | | 1 | | | | 38 | 40 | 2 | 1.41 | 1.63 | 0.22 | 0 |
| 68770 | CLOSE TEAR SYSTEM FISTULA | 090 | A | | | | 4 | | | 181 | 209 | 28 | 8.29 | 9.61 | 1.32 | 0 |
| 68801 | DILATE TEAR DUCT OPENING | 010 | A | | | 1 | | | | 33 | 35 | 2 | 0.82 | 1.04 | 0.22 | 0 |
| 68810 | PROBE NASOLACRIMAL DUCT | 010 | A | | | 1 | | | | 43 | 45 | 2 | 1.54 | 1.76 | 0.22 | 0 |
| 68811 | PROBE NASOLACRIMAL DUCT | 010 | A | | 1 | | | | | 74.5 | 74.5 | 0 | 1.74 | 1.74 | 0.00 | -2 |
| 68815 | PROBE NASOLACRIMAL DUCT | 010 | A | | | 2 | | | | 108 | 112 | 4 | 2.70 | 3.14 | 0.44 | 0 |
| 68816 | PROBE NL DUCT W/BALLOON | 010 | A | | 1 | | | | | 83 | 83 | 0 | 2.10 | 2.10 | 0.00 | -2 |
| 68840 | EXPLORE/IRRIGATE TEAR DUCT | 010 | A | | | 1 | | | | 39 | 41 | 2 | 1.30 | 1.52 | 0.22 | 0 |
| 69000 | DRAIN EXTERNAL EAR LESION | 010 | A | | | 1 | | | | 49 | 51 | 2 | 1.50 | 1.72 | 0.22 | 0 |
| 69005 | DRAIN EXTERNAL EAR LESION | 010 | A | | | 1 | | | | 62 | 64 | 2 | 2.16 | 2.38 | 0.22 | 0 |
| 69020 | DRAIN OUTER EAR CANAL LESI | 010 | A | | | 1 | | | | 40 | 42 | 2 | 1.53 | 1.75 | 0.22 | 0 |
| 69110 | REMOVE EXTERNAL EAR PARTIA | 090 | A | | | 2 | | | | 91 | 95 | 4 | 3.53 | 3.97 | 0.44 | 0 |
| 69120 | REMOVAL OF EXTERNAL EAR | 090 | A | | | 2 | | | | 109 | 113 | 4 | 4.14 | 4.58 | 0.44 | 0 |
| 69140 | REMOVE EAR CANAL LESION(S) | 090 | A | | | 3.5 | | | | 185 | 192 | 7 | 8.14 | 8.91 | 0.77 | 0 |
| 69145 | REMOVE EAR CANAL LESION(S) | 090 | A | | | 1.5 | | | | 72 | 75 | 3 | 2.70 | 3.03 | 0.33 | 0 |
| 69150 | EXTENSIVE EAR CANAL SURGER | 090 | A | | | 4 | | | | 285 | 293 | 8 | 13.61 | 14.49 | 0.88 | 0 |
| 69155 | EXTENSIVE EAR/NECK SURGERY | 090 | A | | | 1 | 2 | 2 | | 745 | 779 | 34 | 23.35 | 25.07 | 1.72 | -4 |
| 69205 | CLEAR OUTER EAR CANAL | 010 | A | | 0.5 | | | | | 25.5 | 25.5 | 0 | 1.21 | 1.21 | 0.00 | -1 |
| 69222 | CLEAN OUT MASTOID CAVITY | 010 | A | | | 1 | | | | 48 | 50 | 2 | 1.45 | 1.67 | 0.22 | 0 |
| 69300 | REVISE EXTERNAL EAR | YYY | R | | 1 | | | 1 | | 227 | 236 | 9 | 6.44 | 6.86 | 0.42 | -4 |
| 69310 | REBUILD OUTER EAR CANAL | 090 | A | | | 4 | | | | 220 | 228 | 8 | 10.97 | 11.85 | 0.88 | 0 |
| 69320 | REBUILD OUTER EAR CANAL | 090 | A | | | 5 | | | | 359 | 369 | 10 | 17.18 | 18.28 | 1.10 | 0 |
| 69420 | INCISION OF EARDRUM | 010 | A | | | 1 | | | | 37 | 39 | 2 | 1.38 | 1.60 | 0.22 | 0 |
| 69421 | INCISION OF EARDRUM | 010 | A | | | 1 | | | | 38 | 40 | 2 | 1.78 | 2.00 | 0.22 | 0 |
| 69433 | CREATE EARDRUM OPENING | 010 | A | | | | 1 | | | 56 | 63 | 7 | 1.57 | 1.90 | 0.33 | 0 |
| 69436 | CREATE EARDRUM OPENING | 010 | A | | | 1 | | | | 64 | 66 | 2 | 2.01 | 2.23 | 0.22 | 0 |
| 69440 | EXPLORATION OF MIDDLE EAR | 090 | A | | | 3 | | | | 185 | 191 | 6 | 7.71 | 8.37 | 0.66 | 0 |
| 69450 | EARDRUM REVISION | 090 | A | | | 2.5 | | | | 116 | 121 | 5 | 5.69 | 6.24 | 0.55 | 0 |
| 69501 | MASTOIDECTOMY | 090 | A | | | 3 | | | | 206 | 212 | 6 | 9.21 | 9.87 | 0.66 | 0 |
| 69502 | MASTOIDECTOMY | 090 | A | | | 4 | | | | 299 | 307 | 8 | 12.56 | 13.44 | 0.88 | 0 |
| 69505 | REMOVE MASTOID STRUCTURES | 090 | A | | | 4 | | | | 321 | 329 | 8 | 13.17 | 14.05 | 0.88 | 0 |
| 69511 | EXTENSIVE MASTOID SURGERY | 090 | A | | | 4 | | | | 318 | 326 | 8 | 13.70 | 14.58 | 0.88 | 0 |
| 69530 | EXTENSIVE MASTOID SURGERY | 090 | A | | | 4.5 | | | | 563 | 572 | 9 | 20.38 | 21.37 | 0.99 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|----------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 69535 | REMOVE PART OF TEMPORAL BO | 090 | A | | | 5 | | | | 770 | 780 | 10 | 37.42 | 38.52 | 1.10 | 0 |
| 69540 | REMOVE EAR LESION | 010 | A | | | 1 | | | | 43 | 45 | 2 | 1.25 | 1.47 | 0.22 | 0 |
| 69550 | REMOVE EAR LESION | 090 | A | | | 3.5 | | | | 234 | 241 | 7 | 11.15 | 11.92 | 0.77 | 0 |
| 69552 | REMOVE EAR LESION | 090 | A | | | 4 | | | | 396 | 404 | 8 | 19.81 | 20.69 | 0.88 | 0 |
| 69554 | REMOVE EAR LESION | 090 | A | | | | 2 | 2 | | 1024 | 1056 | 32 | 35.97 | 37.47 | 1.50 | -4 |
| 69601 | MASTOID SURGERY REVISION | 090 | A | | | 4.5 | | | | 330 | 339 | 9 | 13.45 | 14.44 | 0.99 | 0 |
| 69602 | MASTOID SURGERY REVISION | 090 | A | | | 4 | | | | 325 | 333 | 8 | 13.76 | 14.64 | 0.88 | 0 |
| 69603 | MASTOID SURGERY REVISION | 090 | A | | | 4 | | | | 319 | 327 | 8 | 14.20 | 15.08 | 0.88 | 0 |
| 69604 | MASTOID SURGERY REVISION | 090 | A | | | 4 | | | | 336 | 344 | 8 | 14.20 | 15.08 | 0.88 | 0 |
