

## AMA/Specialty Society Relative Value Update Committee (RUC)

### Final Vote Release – CPT 2021

[Every year, the RUC holds three meetings](#) to review CPT codes that are either new, revised or considered potentially misvalued by either the Centers for Medicare and Medicaid Services (CMS) or the RUC's own process of identification performed by the Relativity Assessment Workgroup (RAW). In April 2012, the RUC approved a measure to release the final total RUC voting counts for each code reviewed during the most recently completed cycle. The release of these voting records will occur each year following CMS publication.

For the CPT 2021 cycle, the RUC convened meetings on April 24-27, 2019, October 2-5, 2019 and January 15-18, 2020 and the Committee's final recommendations for each meeting are submitted approximately one month after the close of each meeting. For the CPT 2021 cycle, CMS will publish all the RUC recommendations for 2021 in the Medicare Physician Payment Schedule Proposed Rule.

Further information about the RUC and its processes can be found at:

[www.ama-assn.org/about-us/ruc](http://www.ama-assn.org/about-us/ruc)

Below is a list of definitions and descriptions of RUC processes to help in the understanding the voting information published on the following pages:

- **CPT Code and Long Descriptor:** These first two columns simply state each individual CPT codes and Long Descriptor.
- **Pre-Facilitation (Yes/No):** Prior to each meeting, RUC members undergo a rigorous review of each CPT code's recommendation as submitted by the specialty society(ies). If significant concerns are raised by either the reviewing RUC members or the specialty society(ies) a request for pre-facilitation may occur. Pre-facilitation meetings are assigned to a specific subset of RUC members and Advisors called a facilitation committee (*described below*) and can occur either by phone or on site, prior to the presentation of the code(s) during the RUC meeting. During the pre-facilitation meetings, issues are discussed and the specialty society(ies) have the opportunity (but have no obligation) to revise their recommendations.
- **Specialty Work RVU modified prior to or during Presentation (Yes/No):** This field indicates whether or not the specialty society(ies) involved in surveying a specific code have revised their work RVU recommendation prior to during the presentation of the code to the RUC. These modifications are typically made after review of pre-facilitation committee discussion (see above) or after consideration of RUC reviewer comments.
- **Specialty Work RVU passed by RUC (Yes/No):** This field indicates whether or not the initially presented work RVU recommendation, as presented to the RUC by the specialty society(ies), was approved.
- **Specialty Work RVU facilitated by RUC (Yes/No):** Each meeting, three facilitation committees are established. Each committee consists of a subset of RUC members, specialty society Advisors and a member of the non-MD/DO Health Care Professional Advisory Committee (HCPAC) who, when a code does not meet the required two-third vote for approval, meet with the appropriate specialty society(ies) to reach consensus on a revised work RVU and direct practice expense. At the conclusion of a facilitation committee meeting, a report is written providing a rationale for the

revised recommendations and the RUC again votes to either approve or disapprove these work RVU recommendations.

- **Specialty Work RVU modified by RUC process (Yes/No):** This field indicates if, for any reason, the specialty society(ies) RVU recommendations from initial submissions were modified by the RUC process. Modifications can happen for any number of reasons: 1) a pre-facilitation committee meeting could offer alternative suggestions that the specialties include; 2) comments made during the review process or at the table during the presentation of the code could result in modifications; 3) a facilitation committee meeting can reach consensus on revised work RVUs.
- **Final RUC Vote- work RVU:** This field indicates the final RUC vote total for each code. These vote totals represent the final RUC determinations on each code. CPT code RVU recommendations could have changed substantially from the original specialty societies' recommendation through any of the mechanisms laid out in the fields listed in the table and described above. [There are 28 voting members on the RUC.](#) A vote total may not add up to 28 for two reasons: 1) a voting member can abstain and/or 2) a voting member may not be present at the table during the vote. The RUC requires that at least 2/3 of the member voting must approve the recommendation in order for it to be submitted to CMS. A quorum, consisting of 16 member of the RUC, must be present to conduct any business.
- **Final RUC Vote- Direct Practice Expense:** This field indicates the final RUC vote total for each code's direct practice expense inputs (clinical labor, supplies and equipment) as recommended by the Practice Expense (PE) Subcommittee. As with the work RVU recommendations, direct PE input recommendations could have changed substantially from the original specialty societies' recommendation. The PE subcommittee meets for a full day prior to the RUC proceeding and reviews specialty society submissions for direct PE inputs and makes recommendations directly to the RUC. Following each vote on work RVUs, the RUC holds a separate vote to accept the direct PE inputs as modified and/or approved by the PE Subcommittee. The same voting protocol for work RVUs apply to direct PE inputs.

