AMA
AMERICAN MEDICAL ASSOCIATION

ama-assn.org
t (312) 464-5000

December 18, 2014

Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1612-FC
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: File Code-CMS-1612-FC; Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2015 Final Rule; (November 13, 2014).

Dear Administrator Tavenner:

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) Final Rule on the revisions to Medicare payment policies under the Physician Payment Schedule for calendar year 2015, published in the November 13, 2014 *Federal Register*.

RUC Work Value Recommendations Not Addressed in Final Rule

The RUC is concerned that some of the codes that were submitted to CMS for the 2015 Medicare Fee Schedule were not reviewed by the Agency. As you are aware the RUC makes submissions on an ongoing basis and in this case we were under the impression that these codes would be reviewed in time for values to be published for CY 2015. In light of this omission, we have attached the recommendations and request the Agency conduct a full review as soon as possible.

The RUC recommendations submitted to CMS in October 2014 for CY 2015 are for CPT codes **37215** *Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection* and **91200** *Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report.*

Establishing 2015 Interim Work Relative Values

The RUC appreciates that CMS accepted 86% of the RUC's work on submitted work relative value recommendations submitted for 2015. In preparing the RUC comments, specialties were provided with the opportunity to share additional information for CMS consideration. It is our intention that the following comments will provide enough clarity to persuade the Agency to reconsider the interim recommendations that differ from the RUC recommendations and instead affirm the RUC's recommended values in final rulemaking next year.

Subcutaneous Implantable Defibrilator Services (SICD): 33270, 33271, 33272, 33273, 93260, 93261, 93644

CPT code	Descriptor	RUC Rec RVU	CMS Proposed Interim RVU	CMS Work RVU Decision
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	9.10	9.10	Agree
33271	Insertion of subcutaneous implantable defibrillator electrode	7.50	7.50	Agree
33272	Removal of subcutaneous implantable defibrillator electrode	5.42	5.42	Agree
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	6.50	6.50	Agree
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	0.85	0.85	Agree
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	0.74	0.74	Agree
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	3.65	3.29	Disagree

The RUC is disappointed that CMS did not accept the RUC recommendation for CPT code 96344 listed in the table above.

To facilitate appropriate payment to physicians for SICD services new Category I codes were added for 2015. These codes replace existing Category III CPT codes. While CMS accepted the RUC recommendations for the other codes in this family, it did not for CPT code 93644. However, the decision to crosswalk 93644 to 32551 is not appropriate. As CMS noted, 32551 includes 20 minutes of intraservice time and 83 minutes of total time, similar to the recommended times for 93644 of 20 minutes of intraservce time and 84 minutes of total time. The similarities stop there. During 93644, after ventricular fibrillation is induced, cardiac arrest is induced to determine if the ICD generator and

subcutaneous lead are positioned adequately to ensure successful defibrillation and resuscitation of the patient. To determine an appropriate work value, the RUC compared CPT code 93644 to CPT code 15002 *Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children* (work RVU= 3.65) and noted that while the reference code has greater pre-service time, the codes have identical intra-service times and should thus be valued identically. The RUC recommends a direct crosswalk of work RVUs between 15002 and 93644. To justify a value of 3.65, the RUC also reviewed CPT code 16035 *Escharotomy; initial incision* (work RVU= 3.74, intra time= 20 minutes) and noted that both services have identical intra-service time and should be valued similarly. The RUC believed that the work intensity of the service negated the differences in service times between 93644 and 15002.

The RUC urges CMS to accept its original recommendation of 3.65 work RVUs for CPT Code 93644 and to revert to the RUC recommendation of a crosswalk to 15002. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

Transesophageal Echocardiography (TEE): 93312, 93313, 93314, 93315, 93316, 93317, 93318, 93355

CPT code	Descriptor	RUC Rec RVU	CMS Proposed Interim RVU	CMS Work RVU Decision
93312	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report	3.18	2.55	Disagree
93313	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); placement of transesophageal probe only	1.00	0.51	Disagree
93314	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); image acquisition, interpretation and report only	2.80	2.10	Disagree
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	3.29	2.94	Disagree
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	1.50	0.85	Disagree
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	3.00	2.09	Disagree
93318	Echocardiography, transesophageal (tee) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	2.40	2.40	Agree

93355	Echocardiography, transesophageal (tee) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg,tavr, transcathether pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, doppler, color flow, and 3d	4.66	4.66	Agree

The RUC is disappointed that CMS did not accept the RUC recommendations for CPT codes 93312, 93313, 93314, 93315, 93316, 93317, and 93318 listed in the table above.

Code 93312 is the main diagnostic TEE code in the family. It describes the work of placing the probe, acquiring/interpreting images, interpreting the results, and creating a report. Therefore, in order to value this service the RUC reviewed CPT code 43247 *Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body* (work RVU=3.18, 30 minutes intra-service time) and noted that both services have identical intra-service time and comparable total time. The RUC agreed to directly crosswalk the work RVUs of 43247 to the surveyed code 93312. To justify a work value of 3.18, the RUC reviewed CPT code 32557 *Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance* (work RVU=3.12, intra-service time= 30 minutes) and agreed that since both codes have identical intra-service time and comparable physician work, the recommended value is appropriately valued relative to other services across the RBRVS.. Perhaps even more important, all three services require placement and manipulation of a probe into the body for imaging. Additionally, the discrepancy in total time can be attributed to the fact that the comparator codes are 0-day global services that allow for positioning and scrub/dress/wait time in the standardized preservice package. These services are fundamentally similar and appropriately grouped in a relative value system. CMS's proposal to crosswalk to a work RVU of 2.55 from code 75573 is based entirely on the service times with no consideration given to clinical differences.