| 69605 | MASTOID SURGERY REVISION | 090 | A | | | 4.5 | | | | 409 | 418 | 9 | 18.69 | 19.68 | 0.99 | 0 |
| 69610 | REPAIR OF EARDRUM | 010 | A | | | 1 | | | | 90 | 92 | 2 | 4.47 | 4.69 | 0.22 | 0 |
| 69620 | REPAIR OF EARDRUM | 090 | A | | | 3 | | | | 158 | 164 | 6 | 6.03 | 6.69 | 0.66 | 0 |
| 69631 | REPAIR EARDRUM STRUCTURES | 090 | A | | | 4 | | | | 245 | 253 | 8 | 10.05 | 10.93 | 0.88 | 0 |
| 69632 | REBUILD EARDRUM STRUCTURES | 090 | A | | | 4.5 | | | | 274 | 283 | 9 | 12.96 | 13.95 | 0.99 | 0 |
| 69633 | REBUILD EARDRUM STRUCTURES | 090 | A | | | 4.5 | | | | 275 | 284 | 9 | 12.31 | 13.30 | 0.99 | 0 |
| 69635 | REPAIR EARDRUM STRUCTURES | 090 | A | | | 4 | | | | 292 | 300 | 8 | 13.51 | 14.39 | 0.88 | 0 |
| 69636 | REBUILD EARDRUM STRUCTURES | 090 | A | | | 4.5 | | | | 332 | 341 | 9 | 15.43 | 16.42 | 0.99 | 0 |
| 69637 | REBUILD EARDRUM STRUCTURES | 090 | A | | | 4.5 | | | | 340 | 349 | 9 | 15.32 | 16.31 | 0.99 | 0 |
| 69641 | REVISE MIDDLE EAR & MASTOI | 090 | A | | | 4 | | | | 341 | 349 | 8 | 12.89 | 13.77 | 0.88 | 0 |
| 69642 | REVISE MIDDLE EAR & MASTOI | 090 | A | | | 5 | | | | 376 | 386 | 10 | 17.06 | 18.16 | 1.10 | 0 |
| 69643 | REVISE MIDDLE EAR & MASTOI | 090 | A | | | 4.5 | | | | 369 | 378 | 9 | 15.59 | 16.58 | 0.99 | 0 |
| 69644 | REVISE MIDDLE EAR & MASTOI | 090 | A | | | 4.5 | | | | 399 | 408 | 9 | 17.23 | 18.22 | 0.99 | 0 |
| 69645 | REVISE MIDDLE EAR & MASTOI | 090 | A | | | 4.5 | | | | 377 | 386 | 9 | 16.71 | 17.70 | 0.99 | 0 |
| 69646 | REVISE MIDDLE EAR & MASTOI | 090 | A | | | 4.5 | | | | 416 | 425 | 9 | 18.37 | 19.36 | 0.99 | 0 |
| 69650 | RELEASE MIDDLE EAR BONE | 090 | A | | | 3 | | | | 181 | 187 | 6 | 9.80 | 10.46 | 0.66 | 0 |
| 69660 | REVISE MIDDLE EAR BONE | 090 | A | | | 3 | | | | 202 | 208 | 6 | 12.03 | 12.69 | 0.66 | 0 |
| 69661 | REVISE MIDDLE EAR BONE | 090 | A | | | 4 | | | | 276 | 284 | 8 | 15.92 | 16.80 | 0.88 | 0 |
| 69662 | REVISE MIDDLE EAR BONE | 090 | A | | | 3.5 | | | | 249 | 256 | 7 | 15.60 | 16.37 | 0.77 | 0 |
| 69666 | REPAIR MIDDLE EAR STRUCTUR | 090 | A | | | 3 | | | | 206 | 212 | 6 | 9.89 | 10.55 | 0.66 | 0 |
| 69667 | REPAIR MIDDLE EAR STRUCTUR | 090 | A | | | 3 | | | | 206 | 212 | 6 | 9.90 | 10.56 | 0.66 | 0 |
| 69670 | REMOVE MASTOID AIR CELLS | 090 | A | | | 3.5 | | | | 280 | 287 | 7 | 11.73 | 12.50 | 0.77 | 0 |
| 69676 | REMOVE MIDDLE EAR NERVE | 090 | A | | | 3.5 | | | | 196 | 203 | 7 | 9.69 | 10.46 | 0.77 | 0 |
| 69700 | CLOSE MASTOID FISTULA | 090 | A | | | 3 | | | | 181 | 187 | 6 | 8.37 | 9.03 | 0.66 | 0 |
| 69711 | REMOVE/REPAIR HEARING AID | 090 | A | | | 4 | | | | 249 | 257 | 8 | 10.62 | 11.50 | 0.88 | 0 |
| 69714 | IMPLANT TEMPLE BONE W/STIM | 090 | A | | | 3 | 1 | | | 284 | 297 | 13 | 14.45 | 15.44 | 0.99 | 0 |
| 69715 | TEMPLE BNE IMPLNT W/STIMUL | 090 | A | | | 2 | 2 | | | 359 | 377 | 18 | 18.96 | 20.06 | 1.10 | 0 |
| 69717 | TEMPLE BONE IMPLANT REVISI | 090 | A | | | 3 | 1 | | | 282 | 295 | 13 | 15.43 | 16.42 | 0.99 | 0 |
| 69718 | REVISE TEMPLE BONE IMPLANT | 090 | A | | | 2 | 2 | | | 374 | 392 | 18 | 19.21 | 20.31 | 1.10 | 0 |
| 69720 | RELEASE FACIAL NERVE | 090 | A | | | 4.5 | | | | 357 | 366 | 9 | 14.71 | 15.70 | 0.99 | 0 |
| 69725 | RELEASE FACIAL NERVE | 090 | A | | | | 4 | | | 695 | 723 | 28 | 27.64 | 28.96 | 1.32 | 0 |
| 69740 | REPAIR FACIAL NERVE | 090 | A | | | 3 | | | | 374 | 380 | 6 | 16.27 | 16.93 | 0.66 | 0 |
| 69745 | REPAIR FACIAL NERVE | 090 | A | | | 3.5 | | | | 435 | 442 | 7 | 17.02 | 17.79 | 0.77 | 0 |
| 69805 | EXPLORE INNER EAR | 090 | A | | | 1 | 1 | 1 | | 347 | 365 | 18 | 14.71 | 15.68 | 0.97 | -2 |
| 69806 | EXPLORE INNER EAR | 090 | A | | | 3.5 | | | | 309 | 316 | 7 | 12.63 | 13.40 | 0.77 | 0 |
| 69905 | REMOVE INNER EAR | 090 | A | | | 3.5 | | | | 233 | 240 | 7 | 11.26 | 12.03 | 0.77 | 0 |
| 69910 | REMOVE INNER EAR & MASTOID | 090 | A | | | 3.5 | | | | 315 | 322 | 7 | 13.91 | 14.68 | 0.77 | 0 |
| 69915 | INCISE INNER EAR NERVE | 090 | A | | | 4 | | | | 573 | 581 | 8 | 22.77 | 23.65 | 0.88 | 0 |
| 69930 | IMPLANT COCHLEAR DEVICE | 090 | A | | | | 1 | 1 | | 387 | 403 | 16 | 17.73 | 18.48 | 0.75 | -2 |
| 69950 | INCISE INNER EAR NERVE | 090 | A | | | 1 | | 2 | | 669 | 689 | 20 | 27.63 | 28.69 | 1.06 | -4 |
| 69955 | RELEASE FACIAL NERVE | 090 | A | | | | 4 | | | 755 | 783 | 28 | 29.42 | 30.74 | 1.32 | 0 |