<b>RUC Vote Totals – CPT 2020 Summary</b>		
<b>(Physician Work ONLY)</b>		
<b>Vote Total</b>	<b>Number of Vote Total Instances</b>	<b>Percentage of Vote Total Instances</b>
<b>28-0</b>	67	51%
<b>27-0*</b>	17	13%
<b>25-3</b>	12	9%
<b>27-1</b>	10	8%
<b>26-1*</b>	5	4%
<b>24-4</b>	5	4%
<b>26-2</b>	3	2%
<b>23-5</b>	3	2%
<b>20-8</b>	2	2%
<b>25-2*</b>	1	1%
<b>24-3*</b>	1	1%
<b>23-4*</b>	1	1%
<b>22-6</b>	1	1%
<b>20-7*</b>	1	1%
<b>19-8*</b>	1	1%
<b>18-9*</b>	1	1%

**64% of all RUC  
Recommendations to CMS  
for CPT 2020 were based  
on unanimous votes of the  
Committee**

\*Represents vote totals in which a RUC member abstained from vote.

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)			No	Yes	No	No	28-0	28-0
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion			No	Yes	No	No	28-0	28-0
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)			No	Yes	No	No	28-0	28-0
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion			No	Yes	No	No	28-0	28-0
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)			No	Yes	No	No	28-0	28-0
10009	Fine needle aspiration biopsy, including CT guidance; first lesion			No	Yes	No	No	28-0	28-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)			No	Yes	No	No	28-0	28-0
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	2		No	Yes	No	No	28-0	28-0
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	2		No	Yes	No	No	28-0	28-0
10021	Fine needle aspiration, without imaging guidance; first lesion			No	Yes	No	No	28-0	28-0
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion			No	No	No	Yes	27-1	28-0
11970	Replacement of tissue expander with permanent implant			No	No	Yes	No	26-2	28-0
11971	Removal of tissue expander without insertion of implant			No	Yes	No	No	28-0	28-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle			No	Yes	No	No	27-0	27-0
19316	Mastopexy			No	Yes	No	No	28-0	28-0
19318	Breast reduction			No	Yes	No	No	28-0	28-0
19325	Breast augmentation with implant			No	No	Yes	No	24-4	28-0
19328	Removal of intact breast implant			No	Yes	No	No	24-4	28-0
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)			No	Yes	No	No	28-0	28-0
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)			Yes	No	Yes	Yes	28-0	28-0
19342	Insertion or replacement of breast implant on separate day from mastectomy			No	No	Yes	Yes	28-0	28-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)			No	No	Yes	Yes	28-0	28-0
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy			No	Yes	No	No	25-3	28-0
19371	Peri-implant capsulectomy, breast, complete, including removal of all intra-capsular contents			No	Yes	No	No	25-3	28-0
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)			No	Yes	No	No	28-0	28-0
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing			No	Yes	No	No	27-0	27-0
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft		Yes	No	No	No	Yes	25-3	26-2