The RUC urges CMS to accept its original recommendation of 3.18 work RVUs for CPT Code 93312 and to revert to the RUC recommendation of a crosswalk to 43247. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

Code 93313 separately describes the work of placing the probe while code 93314 separately describes the work of acquiring/interpreting images, interpreting the results, and creating a report. CMS indicates that the services saw a significant drop in intraservice time, prompting it to propose work RVUs at the 25th-percentile of 0.51 and 2.10, respectively. However, these services did not undergo a significant reduction in time. The existing times were derived from CMS/Other sources dating back to 1996. No distinction was made about the division of service times into preservice, intraservice, or postservice time. The physician time file simply assigned a total time of 25 minutes to both services. These service times are largely meaningless in 2014, which is why societies undertook reviews of these services.

Code 93313 had a CMS/Other time of 25 minutes. Specifically, the RUC reviewed the survey respondents' estimated work values and agreed that the median work RVU of 1.00 is an accurate value for this service. To justify this value, the RUC compared the surveyed code to CPT code 78472

Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing (work RVU= 0.98) and agreed that since both codes have the same time components, they should both be valued similarly. In addition, the RUC reviewed CPT code 72192 *Computed tomography, pelvis; without contrast material* (work RVU= 1.09) and MPC code 23350 *Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography* (work RVU= 1.00) and agreed that both these services provide justification for the RUC recommended value for 93313.

The RUC urges CMS to accept its original recommendation of 1.00 work RVUs for CPT Code 93313. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

Code 93314 had a CMS/Other time of 25 minutes. The RUC recommended 15 minutes preservice time, 30 minutes intraservice, and 15 minutes postservice for a total service time of 60 minutes. CMS chose to arbitrarily reduce the service times to 10 minutes preservice, 20 minutes intraservice, and 15 minutes postservice. Specifically, The RUC reviewed the survey respondents' estimated work values and agreed that the median work RVU of 2.80 is an accurate value for this service. To justify this value, the RUC compared the surveyed code to 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 agreed that while both services have identical intra-service time, 30 minutes, 93314 is a more intense procedure and is accurately valued higher than this reference code. In addition, the RUC reviewed CPT code 10030 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous* (work RVU= 3.00) and noted that both services have identical intra-service time, but the reference code has more total time and should thus be valued slightly higher than 93314. The recommended times for this code are somewhat counterintuitive, since one may expect 93314 to take less time than 93312. However, the typical patient that receives 93314 is different than one undergoing 93312. A patient that undergoes 93314 has upper airway complications that warrant separate placement of the probe (93313) by a more experienced physician, often an anesthesiologist. The same difficulties that necessitate probe placement by a physician with expertise in the upper airway also lengthen the duration of 93314. Finally, a value at the 25th-percentile, fails to account for the changes in technique, technology, and knowledge that were previously cited.

The RUC urges CMS to accept its original recommendation of 2.80 work RVUs for CPT Code 93314. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

CMS used a building block method to derive a work RVU for 93315, recommending a value of 2.94. However, this method fails to correctly incorporate updated service times and changes in technique, technology, and knowledge. The RUC stands by its original recommendation which compared the surveyed code to CPT code 36147 *Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report* (work RVU= 3.72) and agreed that since the reference code has more total time compared to 93315, 80 minutes and 70 minutes, respectively, 36147 should be valued higher than the surveyed code. The RUC also reviewed CPT code 95953 *Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours,*

unattended (work RVU= 3.08) and agreed while both services have identical total times, this reference code is slightly less intense than the surveyed code and is correctly valued less. Finally, the RUC compared 93315 to 93312 and noted that this service is more complex because this service is performed on pediatric patients with complex anatomy and should be valued slightly higher than the adult service.

The RUC urges CMS to accept its original recommendation of 3.29 work RVUs for CPT Code 93315. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

The arbitrary nature of these intraservice time changes is further demonstrated with code 93316, which separately describes the work of placing the probe for congenital anomalies, generally in children. CMS has increased some times, proposing 15 minutes preservice time, 20 minutes intraservice, and 5 minutes postservice. In this instance, It is uncertain how these times were derived. The existing service time for 93316 was derived from CMS/Other sources dating back to 1996 and is of little relevance in 2014 when compared to a valid survey. A value at the 25th-percentile also fails to account for the changes in technique, technology, and knowledge. The RUC stands by its original recommendation based on the survey results for CPT code 93316 that the following physician time components are appropriate: pre-service time of 5 minutes and intra-service time of 20 minutes. The RUC agreed to lower the pre-service time from the median survey time of 15 minutes because the physician is waiting for the second operator to place the probe.