| CPT Code | Short Descriptor | Global | Medicare Status | 99204 | 99211 | 99212 | 99213 | 99214 | 99215 | Total Physician Time - Current | Total Physician Time with RUC Proposed Office Visit Times | Change in Total Physician Time | Current Surgical Global wRVU | Surgical Global wRVU After Incorporating RUC Proposal for Bundled Visits | Change in Surgical Global wRVU | Change in Clinical Staff Time |
|----------|------------------------------|--------|-----------------|-------|-------|-------|-------|-------|-------|--------------------------------|---|--------------------------------|------------------------------|--|--------------------------------|-------------------------------|
| 69960 | RELEASE INNER EAR CANAL | 090 | A | | | | 4 | | | 675 | 703 | 28 | 29.42 | 30.74 | 1.32 | 0 |
| 69970 | REMOVE INNER EAR LESION | 090 | A | | | | 4 | | | 793 | 821 | 28 | 32.41 | 33.73 | 1.32 | 0 |
| 77427 | RADIATION TX MANAGEMENT X5 | XXX | A | | | | 0.33 | 0.17 | | 101.39 | 105.23 | 3.84 | 3.37 | 3.55 | 0.18 | -0.34 |
| 77750 | INFUSE RADIOACTIVE MATERIA | 090 | A | | | 2 | | | | 100 | 104 | 4 | 5.00 | 5.44 | 0.44 | 0 |
| 77761 | APPLY INTRCAV RADIAT SIMPL | 090 | A | | | 1 | | | | 82 | 84 | 2 | 3.85 | 4.07 | 0.22 | 0 |
| 77762 | APPLY INTRCAV RADIAT INTER | 090 | A | | | 1 | | | | 113 | 115 | 2 | 5.76 | 5.98 | 0.22 | 0 |
| 77763 | APPLY INTRCAV RADIAT COMPL | 090 | A | | | 2 | | | | 160 | 164 | 4 | 8.66 | 9.10 | 0.44 | 0 |
| 77789 | APPLY SURF LDR RADIONUCLID | 000 | A | | | 1 | | | | 53 | 55 | 2 | 1.14 | 1.36 | 0.22 | 0 |
| 92986 | REVISION OF AORTIC VALVE | 090 | A | | | | 3 | | | 463 | 484 | 21 | 22.60 | 23.59 | 0.99 | 0 |
| 92987 | REVISION OF MITRAL VALVE | 090 | A | | | | 3 | | | 329 | 350 | 21 | 23.38 | 24.37 | 0.99 | 0 |
| 92990 | REVISION OF PULMONARY VALV | 090 | A | | | | 3 | | | 393 | 414 | 21 | 18.27 | 19.26 | 0.99 | 0 |
| G0342 | Laparoscopy islet cell trans | 090 | A | | | 1 | 1 | | | 238 | 247 | 9 | 11.92 | 12.47 | 0.55 | 0 |
| G0343 | Laparotomy islet cell transp | 090 | A | | | 2 | 1 | | | 588 | 599 | 11 | 19.85 | 20.62 | 0.77 | 0 |
| G0412 | Open tx iliac spine uni/bil | 090 | A | | | 2 | 1 | | | 388 | 399 | 11 | 10.45 | 11.22 | 0.77 | 0 |
| G0413 | Pelvic ring fracture uni/bil | 090 | A | | | 1 | 3 | | | 393 | 416 | 23 | 15.73 | 16.94 | 1.21 | 0 |
| G0414 | Pelvic ring fx treat int fix | 090 | A | | | 1 | 3 | | | 443 | 466 | 23 | 14.65 | 15.86 | 1.21 | 0 |
| G0415 | Open tx post pelvic fxcture | 090 | A | | | 1 | 3 | | | 543 | 566 | 23 | 20.93 | 22.14 | 1.21 | 0 |