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)		Yes	Yes	No	No	Yes	27-1	26-2
27465	Osteoplasty, femur; shortening (excluding 64876)	3		No	Yes	No	No	28-0	N/A
27466	Osteoplasty, femur; lengthening	3		No	Yes	No	No	28-0	N/A
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	3		No	Yes	No	No	28-0	N/A
27715	Osteoplasty, tibia and fibula, lengthening or shortening	3		No	Yes	No	No	28-0	N/A
27X00	Osteotomy, femur, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	3		No	Yes	No	No	28-0	N/A

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting



## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
27X16	Osteotomy, tibia and fibula, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	3		No	Yes	No	No	28-0	N/A
28820	Amputation, toe; metatarsophalangeal joint			No	Yes	No	No	28-0	28-0
28825	Amputation, toe; interphalangeal joint			No	Yes	No	No	28-0	28-0
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone and articular cartilage, glenoid bone and articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies)			No	Yes	No	No	25-3	28-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone/humeral articular cartilage, glenoid bone/glenoid articular cartilage, biceps and biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign bodies)			No	Yes	No	No	27-1	28-0
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)			No	Yes	No	No	28-0	28-0
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed		Yes	No	No	No	No	28-0	28-0
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all itransmaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)(Do not report modifier 63 in conjunction with 33XX0)(For transseptal puncture, use 93462)		Yes	Yes	No	No	Yes	28-0	28-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, all imaging guidance by the proceduralist when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt		Yes	Yes	No	No	Yes	24-4	28-0
33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, all imaging guidance by the proceduralist when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)		Yes	No	No	No	No	20-7	28-0
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; left heart, arterial access only		Yes	Yes	No	No	Yes	26-1	N/A

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture(For insertion or replacement of implantable aortic counterpulsation ventricular assist system, see 0451t, 0452t, 0453t, 0454t)		Yes	Yes	No	No	Yes	27-0	N/A
33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), separate and distinct session from insertion(For removal of implantable aortic counterpulsation ventricular assist system, see 0455t, 0456t, 0457t, 0458t)		Yes	Yes	No	No	Yes	26-1	N/A
33993	Repositioning of percutaneous right or left heart ventricular assist device, with imaging guidance, at separate and distinct session from insertion(For relocating and repositioning of implantable aortic counterpulsation ventricular assist system, see 0459t, 0460t, 0461t)		Yes	Yes	No	No	Yes	26-1	N/A
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only		Yes	Yes	No	No	Yes	27-1	N/A

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, separate and distinct session from insertion(for removal of left or right heart ventricular assist device via open approach, see appropriate vessel repair code [eg, 35206, 35226, 35286, 35371])		Yes	Yes	No	No	Yes	26-1	N/A
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple		Yes	No	No	No	No	28-0	28-0
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		Yes	No	No	No	No	26-2	27-1
49565	Repair recurrent incisional or ventral hernia; reducible	3		No	Yes	No	No	27-0	N/A
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	3		No	Yes	No	No	28-0	N/A

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	3		No	Yes	No	No	28-0	N/A
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance			No	Yes	No	No	24-4	27-1
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)		Yes	No	No	No	No	24-3	27-0
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)		Yes	No	No	No	No	27-0	27-0
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)		Yes	No	Yes	No	No	26-1	27-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)(Use 57XX0 in conjunction with 57420, 57421, 57452, 57454, 57455, 57456, 57460, 57461)			No	Yes	No	No	18-9	26-1
67028	Intravitreal injection of a pharmacologic agent (separate procedure)			No	No	No	Yes	27-0	26-1
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral			No	No	Yes	No	24-4	28-0
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral			No	No	Yes	No	28-0	28-0
70030	Radiologic examination, eye, for detection of foreign body			No	Yes	No	No	28-0	28-0
70450	Computed tomography, head or brain; without contrast material			No	Yes	No	No	28-0	28-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
70460	Computed tomography, head or brain; with contrast material(s)			No	Yes	No	No	28-0	28-0
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections			No	Yes	No	No	28-0	28-0
71250	Computed tomography, thorax, diagnostic; without contrast material		Yes	No	No	No	No	25-3	27-1
71260	Computed tomography, thorax; with contrast material(s)		Yes	No	No	No	No	27-1	27-1
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections		Yes	No	No	No	No	28-0	27-1
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		Yes	Yes	No	No	Yes	25-3	27-1
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation			No	Yes	No	No	28-0	N/A