The RUC reviewed the survey respondents' estimated work values and agreed that the median work RVU of 1.50 is an accruate value for this service. To justify this value, the RUC compared the surveyed code to CPT codes 72148 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material* (work RVU= 1.48, intra-service time= 20 minutes) and 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* (work RVU= 1.46, intra-service time= 20 minutes) and noted that both reference codes have identical intra-service and comparable physician work relative to 93316. Furthermore, the RUC noted that this value fits into appropriate rank order compared to 93313 as it is a more intense and longer procedure.

The RUC urges CMS to accept its original recommendation of 1.50 work RVUs for CPT Code 93316. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

The existing time of 48 minutes for code 93317 was derived from CMS/Other sources dating back to 1996, again making comparison with a valid survey difficult. CMS reduced the service times to 10 minutes preservice, 20 minutes intraservice, and 15 minutes postservice. As with 93314, the recommended times for this code are somewhat counterintuitive. One may expect 93317 to take less time than 93315. However, the typical patient that receives 93317 is different than one undergoing 93315. A patient that undergoes 93317 has upper airway complications that warrant separate placement of the probe (93316) by a more experienced physician, often an anesthesiologist. The same difficulties that necessitate probe placement by a physician with more expertise in the upper airway also lengthen the duration of 93317. The RU C stands by its original recommendation based on survey results for CPT code 93317 that the following physician time components are appropriate: pre-service time of 15 minutes, intra-service time of 30 minutes and immediate post-service time of 15 minutes.

The RUC reviewed the survey respondents' estimated work values and agreed that the median work RVU of 3.00 is an accruate value for this service. To justify this value, the RUC compared the surveyed code to CPT code 10030 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous* (work RVU= 3.00) and noted that both services have identical intra-service time, 30 minutes, and should thus be valued the same. The RUC also compared this service to the comparable 93314 service and agreed that while both codes have the same time components, the increased intensity for 93317 justifies a slightly higher work value.

The RUC urges CMS to accept its original recommendation of 3.00 work RVUs for CPT Code 93317. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

Maxillofacial Computed Tomography: 70487 and 70488

CPT code	Descriptor	RUC Rec RVU	CMS Proposed Interim RVU	CMS Work RVU Decision
70487	Computed tomography, maxillofacial area; with contrast material(s)	1.17	1.13	Disagree
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	1.30	1.27	Disagree

The RUC is disappointed that CMS did not accept the RUC recommendations for CPT codes 70487 and 70488 listed in the table above.

The RUC recommendation for code 70487 was based on 22 minutes of physician work (5 pre-service, 12 intra-service, and 5 post-service) and the 25th percentile RVU from a survey of 62 radiologists and neuroradiologists. The RUC compared the surveyed code to key reference service 70460 *Computed tomography, head or brain; with contrast material(s)* (work RVU = 1.13) and determined that both services require the same physician time and similar intensity and complexity to perform and therefore should be valued similarly. For additional support, the RUC referenced MPC code 70470 *Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.27). These comparisons were not meant to imply that the work involved in these codes is identical however; CMS reduced the values of 70487 to equal the comparable head CT code, 70460. While these codes are comparable in service period times, the maxillofacial CT is more complex and intense, as was described in the specialty society SORs as follows:

The surveyed code 70487 is comparable to MPC code 70460 *Computed tomography, head or brain; with contrast material(s)* (work RVU = 1.13). These two codes have similar times and image similar regions of the body. They both deal with regions of compact and complex anatomy requiring the interpreter to have a broad-based knowledge of anatomic variants, as well as a keen sense of the dangerous conduits leading to disease spread between these two vital compartments. The volume of images one must review when interpreting 70487 is higher than 70460 because of the thinner CT slice technique required when analyzing the maxillofacial region. This hold true even though the chosen MPC is without and with contrast administration, while the surveyed code only involves post contrast imaging. While 70460 is arguably examining a more vital organ system, 70487 is evaluating the

anatomy immediately adjacent to this region, and is irreplaceable as the imaging study of choice in assuring that these "dangerous conduits" between the two compartments are not involved with, or threatened by, maxillofacial disease processes such as infection, trauma, or tumor.

The RUC urges CMS to accept its original recommendation of 1.17 work RVUs for CPT Code 70487. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

The RUC recommendation for code 70488 was based on 25 minutes of physician work (5 pre-service, 15 intra-service, and 5 post-service) and the 25th percentile RVU from a survey of 62 radiologists and neuroradiologists. The RUC compared the surveyed code to key reference service 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.40) and noted that 74170 requires slightly more physician time to complete and is appropriately valued higher than 70488. For addtional support, the RUC referenced MPC code 70470 *Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections* (work RVU = 1.27). These comparisons were not meant to imply that the work involved in these codes is identical. However, CMS reduced the values of 70488 to equal the comparable head CT code, 70470. While these codes have comparable intraservice period times, the maxillofacial CT is more complex and intense, as was described in the specialty society SORs as follows:

The surveyed code 70488 is comparable to MPC code 70470 (CT head w/o & w/contrast). These two codes have similar times and image similar regions of the body. They both deal with regions of compact and complex anatomy requiring the interpreter to have a broad-based knowledge of anatomic variants, as well as a keen sense of the dangerous conduits leading to disease spread between these two vital compartments. The volume of images one must review when interpreting 70488 is higher than 70470 because of the thinner CT slice technique required when analyzing the maxillofacial region. This holds true even though the chosen MPC code is without and with contrast administration, while the surveyed code only involves post contrast imaging. While 70470 is arguably examining a more vital organ system, 70488 is evaluating the anatomy immediately adjacent to this region, and is irreplaceable as the imaging study of choice in assuring that these "dangerous conduits" between the two compartments are not involved with, or threatened by, maxillofacial disease processes such as infection, trauma, or tumor. The societies are recommending a net negative 0.10 difference in wRVU for the surveyed code in comparison to the MPC code to account for the total time difference of 3 minutes.