*Note, it does not appear that the visits included in these ZZZ global codes are appropriate. When these services were converted from stand-alone to add-on codes, no change was made to the physician time to reflect the change. Therefore, no update is recommended for them. These services will go to the RAW for review of this anomaly in physician time.

AMA/Specialty Society RVS Update Committee
2005 Five-Year Review of the RBRVS
Final RUC Recommendations - Evaluation and Management Services

This document discusses the overall historical valuation of the Evaluation and Management (E/M) services; the process utilized to develop recommendations in this Five-Year Review; the E/M Workgroup Review, and the RUC recommendations. An attachment includes the recommendations for each individual E/M code. An Excel spreadsheet is also attached, summarizing the current and recommended physician time and physician work for each code.

Original Valuation of Evaluation and Management Services in 1992

On January 1, 1992, the Health Care Financing Administration (HCFA) implemented the Resource-Based Relative Value Scale (RBRVS) and assigned relative values for new Evaluation and Management codes, first published in *CPT 1992*. The work relative values for E/M were based on three phases of the Harvard study. The Harvard surveys were based on the pre-1992 CPT descriptors (eg, 90015, *Office and other outpatient medical service, new patient; intermediate service*) and typical patient vignettes. HCFA then worked with the Harvard researchers and the CPT Editorial Panel to develop a structure and intra-service time variation for the new 1992 CPT E/M codes.

The work relative values were then assigned to the codes utilizing a crosswalk process based on the typical patient vignettes. After the publication of the Final Rule in the November 25, 1991 *Federal Register*, HCFA received numerous comments that the E/M codes were undervalued. Specialty societies offered a number of different approaches on reviewing the intensity relativity of E/M. These approaches varied from ascending intensity within a family of E/M codes; descending intensity, or equivalent intensity. HCFA concluded that they would not reach consensus within the medical community. HCFA chose to continue to use Harvard data and value the E/M codes in a linear fashion, assigning a fixed intensity of intra-service work across all the codes in an E/M family (eg, office, established patients, and then multiplying that amount by the intra-service time to determine the new intra-service work values. HCFA then computed total work relative values by adding pre- and post-service work, which is calculated as a percentage of the intra-service work (eg, office, established patient = 35.1%). HCFA stated that “in absence of any further data, we do not believe changes more comprehensive than those we have made would be appropriate.”

1995 Five-Year Review of the RBRVS

RUC Review:

In 1995, the RUC submitted new data and recommendations to HCFA for E/M codes in response to the first, Five-Year Review of the RBRVS. At that time, Internal Medicine and Family Medicine commented that the E/M codes should be re-evaluated for the following reasons:

- The physician work involved in the E/M services had increased since the time that the Harvard RBRVS study was conducted.
- The E/M services were undervalued relative to most of the other services in the RBRVS.
- The current CPT-coded services were never directly surveyed or studied in the Harvard RBRVS study.

Prior to conducting the surveys and developing relative value recommendations, the specialties involved agreed to the following:

- The clinical vignettes used in the surveys were those that had been validated by the CPT Editorial Panel and included in either the main CPT book or the clinical examples supplement (Appendix D).
- A standard set of reference services were chosen for use in the surveys.
- The issue of whether the intra-service work per unit of time (IWPUT) is the same or different for all levels of service within an E/M family had been addressed by HCFA in November 1992, less than three years prior to this first, Five-Year Review. HCFA had already concluded that IWPUT is constant within a family from the lowest to the highest level of service. Understanding that HCFA had made its decision on this point, the specialties decided to survey one or two codes within each family and then extrapolate to the other codes based on the IWPUT of the surveyed codes, retaining HCFA's decision that a constant IWPUT should be maintained for each level of service.

Page Three

Approximately 150 respondents were obtained for each surveyed code. A median value was calculated for each specialty, and these values were weighted to develop the recommended work relative values. The weighting process took into account the percentage of the services that are provided by each specialty, the number of respondents from the specialty, and other factors affecting the validity of each specialty's survey process.