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting



## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation			No	Yes	No	No	28-0	N/A
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation			No	Yes	No	No	28-0	N/A
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation			No	Yes	No	No	28-0	N/A
75820	Venography, extremity, unilateral, radiological supervision and interpretation			No	Yes	No	No	28-0	28-0
75822	Venography, extremity, bilateral, radiological supervision and interpretation			No	Yes	No	No	27-0	28-0
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation			No	Yes	No	No	28-0	28-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	4		N/A	N/A	N/A	N/A	N/A	28-0
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report			N/A	N/A	N/A	N/A	N/A	28-0
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation	3		No	Yes	No	No	28-0	N/A
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter			No	Yes	No	No	28-0	28-0
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only			No	Yes	No	No	28-0	28-0
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed nonquantitative A-scan)			No	Yes	No	No	28-0	28-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral			No	Yes	No	No	28-0	28-0
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)			No	Yes	No	No	28-0	28-0
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	3		N/A	N/A	N/A	N/A	N/A	28-0
77520	Proton treatment delivery; simple, without compensation	3		N/A	N/A	N/A	N/A	N/A	27-1
77522	Proton treatment delivery; simple, with compensation	3		N/A	N/A	N/A	N/A	N/A	27-1
77523	Proton treatment delivery; intermediate	3		N/A	N/A	N/A	N/A	N/A	27-1
77525	Proton treatment delivery; complex	3		N/A	N/A	N/A	N/A	N/A	27-1

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report		Yes	Yes	No	No	Yes	26-2	27-1
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral.	3	Yes	N/A	N/A	N/A	N/A	N/A	28-0
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral.		Yes	Yes	No	No	Yes	27-1	28-0
92229	Imaging of retina for detection or monitoring of disease; with point-of-care automated analysis with diagnostic report; unilateral or bilateral	3	Yes	N/A	N/A	N/A	N/A	N/A	26-2
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)			No	Yes	No	No	28-0	28-0
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)			No	Yes	No	No	28-0	28-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)			No	Yes	No	No	28-0	28-0
92584	Electrocochleography			No	Yes	No	No	23-5	28-0
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis			No	Yes	No	No	28-0	28-0
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report			No	Yes	No	No	27-1	28-0
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report			No	Yes	No	No	28-0	28-0
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report			No	Yes	No	No	28-0	28-0
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report			No	Yes	No	No	27-0	27-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	3		N/A	N/A	N/A	N/A	N/A	27-0
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only			No	Yes	No	No	27-0	N/A
93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional			No	Yes	No	No	27-0	28-0
93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	3		N/A	N/A	N/A	N/A	N/A	28-0
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	3		N/A	N/A	N/A	N/A	N/A	28-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
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			No	Yes	No	No	27-0	28-0
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation			No	Yes	No	No	28-0	28-0
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)			N/A	N/A	N/A	N/A	N/A	28-0
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report			N/A	N/A	N/A	N/A	N/A	28-0
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation			No	Yes	No	No	28-0	28-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation			No	Yes	No	No	28-0	28-0
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	3		N/A	N/A	N/A	N/A	N/A	28-0
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	3		N/A	N/A	N/A	N/A	N/A	28-0
93248	external electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation			No	Yes	No	No	28-0	28-0
93306	Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography			Yes	No	No	Yes	27-0	27-0