The RUC urges CMS to accept its original recommendation of 1.30 work RVUs for CPT Code 70488. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

Isodose Planning Codes: 77316

CPT code	Descriptor	RUC Rec RVU	CMS Proposed Interim RVU	CMS Work RVU Decision
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	1.40	1.40	Agree
77307	Teletherapy isodose plan; complex (Multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	2.90	2.90	Agree
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	1.50	1.40	Disagree
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	1.83	1.83	Agree
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	2.90	2.90	Agree

The RUC is disappointed that CMS did not accept the RUC recommendation for CPT codes 77316 listed in the table above.

CMS is establishing the RUC recommended work RVUs for CY 2015 for all of the codes in this family except CPT code 77316. CMS disagreed with the RUC-recommended crosswalk for this service because they do not believe it is an appropriate match in work. The RUC crosswalked CPT code 77318 to CPT code 77307, because both codes are complex isodose planning codes and are in the same family. CMS believes that the RUC should have crosswalked CPT code 77316, a simple isodose planning code, to the corresponding simple isodose planning code in the same family, CPT code 77306. Therefore, for CY 2015 they are establishing an interim final work RVU of 1.40 for CPT code 77316.

Although the surveyed physician times are the same for CPT codes 77306 and 77316, the survey respondents believed that the intensity of CPT code 77316 should be slightly more than CPT code

77306. CPT code 77306 captures the work of external beam radiation planning for 1 or 2 unmodified ports, whereas 77316 is typically used for high dose rate brachytherapy planning with a single channel which has multiple dwell positions (typically more than 4) hence significantly higher number of variables that have to be taken into account to create the plan. Thus, there is an incremental increase in the amount of physician work for brachytherapy isodose plans.

The RUC stands by its recommendation, which was based on survey results from 70 radiation oncologists. The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty that the survey 25th percentile work RVU of 1.50 is appropriate. The RUC also agreed that the brachytherapy isodose planning is a more intense service relative to tele therapy isodose planning. The RUC compared the surveyed code to MPC code 88321 *Consultation and report on referred slides prepared elsewhere* (work RVU= 1.63, intra-service time of 50 minutes) and noted that the reference code has a higher intra-service time (50 minutes versus 40 minutes), supporting a lower work RVU of 1.50 for the surveyed code. The RUC also compared the surveyed code to CPT code 88380 *Microdissection (ie, sample preparation of microscopically identified target); laser capture* (work RVU= 1.56, intra-service time of 45 minutes) and noted that with similar total time (46 minutes versus 45 minutes) and similar work intensities, the RUC recommended work value is appropriate for 77316.

The RUC urges CMS to accept its original recommendation of 1.50 work RVUs for CPT Code 77316. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

Pathology Codes 88341, 88364, 88367, 88369, 88373, 88374, 88375

CPT code	Descriptor	RUC Rec RVU	CMS Proposed Interim RVU	CMS Work RVU Decision
88341	IHC additional	0.65	0.42	Disagree
88364	Qualitative FISH additional	0.88	0.53	Disagree
88367	Quantitative, Computer Assisted FISH initial	0.86	0.73	Disagree
88369	Quantitative, Manual Assisted FISH additional	0.88	0.53	Disagree
88373	Quantitative, Computer Assisted FISH additional	0.86	0.43	Disagree
88374	Quantitative, Computer Assisted FISH multiplex	1.04	0.93	Disagree
88375	Optical Endomicroscopy	1.08 (2014 RUC Recommendation)	0.91	Disagree

The RUC is disappointed that CMS did not accept the RUC recommendations for CPT codes 88341, 88364, 88367, 88369, 88373, 88374, and 88375 listed in the table above.

CMS applied a 40% reduction to the work RVU for new CPT code 88341 based on previous RUC recommendations for pathology add-on codes for CPT codes stating that the agency believes "that the relative resources involved in furnishing an add-on service in this family would be reflected appropriately using the same 60 percent metric." The RUC strongly disagrees with CMS applying a 40% percent reduction and categorizing all pathology add-on services as requiring the same resources as the cited examples. Specifically the codes noted by CMS are services that, when performed as an add-on service are assessment of tumor margins, and the diagnosis of tumor has typically been made prior to that assessment. We strongly believe that all pathology services cannot be generalized in the same manner as may be the case for frozen section services where the add-on service is to check tumor margins for the presence of cancer.