The RUC found the arguments made by the specialties and the results of the survey very compelling and recommended increases in the RVUs for office visits for new and established patients, subsequent hospital visits, and inpatient and outpatient consultations. In particular, the RUC found the surveyed RVUs produced a more reasonable relationship between E/M and non-E/M services on the RBRVS, with the ratio of total work to total time moving closer to the level that has been consistently identified for all other services. For example, the RUC agreed that the work of 99215 *Established Office Visit, Level V* should be greater than 12002 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 to 7.5 cm* (work rvu = 1.86, intra-time = 22 minutes; total-time = 43 minutes).

In addition to the survey results, the RUC's recommendations were also based on rigorous multidisciplinary review by surgeons and other specialists who share the primary care groups' views regarding the increase in the work of E/M services in the previous five years and the failure of the current RVUs to appropriately recognize the time and effort involved in both intra- and post-service work. The RUC vote to adopt the recommendations to increase the E/M services was nearly unanimous.

The RUC's evaluation of these recommendations focused principally on the work involved in them, how that work has changed over time, and how the service work is related to the work of other E/M and non-E/M services. The survey respondents' rating of work appeared to be accurate. Some problems were noted in the survey results for post-service time, however. Within the survey instrument, the detailed questions related to post-service time appeared to lead to overestimates of total post-service time. This may have been due either to rounding, to overlap within the categories, or just to the tendency of survey respondents to want to fill in all the boxes on a survey. The RUC concluded, therefore, that although post-service time was underestimated in the Harvard survey as it did not reflect post-time in 1995, post-service time was likely overestimated in the RUC survey data. The correct estimate of post-service time is likely somewhere between these two estimates. The time estimates for hospital services were more problematic than the estimates for office services, because the intra-service period is defined as time on the patient's floor. Many services, such as arranging for further studies and reviewing results, could take place either on the patient's floor, elsewhere in the hospital, or in the

physician's office, thus making precise estimates difficult to obtain. The uncertainty surrounding the post-service time estimates did not affect the extrapolation from surveyed to non-surveyed services within a family, however. Extrapolation was based on work per unit of time, and this remained constant within each family whether the surveyed post-service times were used as is or were reduced by some percentage. The typical times listed in the CPT descriptors were used for this purpose.

HCFA Review:

In the *May 3, 1996 NPRM*, HCFA discussed its review of the RUC recommendations from the first, Five-Year Review of E/M. HCFA concluded that the work relative values for E/M are based on three basic assumptions. These three assumptions originated during the Harvard study and were held constant in both the 1992 and 1995 refinements:

1. All services within a family of evaluation and management services (eg, office visits) have the same intra-service work intensity.
2. The intra-service work times in the CPT descriptors are correct.
3. The pre-service and post-service work is a fixed percentage of intra-service work.

HCFA utilized 1989 and 1994 publications of the AMA's *Physician Marketplace Statistics* to identify that the median number of hours a physician works in patient care (51 hours) and the median number of patient visits per week (101) had not changed between 1989 and 1994. They further used this information to calculate the total number of hours that a physician would need to spend in patient care hours (78.5) to perform 101 visits, based on the 1995 RUC survey data. This was a key argument that HCFA utilized to reject the RUC survey time and recommendations.

Although HCFA did not agree with the RUC recommendations, the agency did agree that the E/M services should be increased. HCFA utilized a different approach to compute these increases. Using the above assumptions, HCFA increased the intra-service work intensity by 10 percent and fixed the percentage of pre- and post-service work in relation to intra-service work by 25%. For example, the intra-service intensity for established office visits was increased from 0.028 to 0.031 and the pre- and post-service work as a percentage of intra-service work was increased from 35.1% to 43.8%.

December 2004 Comment Letter to Initiate 2005 Five-Year Review of E/M

On December 16, 2004, twenty-seven specialties presented a consensus comment letter to CMS stating that the work of E/M services has changed significantly since these codes were reviewed during the first, Five-Year Review in 1995. The specialties provided the following reasons for the change in work in the past ten years:

- Medical practice has changed;
- A greater expectation that physicians will be proactive in disease prevention, as well as diagnosing and treating illness;
- Additional documentation requirements added to physician work;
- An increase in the complexity of the data to be evaluated and care to be managed;
- Patients presenting to the office with a greater expectation of participating in medical decision-making and with more information from the Internet and lay press;
- The advent of online communication with patients;
- A greater role for genomics in the evaluation and management of patients;
- Environmental changes (eg, increased volume, decreased number of facilities, increased uninsured population, and EMTALA requirements) in the emergency department;
- The intensity of EM services has increased over time;
- Hospital length of stay has changed

The societies also concluded that they believe E/M services are not appropriately valued as 1) the intensity, complexity, and duration of intra-service medical care had increased in the past ten years; 2) the intensity, complexity, and duration of the pre- and post-service time has expanded; and 3) the work per unit of time for E/M services is less than the work per unit of time for almost any other service.

Medical specialty society survey process

A coalition of medical specialty societies conducted surveys related to 35 E/M services over the summer of 2005. Physicians were contacted via e-mail and provided a link to a web-based survey, based on the standard RUC survey instrument. The specialties involved with this effort, coordinated by the medical specialties, included: anesthesiology, critical care medicine, dermatology, emergency medicine, endocrinology, family medicine, hematology, infectious disease, internal medicine, neurology, nursing, oncology, osteopathic medicine, podiatry, pulmonary medicine, and rheumatology. Most codes had at least 100 survey respondents. The survey data were collated and presented with data by individual specialty society to the RUC on August 2, 2005.