**Notes Legend**

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting



## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)			No	Yes	No	No	23-4	N/A
93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)			No	Yes	No	No	19-8	N/A
93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report			No	No	No	Yes	27-0	27-0
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation.		Yes	No	No	No	No	28-0	28-0
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration		Yes	Yes	No	No	Yes	28-0	28-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
94617	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry			Yes	No	No	Yes	25-3	27-1
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed			No	Yes	No	No	28-0	27-1
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)			No	Yes	No	No	23-5	27-1
94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings (Do not report 94621 in conjunction with 94250, 94680, 94681 and 94690)(Do not report 946X2, 946X3, 94621 in conjunction with 94760, 94761)			No	Yes	No	No	27-1	27-1
94640	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	3		N/A	N/A	N/A	N/A	N/A	28-0

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	3		N/A	N/A	N/A	N/A	N/A	28-0
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	3		N/A	N/A	N/A	N/A	N/A	28-0
94669	Mechanical chest wall oscillation to facilitate lung function, per session	3		N/A	N/A	N/A	N/A	N/A	28-0
95012	Nitric oxide expired gas determination	3		N/A	N/A	N/A	N/A	N/A	28-0
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.		Yes	Yes	Yes	No	Yes	28-0	27-1

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
99202-99215	Global Surgery Period - RUC recommendation 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.		N/A	N/A	N/A	N/A	N/A	27-1	N/A
99202-99215;	Compelling Evidence Vote		N/A	N/A	N/A	N/A	N/A	25-3	N/A
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.		Yes	No	Yes	No	No	22-6	27-1
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.		Yes	No	Yes	No	No	20-8	27-1

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
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.		Yes	No	Yes	No	No	20-8	27-1
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.		Yes	No	Yes	No	No	27-1	27-1
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.		Yes	Yes	Yes	No	Yes	23-5	27-1

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
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.		Yes	No	Yes	No	No	25-3	27-1
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.		Yes	No	No	Yes	Yes	25-3	27-1
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.		Yes	No	Yes	No	No	25-3	27-1
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	3		No	Yes	No	No	28-0	N/A

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
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)	3		No	Yes	No	No	28-0	N/A
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)		Yes	Yes	Yes	No	Yes	25-3	27-1
99439	Chronic care management services, with the following required elements:multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,comprehensive care plan established, implemented, revised, or monitored;each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)(Use 994XX in conjunction with 99490)	3		No	Yes	No	No	25-2	27-1

### Notes Legend

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
99487	Complex chronic care management services, with the following required elements: <ul style="list-style-type: none"> <li>•multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,</li> <li>•chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,</li> <li>•comprehensive care plan established, implemented, revised, or monitored,</li> <li>•moderate or high complexity medical decision making;</li> <li>•60 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.</li> </ul>	3		No	Yes	No	No	27-0	27-1

**Notes Legend**

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting



## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
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, •comprehensive care plan established, implemented, revised, or monitored, •moderate or high complexity medical decision making; •each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	3		No	Yes	No	No	27-0	27-1

**Notes Legend**

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
99490	Chronic care management services, with the following required elements: <ul style="list-style-type: none"> <li>•multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;</li> <li>•chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;</li> <li>•comprehensive care plan established, implemented, revised, or monitored;</li> <li>•first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.</li> </ul>	3		No	Yes	No	No	27-0	27-1
99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	3		No	Yes	No	No	27-0	27-1

**Notes Legend**

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting

## RUC Vote Totals – CPT 2021

CPT Code	CPT Long Descriptor	Notes	Pre Facilitation	Specialty work RVU modified prior to or during presentation	Initially presented Specialty work RVU passed by RUC	Specialty work RVU facilitated by RUC	Specialty work RVU modified by RUC process	Final RUC Vote: Work RVU	Final RUC Vote: PE Direct Costs
G0166	External counterpulsation, per treatment session	3		N/A	N/A	N/A	N/A	N/A	27-0
G0452	Molecular pathology procedure; physician interpretation and report			No	Yes	No	No	28-0	28-0

**Notes Legend**

- 1 - Reviewed for direct PE inputs only
- 2 - RUC recommended carrier pricing
- 3 - RUC recommended referral to CPT Editorial Panel
- 4 - RUC recommended referral to next RUC meeting