Specifically, for additional Immunohistochemistry services represented by new CPT code 88341, each antibody is evaluated separately on different slides. Each antibody has a specific staining pattern for true positivity as opposed to non-specific staining, and the pattern of cytoplasmic, nuclear, and heterogeneous versus homogenous staining must be individually evaluated for each stain. Each antibody provides specific additional information for the pathologist to interpret in arriving at a diagnosis for the specimen. This is in contrast to the two examples CMS provided, in which the primary diagnoses would typically be known prior to the resection, so that, for each of the margins reviewed with the add-on code, the diagnosis is typically known in advance. This is not the case with the immunohistochemisty add-on services.

In addition, the RUC carefully reviewed the survey data and to ensure relativity of CMS code 88341 to other services on the physician fee schedule. The RUC reviewed the survey results from 206 pathologists for CPT code 88341 and determined that the survey 25th percentile work RVU of 0.65 appropriately accounts for the work required to perform this service. The RUC noted that although this add-on service requires the same time as the base code 88342, the work is slightly less for each additional single antibody. Based on the relativity established by the RUC through its review of this service, as well as the above explanation why all pathology add-on services cannot be presumed to represent a 40% reduction in physician work relative to their corresponding initial services, we urge CMS to adopt the RUC approved work RVU for CPT code 88341 of 0.65 work RVUs. A different valuation would create a rank order anomaly.

The RUC urges CMS to accept its original recommendation of 0.65 work RVUs for CPT Code 88341. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

Similar to CPT code 88341, CMS again applied a 40% reduction to the work RVU for new CPT code 88364 relative to the corresponding initial service. The RUC strongly disagrees with CMS' 40% percent reduction categorizing all pathology add-on services as requiring the same reduced resources relative to the initial service as the cited examples. It is clear that when pathologists perform in situ hybridization add-on services there is no corresponding interpretive diagnosis previously established when the pathologist's work begins on the additional single probe stain procedure.

Again, the RUC carefully reviewed the survey data to determine relativity of this service and this family. Specifically, the RUC reviewed the survey results for CPT code 88364 and determined that a work RVU of 0.88, the same as the recommended work RVU for CPT code 88365 and 88368, appropriately accounts for the work required to perform this service. The RUC noted that the recommended work RVU is lower than the survey 25th percentile work RVU of 0.95. The RUC determined that since 88365 and the add-on code 88364 require identical time and intensity, these two

services should be valued the same. The RUC noted that the pathologist is looking at a second probe with an entirely different signal than the base code 88365. Again, we urge CMS to value the work RVU for CPT code 88364 based on the RUC's relativity assessment rather than on an incorrect general assumption regarding pathology add-on services and adopt the RUC recommended work RVU of 0.88. A different valuation would create a rank order anomaly.

The RUC urges CMS to accept its original recommendation of 0.88 work RVUs for CPT Code 88364. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

The Agency notes that CPT code 88367 is the computer assisted version of morphometric analysis, analogous to 88368 which is the manual version. CMS accepted the RUC recommended work RVU of 0.88 for 88368 but the Agency does not believe that the RUC recommended work RVU of 0.86 adequately reflects 25 minutes of intraservice time compared to 30 minutes for CPT code 88368. The RUC concluded that 0.86 work RVUs appropriately accounts for the work required to perform this service and compared this code together with its code family including CPT code 88368 for relativity. In addition, it was noted that the same numbers of cells are evaluated by the pathologist when rendering a diagnosis for CPT code 88367 as in CPT code 88368. Specifically, the RUC compared 88367 to 88368 and noted that CPT code 88368 is manual and requires slightly more physician work and time because the physician is moving between the images from the fluorescent microscope to find the cells of interest that will be counted. In code 88367, the images that the physician evaluates are selected by the computer. CPT code 88367 still requires the physician to independently view, analyze and make decisions as each separate image, and a ratio is calculated for each service.

The RUC urges CMS to accept its original recommendation of 0.87 work RVUs for CPT Code 88367. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

Similar to other new add-on codes, CMS again applied a 40% reduction to the work RVU for new CPT code 88369. The RUC again strongly disagrees with CMS applying a 40% percent reduction, categorizing all pathology add-on services as requiring the same reduced resources relative to the initial service as the cited examples. It is clear that when pathologists perform in situ hybridization add-on services there is no corresponding interpretive diagnosis previously established when pathologists work begins on the additional single probe stain procedure.

The RUC carefully reviewed the survey data to determine relativity of this service and this family. In addition, the same numbers of cells are evaluated by the pathologist when rendering a diagnosis for CPT code 88369 as in CPT code 88365. Specifically, the RUC reviewed the survey results for CPT code 88369 and determined that a work RVU of 0.88, the same as the recommended work RVU for CPT code 88365 and 88368, appropriately accounts for the work required to perform this service. The RUC compared 88373 to 88369 and noted that CPT code 88369 is manual and requires slightly more physician work and time because the physician is moving the slide with the fluoroscopic microscope around to find the cells of interest that will be counted.