Surgical specialty society survey process and coordination with medical specialty coalition

A coalition of surgical specialty societies had expressed an interest in developing recommendations for E/M in April 2005. Following preliminary discussions at the April RUC meeting, a surgical executive committee (SEC) met with a medical executive committee (MEC) to develop a common reference service list and to review and edit vignettes developed by the coalition of medical specialty societies. Several conference calls and e-mail communications were conducted to develop the reference service list and to critique the vignettes. The MEC responded by removing all references to physician work from the vignettes. Vignettes for codes predominately performed by other specialties, such as podiatry and dermatology for 99201 and 99202, were also modified to capture the typical patient evaluated by these specialties. However, complete consensus on the use of a single vignette for each CPT code and for the specific vignettes themselves was not achieved as the SEC continued to express concern regarding the vignettes. The MEC decided that it needed to move forward by initiating their surveys in early June.

The SEC subsequently initiated web-based surveys and planned to meet with the MEC in late July to review all survey data and attempt to come to consensus on a single set of recommendations to the RUC. At some point in mid-July, the SEC realized that their own survey data and analysis concluded that there should be no changes in the work relative values and suggested cancellation of the meeting as they would not be able to support modifications to the valuation of E/M. On August 2, 2005, the following surgical specialties signed a letter outlining their rationale (including summary survey data) for maintaining the current relative values for the E/M services: breast surgery, cardiothoracic surgery, cataract surgery, colon and rectal surgery, general surgery, hand surgery, neurosurgery, obstetrics and gynecology, orthopaedic surgery, otolaryngology, pediatric surgery, plastic surgery, spine surgery, transplant surgery, urology, vascular surgery. The Workgroup agreed that this submission was a “comment” rather than a “recommendation” as the surgical coalition did not submit a breakdown of survey results by specialty society and did not complete the RUC standard Summary of Recommendation forms. This coalition of surgical specialties also sent an additional letter on August 18, 2005 refuting the recommendations to increase the work relative values for E/M, submitted by the coalition of medical specialties.

RUC E/M Five-Year Review Workgroup

The following individuals were members of the RUC’s Five-Year Review E/M Workgroup: Norman A. Cohen, MD (Chairman), John Derr, Jr., MD, David F. Hitzeman, DO, George Kwass, MD, Gregory Przybylski, MD, and Maurits J. Wiersema, MD. These individuals met periodically via conference call throughout the summer and also prepared by reviewing a collection of historical information regarding the previous studies and methodologies to evaluate the physician work related to the E/M services. The Workgroup sent a letter to all specialties who had expressed an interest in developing recommendations for E/M on June 7, 2005. This letter laid out the expectations of the Workgroup, including specific questions to be addressed by the specialties in their presentation. The Workgroup also stated that it required the data to be submitted with both overall results and breakdown of results by specialty society. The Workgroup, along with the Chair of the RUC and the Chair of Overall Five-Year Review project, also provided guidance regarding the use of a fair and consistent process to consider the valuation of the E/M services.

The RUC’s E/M Five-Year Review Workgroup met on August 27 - 28, 2005 to consider the recommendations presented by the coalition of medical specialties and the comments by the coalition of surgical specialties.

Workgroup Recommendations

The Workgroup initially discussed the RUC's compelling evidence standards and considered the following arguments that were presented by the medical specialty societies:

- Nearly all of the E/M codes under review have never been surveyed with their actual CPT descriptor and a common vignette.
- CMS made incorrect assumptions when these services were evaluated in the 1995 Five-Year Review.
- The 1995 and 1997 E/M Documentation Guidelines have been fully implemented. In the first Five-Year Review, these 1995 documentation guidelines had been introduced, but not implemented. In addition, other insurers and accrediting agencies have required additional documentation.
- New diagnostic and screening tests have been developed in the past ten years, which add to the amount of data that needs to be considered and followed-up on as required.
- An increase in the number of clinical guidelines has occurred in the past ten years.
- A new emphasis on disease management and chronic care management requires more coordination of care with a team of providers.
- Patients are more informed and wish to be more active participants in their decisions regarding their medical care. Patient expectations are higher and they often come to the office armed with incorrect information from the Internet or lay press.
- The National Ambulatory Medical Care Survey (NAMCS), published by the Centers for Disease Control and Prevention, reflects an increasing complexity and intensity of physician work in office practice from 1999-2002. One reason for this increased complexity is the declining length of hospital stay and the treatment of these acute patients in the physician office setting.

The surgical representatives countered that the arguments regarding increased physician work did not reflect external data that state that physicians are not spending more time in E/M services. The NAMCS data suggests that in 1997, physicians spent an average of 18.8 minutes on each visit. In 2002, the visit duration has decreased to 18.4 minutes. The 1989 and 1994 publications of the AMA's Physician Marketplace Statistics indicated that the median number of hours a physician works in patient care is 51 hours per week and the median number of patient visits is 101. The 2001 median number of patient visits per week is 50 hours and the number of patient visits per week is 100. The medical representatives countered that they agree that the amount of intra-service time has not increased. However, the intensity has increased as physicians are required to do more in the same timeframe and the patient population is more complex.

The Workgroup also discussed the increased reporting of the higher level E/M codes and the resulting increased intensity that has been captured in the utilization of these CPT codes. The medical representatives explained that there has been an increase in the number of E/M services reported per beneficiary. In addition, the education regarding the 1995 and 1997 documentation guidelines has resulted in physicians reporting E/M correctly. The 1995 documentation guidelines were based on multi-system exams and the 1997 guidelines provided more flexibility in single system examinations, perhaps leading to more accurate E/M reporting for those specialties that focus on single systems. The medical representatives admitted that they are unable to fully explain the shift in utilization to the higher level E/M codes.