The RUC urges CMS to accept its original recommendation of 0.88 work RVUs for CPT Code 88369. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

Similar to other new add-on codes, CMS again applied a 40% reduction to the work RVU for new CPT code 88373 based on previous RUC recommendations for pathology add-on codes. The RUC again strongly disagrees with CMS applying a 40% percent reduction and categorizing all pathology add-on services as requiring the same reduced resources relative to the initial service as the cited examples. It is clear that when a pathologist performs in situ hybridization add-on services there is no corresponding interpretive diagnosis previously established when pathologist's work begins on the additional single probe stain procedure.
The RUC carefully reviewed the survey data to determine relativity of this service and this family. The RUC firmly agreed that "using computer-assisted technology" as included in the descriptor, does not replace the physician work. Computer-assisted technology refers to the computer selecting the images for the pathologist to review. The computer does not adequately distinguish between cancer and non-cancer cells. In addition, the American Society of Clinical Oncology (ASCO) guidelines indicate that a minimum of 40 neoplastic cells need to be examined for signal intensity. Specifically, they reviewed the survey results for CPT code 88373 and determined that a work RVU of 0.86, the same as the recommended work RVU for CPT code 88367, appropriately accounts for the work required to perform this service. The RUC compared 88373 to 88369 and noted that CPT code 88369 is manual and requires slightly more physician work and time because the physician is moving the slide with the fluoroscopic microscope around to find the cells of interest that will be counted. In code 88373, the computer selects the images that the physician evaluates, however 88373 still requires the physician to analyze and make decisions.

The RUC urges CMS to accept its original recommendation of 0.86 work RVUs for CPT Code 88373. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

CMS reduced the RUC recommended value for CPT code 88374 as the code is a computer assisted version of CPT code 88377 with decreased intraservice time from 45 minutes to 30 minutes. The agency applied a similar ratio to the work RUV of 88377 to assign an interim work RVU of 0.93 for 88374. The RUC however, clearly agreed that "using computer-assisted technology" for 88374, as included in the descriptor, does not replace the physician work. Computer-assisted technology refers to the computer selecting the images for the pathologist to review. The computer does not effectively distinguish between cancer and non-cancer cells. In addition, the American Society of Clinical Oncology (ASCO) guidelines indicate that a minimum of 40 neoplastic cells need to be examined for signal intensity. The RUC compared 88374 to 88377 and noted that CPT code 88377 is manual and requires slightly more physician work and time because the physician is moving the fluoroscopic microscope field around to find the cells of interest that will be counted. In code 88374, the images that the physician evaluates are selected by the computer. CPT code 88374 still requires the physician to analyze and make decisions to reach a separate diagnosis. In addition, the pathologist when rendering a diagnosis for CPT code 88374, as in CPT code 88377, evaluates the same numbers of cells. The RUC concluded that based on the survey's 25th percentile work RVU, that 1.04 appropriately accounts for the work required performing this service. The RUC urges CMS to adopt the RUC recommended work RVU of 1.04 for CPT code 88374 and not create a rank order anomaly amongst these services.

The RUC urges CMS to accept its original recommendation of 1.04 work RVUs for CPT Code 88374. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

In the 2014 Medicare Physician Payment Schedule, CMS assigned a Medicare Status of I (not valid for Medicare purposes) to CPT code 88375. The RUC appreciates the Agency's decision to establish CPT code 88375 as an active code for Medicare purposes. However, we strongly believe that the Agency should utilize the RUC recommended physician work RVUs for this service. In the Final Rule for 2015, CMS stated that "to value this service, we based the RVUs on those assigned to CPT code 88329, adjusted for the difference in intraservice time between the two codes. We are assigning a final work RVU of 0.91 for CPT code 88375 for CY 2015." We question the calculation utilized to determine the 0.91 work RVU based on adjustments for intrasevice time between CPT codes 88375 and 88329. We believe that the RUC's recommended value of 1.08 based on survey data as well as comparison to other physician services determines a relative value that should be adopted by the Agency. In addition, by discounting the RUC survey's intra service intensity data comparisons with the key reference service, CMS has created a rank order anomaly by not accepting the RUC valuation.

To validate the RUC's recommended value, the RUC compared the surveyed code to key reference service 88331 *Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen* (work RVU= 1.19) and agreed that although the pathologist will review more images (in real time) during an optical endomicroscopy session, the intensity and urgency of reviewing frozen sections during surgery accounts for the greater physician work in the reference code. The RUC survey results demonstrate that the complexity and intensity measures of 88375 were identical or greater than those for 88331. The RUC also reviewed CPT codes 11311 *Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm* (work RVU= 1.10) and 88121 *Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology* (work RVU= 1.00) as both codes have identical intra-service time, 25 minutes, as the surveyed code which justifies the recommended work value for 88375.

The RUC urges CMS to accept its original recommendation of 1.08 work RVUs for CPT Code 88375. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

Caloric Vestibular Test Code: 92543

CPT code	Descriptor	RUC Rec RVU	CMS Proposed Interim RVU	CMS Work RVU Decision
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording	0.35	0.10	Disagree

The RUC is disappointed that CMS did not accept the RUC recommendation for CPT code 92543 *Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording*, as outlined above.

In the final rule, CMS' basis for maintaining the current value of 0.10 for 92543 was that "survey respondents may not have understood the revised code description for CPT code 92543, and thus the survey data may be unreliable." However, CPT 92543 was subject to a rigorous RUC process during

which the RUC recommended directly crosswalking to CPT code 92550 *Tympanometry and reflex threshold measurements* (work RVU =0.35), which was determined to be a similar service.
The RUC urges CMS to accept its original recommendation of 0.35 work RVUs for CPT Code 92543.