After extensive discussion, the Workgroup agreed that the compelling evidence to review these services is that **there is evidence that incorrect assumptions were made in the previous valuation of the service**. The Workgroup has reviewed the May 1996 *Notice of Proposed Rulemaking (NPRM)* and the HCFA rationale in evaluating the E/M in the 1995 Five-Year Review. Specifically, the Workgroup reviewed the following three assumptions made by HCFA at that time:

1. All services within a family of evaluation and management services (eg, office visits) have the same intra-service work intensity.
2. The intra-service work times in the CPT descriptors are correct.
3. The pre-service and post-service work is a fixed percentage of intra-service work.

The Workgroup also reviewed the RUC comment letter on this NPRM in June 1996, in which the RUC argued that the HCFA valuation of E/M was flawed, stating "The proposed values are based on several questionable assumptions that warrant further

evaluation.” The Workgroup agrees that the assumptions made by HCFA are flawed and noted that HCFA stated at that time that “We will remain open to data receiving further information that shows the relationships between some families of these services have changed.” The Workgroup agreed that this compelling evidence standard applied to the office visits, hospital visits, and consultations.

The critical care and emergency department visits were not based on the above three assumptions. Therefore, the Workgroup does not believe that this particular compelling evidence standard applies to these two families of services.

During the Workgroup meeting, the medical specialties and the surgical specialties provided additional information for consideration by the Workgroup. Because the Workgroup did not have adequate time to review this additional data during the limited period available for Workgroup deliberation, the Workgroup agreed to accept both submissions for informational purposes only.

The Workgroup reviewed each E/M code extensively, reviewing the survey from the coalition of medical specialties, comparing the codes to reference services, and considering comments from the surgical coalition and other meeting attendees. The Workgroup’s specific E/M code recommendations were presented to the RUC on September 29 – October 2, 2005.

RUC Recommendations – October 2005

The RUC agreed with the Workgroup that one of the compelling evidence standards was met and warranted the review of the E/M services. The RUC agreed that the compelling evidence to review these services is that **there is evidence that incorrect assumptions were made in the previous valuation of the service.**

This Five-Year Review included 47 E/M codes. **The detailed rationale for the recommendations for each code are attached to this document.** Twelve of these codes (nursing facility and domiciliary care) were referred to CPT and reviewed by the RUC at the April 2005 meeting. CMS will consider the RUC recommendations for these two families in their November 1, 2005 Final Rule, for implementation on January 1, 2006. On October 1-2, 2005, the RUC approved final recommendations for 26 codes, interim recommendations for 6 codes (99222, 99223, 99232, 99233, 99291, and 99292), and postponed review of 3 codes (99213, 99214, 99215) to the February 2006 meeting. The RUC submitted all of these recommendations to CMS for consideration for the Spring 2006 Proposed Rule. The RUC will inform CMS that additional information and/or recommendations to CMS on the six interim and three postponed codes would be submitted immediately following the February RUC meeting.

Final RUC Recommendations – February 2006

The following members of the Evaluation and Management (E/M) Workgroup participated in four conference calls (October 19, November 28, December 14, and January 5) to consider interim and postponed actions related to E/M services in the third, Five-Year Review of the RBRVS: Doctors Norman Cohen, Chairman, John Derr, William Gee, David Hitzeman, George Kwass, Doug Leahy, Charles Mabry, Greg Przybylski, J. Baldwin Smith, and Maurits Wiersema.

The Workgroup concluded that all survey data collected by the medical specialties and the surgical specialties should be collated and weighted by Medicare utilization data, similar to the process utilized in the first, Five-Year Review of the RBRVS. The complete analysis of the weighted survey data is included within the attachments to this recommendation. The RUC concluded that the collated weighted survey data from all survey respondents should be utilized in determining physician time on an interim basis. This recommended time is included in the attached spreadsheet. The RUC agreed that the physician time related to E/M service will continued to be studied when the RUC engages in a long-term review of E/M services.

After considering the extensive discussions of the E/M Workgroup, the RUC completed its review of CPT codes 99213, 99214, 99215, 99222, 99223, 99232, 99233, 99291, and 99292. The final recommendations for each individual E/M code is included within the attached report.

Finally, the RUC recommends that the full increase of the E/M be incorporated into the surgical global periods for each CPT code with a global of 010 and 090. The RUC agrees that E/M work is equivalent and a crosswalk of 100% of the E/M valuation should be bundled into the codes with global periods of 010 and 090 days, with appropriate documentation. In addition, the RUC recommends that the maternity codes (global MMM) also be increased to incorporate the E/M increases, as CMS did in the first, Five-Year Review of the RBRVS (page 59534, November 22, 1996 *Federal Register*). A spreadsheet is attached that itemizes the recommended physician time and work relative value for each CPT code to incorporate the E/M increases.