Transcranial Doppler Studies Codes: 93888, 93975 & 93976

CPT code	Descriptor	RUC Rec RVU	CMS Proposed Interim RVU	CMS Work RVU Decision
93888	Transcranial Doppler study of the intracranial arteries; complete study	0.70	0.50	Disagree
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	1.16	Disagree
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.80	Disagree

The RUC is disappointed that CMS did not accept the RUC recommendations for CPT codes 93888, 93975, and 93976, as outlined in the table above.

In the Final Rule, CMS noted that the RUC recommended 0.50 RVUs for several codes in this family with 10 minutes intraservice work, which CMS feels is an appropriate relationship between time and intensity. Therefore, codes with 10 minutes intra-service work are being assigned 0.50 RVUs. The RUC rejects this generalization to other codes within this family as each code was carefully reviewed, taking into consideration made the specific services being provided, not just the amount of intraservice time.

The RUC stands by its recommendation which is based on the survey results from 32 neurologists and radiologists who determined that the survey median work RVU of 0.70 for CPT code 93888 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93888 to the key reference service 76821 *Doppler velocimetry, fetal; middle cerebral artery* (work RVU= 0.70) and agreed that both services require the same physician work and time and should be valued the same. The RUC also referenced MPC codes76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.97) and determined that the recommended work RVU of 0.70 places this service relative to other similar services. Lastly, the RUC noted that this service is appropriately valued higher than the duplex scan codes, as the typical patient is critically ill, possibly in a coma, therefore it is more challenging to identify the arteries and more difficult to complete the measurements.

The RUC urges CMS to accept its original recommendation of 0.70 work RVUS for CPT Code 93888. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

In the Final Rule, CMS notes that the RUC recommended the survey 25th percentile for codes in this family with 15 minutes intraservice work which CMS feels appropriately reflects the work. Therefore, codes with 15 minutes intraservice work are being assigned the survey 25th percentile values. However, CPT code 93975 has 20 minutes of intraservice time so that is not an appropriate or valid rationale for this reduction.

The RUC stands by its original recommendation which is based on the survey results from 54 radiologists, cardiologists and vascular surgeons and determined that the survey median work RVU of 1.30 for CPT code 93975, a decrease from the current value, appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 20 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93975 to the key reference service 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* (work RVU= 1.30) and agreed that both services have analogous physician work and time and should be valued the same. The RUC also referenced MPC codes 99238 *Hospital discharge day management; 30 minutes or less* (work RVU= 1.28) and 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU= 1.40) and determined that the recommended work RVU of 1.30 places this service relative to other similar services.
The RUC urges CMS to accept its original recommendation of 1.30 work RVUs for CPT Code 93975. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

In the Final Rule, CMS notes that the RUC recommended the survey 25th percentile for codes in this family with 15 minutes of intraservice time, which CMS feels appropriately, reflects the work. Therefore, codes with 15 minutes of intraservice time are being assigned the survey 25th percentile values. The RUC rejects this generalization to other codes within this family as each code was carefully reviewed taking into consideration the specific services being provided, not just the amount of intraservice time.

The RUC stands by its original recommendation which is based on the survey results from 53 radiologists, cardiologists and vascular surgeons and determined that the survey median work RVU of 1.00 for CPT code 93976, a decrease from the current value, appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93976 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab studies. However, there is a difference in the body area and type of blood vessels imaged. CPT code 93976 is a limited study that involves both arterial inflow and venous outflow examination of an organ and is therefore more intense. Likewise, 93976 is more intense than 93880, 93925 and 93930 because it includes a study of both arterial inflow and venous outflow of organ systems and is appropriately valued higher. CPT code 93976 relies more on the interpretation of Doppler wave forms which are non-numerical and use deep Doppler which is more complex; therefore there is an increased complexity to interpret the Doppler spectrum. The RUC also referenced MPC codes 99213 *Office or other outpatient visit for the evaluation and management of*

an established patient (work RVU= 0.97) and 95805 *Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness* (work RVU= 1.20) and determined that the recommended work RVU of 1.00 places this service relative to other similar services.

The RUC urges CMS to accept its original recommendation of 1.00 work RVUs for CPT Code 93976. In addition, the RUC requests that this code be referred to the Refinement Panel for reconsideration.

Application of Topical Fluoride Varnish Code: 99188

CPT code	Descriptor	RUC Rec RVU	CMS Proposed Interim RVU	CMS Work RVU Decision
99188	Application of topical fluoride varnish by a physician or other health care professional	0.20	N	N/A

The RUC is disappointed that CMS did not accept the RUC recommendation for CPT code 99188, and instead assigned a status indicator of "N" for non-covered.

The RUC believes that since CMS covers services provided by Medicaid it is imperative that the Agency publish the RUC recommended values for code 99188 on the Medicare Physician Payment Schedule. There is a long-standing precedent established by the preventive medicine services codes (99381-99397) and other codes, which are status indicator "N," yet have had their RUC recommended values published on the Medicare Physician Payment Schedule since their inception. CMS established this precedent and should continue to follow it with code 99188. This is a viable solution since it allows CMS to publish the RUC-recommended values on the Medicare Physician Payment Schedule while maintaining the Medicare payment policy that may not cover certain services.