RUC E/M Recommendations - Five-Year Review of the RBRVS - February 2006

| | Existing Data - RUC database | | | | | CPT | RUC Recommended Physician Time | | | | RUC Recommended | | E/M Content | | |
|------------------------|------------------------------|---------------|--------------|---------------|----------------|--------------|--------------------------------|---------------|--------------|------------|-----------------|--------|------------------------------|------------------------------|----------------------------|
| Code | Pre- Time | Intra Time | Post Time | Total Time | Current RVW | Time | Pre- Time | Intra Time | Post Time | Total Time | Work RVU | IWPUT | History | Exam | Medical Decision Making |
| Office, new | | | | | | | | | | | | | | | |
| 99201 | | 10 | | 15 | 0.45 | 10 | 2 | 10 | 5 | 17 | 0.45 | 0.0293 | problem focused expanded | problem focused expanded | straight-forward |
| 99202 | | 20 | | 30 | 0.88 | 20 | 2 | 15 | 5 | 22 | 0.88 | 0.0482 | problem focused | problem focused | straight-forward |
| 99203 | 5 | 24 | 24 | 53 | 1.34 | 30 | 4 | 20 | 5 | 29 | 1.34 | 0.0569 | detailed | detailed | low |
| 99204 | | 45 | | 68 | 2.00 | 45 | 5 | 30 | 10 | 45 | 2.30 | 0.0655 | comprehensive | comprehensive | moderate |
| 99205 | 10 | 45 | 55 | 110 | 2.67 | 60 | 7 | 45 | 15 | 67 | 3.00 | 0.0557 | comprehensive | comprehensive | high |
| Office, established | | | | | | | | | | | | | | | |
| 99211 | | 5 | 2 | 7 | 0.17 | 5 | 0 | 5 | 2 | 7 | 0.17 | 0.0250 | | | |
| 99212 | | 10 | 5 | 15 | 0.45 | 10 | 2 | 10 | 4 | 16 | 0.45 | 0.0316 | problem focused expanded | problem focused expanded | straight-forward |
| 99213 | | 15 | 8 | 23 | 0.67 | 15 | 3 | 15 | 5 | 23 | 0.92 | 0.0494 | problem focused | problem focused | low |
| 99214 | | 25 | 13 | 38 | 1.10 | 25 | 5 | 25 | 10 | 40 | 1.42 | 0.0434 | detailed | detailed | moderate |
| 99215 | | 40 | 19 | 59 | 1.77 | 40 | 5 | 35 | 15 | 55 | 2.00 | 0.0443 | comprehensive | comprehensive | high |
| Initial hospital | | | | | | | | | | | | | | | |
| 99221 | | 30 | | 43 | 1.28 | 30 | 10 | 30 | 10 | 50 | 1.88 | 0.0477 | detailed or comprehensive | detailed or comprehensive | straight-forward or low |
| 99222 | | 50 | | 71 | 2.14 | 50 | 15 | 40 | 20 | 75 | 2.56 | 0.0444 | comprehensive | comprehensive | moderate |
| 99223 | 10 | 45 | 50 | 105 | 2.99 | 70 | 15 | 55 | 20 | 90 | 3.78 | 0.0545 | comprehensive | comprehensive | high |
| Subsequent hospital | | | | | | | | | | | | | | | |
| 99231 | | 15 | 4 | 19 | 0.64 | 15 | 5 | 10 | 5 | 20 | 0.76 | 0.0536 | problem focused expanded | problem focused expanded | straight-forward or low |
| 99232 | | 25 | 5 | 30 | 1.06 | 25 | 10 | 20 | 10 | 40 | 1.39 | 0.0471 | problem focused | problem focused | moderate |
| 99233 | | 35 | 6 | 41 | 1.51 | 35 | 10 | 30 | 15 | 55 | 2.00 | 0.0480 | detailed | detailed | high |
| Hospital discharge | | | | | | | | | | | | | | | |
| 99238 | 6 | 18 | 12 | 36 | 1.28 | 30 or less | 8 | 20 | 10 | 38 | 1.28 | 0.0438 | | | |
| 99239 | 9 | 20 | 16 | 45 | 1.75 | more than 30 | 10 | 30 | 15 | 55 | 1.90 | 0.0447 | | | |
| Office consultation | | | | | | | | | | | | | | | |
| 99241 | | 15 | | 23 | 0.64 | 15 | 5 | 15 | 5 | 25 | 0.64 | 0.0277 | problem focused expanded | problem focused expanded | straight-forward |
| 99242 | | 30 | | 45 | 1.29 | 30 | 5 | 25 | 10 | 40 | 1.34 | 0.0402 | problem focused | problem focused | straight-forward |
| 99243 | 5 | 30 | 31 | 66 | 1.72 | 40 | 5 | 28 | 7 | 40 | 1.88 | 0.0575 | detailed | detailed | low |
| 99244 | | 60 | | 88 | 2.58 | 60 | 10 | 40 | 15 | 65 | 3.02 | 0.0615 | comprehensive | comprehensive | moderate |
| 99245 | 10 | 48 | 50 | 108 | 3.42 | 80 | 10 | 60 | 20 | 90 | 3.77 | 0.0516 | comprehensive | comprehensive | high |
| Inpatient consultation | | | | | | | | | | | | | | | |
| 99251 | | 20 | | 26 | 0.66 | 20 | 5 | 10 | 5 | 20 | 1.00 | 0.0776 | problem focused expanded | problem focused expanded | straight-forward |
| 99252 | | 32 | | 42 | 1.32 | 40 | 5 | 25 | 10 | 40 | 1.50 | 0.0466 | problem focused | problem focused | straight-forward |
| 99253 | 10 | 30 | 35 | 75 | 1.82 | 55 | 10 | 30 | 15 | 55 | 2.27 | 0.0570 | detailed | detailed | low |
| 99254 | | 65 | | 84 | 2.64 | 80 | 15 | 45 | 20 | 80 | 3.29 | 0.0557 | comprehensive | comprehensive | moderate |
| 99255 | 15 | 45 | 57 | 117 | 3.64 | 110 | 20 | 60 | 25 | 105 | 4.00 | 0.0499 | comprehensive | comprehensive | high |

| | Existing Data - RUC database | | | | | CPT | RUC Recommended Physician Time | | | | RUC Recommended | | E/M Content | | |
|-------|------------------------------|------------|-----------|------------|-------------|--------------|--------------------------------|------------|-----------|------------|-----------------|--------|-------------|------|-------------------------|
| Code | Pre-Time | Intra-Time | Post-Time | Total-Time | Current RVW | Time | Pre- Time | Intra Time | Post Time | Total Time | Work RVU | IWPUT | History | Exam | Medical Decision Making |
| 99291 | 15 | 45 | 15 | 75 | 3.99 | 30–74 | 15 | 40 | 15 | 70 | 4.50 | 0.0957 | | | |
| 99292 | | 30 | | 30 | 2.00 | each addl 30 | | 30 | | 30 | 2.25 | 0.0750 | | | |

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[illegible]