Advanced Care Planning Codes

CPT code	Descriptor	RUC Rec RVU	CMS Proposed Interim RVU	CMS Work RVU Decision
99497	Advanced care planning including the explanation and discussion of advanced directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	1.50	I	N/A
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other	1.40	I	N/A

	qualified health care professional; each additional 30 minutes (list separately in addition to code for primary procedure)			

The RUC is disappointed that CMS did not accept the RUC recommendation for CPT codes 99497 and 99498, and instead assigned a status indicator of "I" for non-covered.

Specifically, CMS states that *"For CY 2015, we are assigning a PFS status indicator of ''I'' (Not valid for Medicare purposes. Medicare uses another code for the reporting and payment of these services.) to CPT codes 99497 and 99498 for CY 2015. However, we will consider whether to pay for CPT codes 99497 and 99498 after we have had the opportunity to go through notice and comment rulemaking."*

The RUC is unclear and CMS does not elaborate on what other codes Medicare uses currently for payment of these services. Further, the RUC is concerned that CMS is suggesting that these codes need an additional level of consideration or review. Finally, the RUC believes that it is imperative that the RVUs be published on an interim basis the way it does for other new and revised codes that appear on the Medicare Fee Schedule.

The RUC urges CMS to publish the RUC recommended RVUs and begin separate payment for advance care planning services.

CY 2015 Identification and Review of Potentially Misvalued Services

The RUC continues to ensure that potentially misvalued services are fairly identified and reviewed. Since 2006, the RUC's efforts have led to the identification of more than 1,700 codes and resulted in $3.5 billion in redistribution within the Medicare Physician Payment Schedule. A report of the RUC's progress in this project is attached to this letter.

In the Final Rule, CMS eliminated the list of codes identified as potentially misvalued in a proposed rulemaking "High Expenditure" screen. The RUC had been prepared to review these services at the January 2015 RUC meeting. The specialties understand the direction provided by CMS and the individual services will no longer be scheduled for review, if they are related only to this specific CMS screen.

CMS did seek public comment for a few other services unrelated to this screen. The tables below provide a status on various items CMS has requested the RUC to review:

Public Nomination of Potentially Misvalued Services

CPT Code	RUC Status
33282 33284	CMS noted that stakeholders who are interested in providing information about the direct practice expense (PE) inputs used in furnishing these services in the non-facility setting may do so in this comment period. The RUC solicited the specialty societies' interest in submitting non-facility inputs. The specialty societies indicated that the services described by these two codes would not be performed in the office. **Therefore the RUC will not be developing PE inputs for the non-facility setting at this time.**
41530	RUC submitted only PE recommendations for 2015. **The RUC will review physician work at the April 2015 meeting.**

Potentially Misvalued Codes

Issue	CPT Code	RUC Status
Epidural Injection and Fluoroscopic Guidance	62310 62311 62318 62319 77001 77002 77003	Referred to CPT 2017 cycle. Services to be revised to include imaging guidance.
Neurostimulator Implantation	64553 64555	RUC to review at the April 2015 meeting.
Mammography	77055 77056 77057	Referred to February 2015 CPT meeting to revise the word "film" in the descriptor and survey for the April 2015 RUC meeting.
Abdominal Aortic Aneurysm Ultrasound Screening	G0389	Referred to February 2015 CPT meeting to transition to a Category I code and survey for the April 2015 RUC meeting.
Prostate Biopsy	G0416	RUC to review at the April 2015 meeting.

Finalizing CY 2014 Interim Direct PE Inputs – Code Specific Comments

Issue	CPT Code	RUC Status
Cytopathology	88108 88112	In the Final Rule for 2015 CMS requests that this service be reviewed as potentially misvalued based on comments that the refinements to the PE inputs for CPT code 88112 resulted in a rank-order anomaly, as CPT code 88108 has higher PE RVUs than CPT code 88112, while CPT code 88108 is a less complex service than CPT code 88112. Specifically, commenters stated that it is illogical for a cytology specimen processing technique that involves an additional step that requires materially more resources to have an RVU that is less than an associated technique that requires fewer resources, and expressed concerns about the potential for misreporting. **The RUC will review the direct PE inputs for 88108 and 88112 at the April 2015 RUC meeting.**

Establishing CY 2015 Interim Final Work RVUs – Code Specific Issues

Issue	CPT Code	RUC Status
Electronic Analysis of Implanted Neurostimulator	95971 95972 95973	In the Final Rule for 2015 CMS notes that the RUC reviewed CPT codes 95971 and 95972 because they were identified by the High Volume Growth Services screen which identifies services in which Medicare utilization increased by at least 100 percent from 2006 to 2011 screen. It is unclear to CMS why CPT code 95973, the add-on code to CPT code 95972, was not also surveyed. Even though the RUC did not survey 95973, CMS believes it should be reviewed as part of this family. The lack of a survey for CPT code 95973 along with the confusing descriptor language and intraservice time suggest the need for this family to be returned to CPT for clarification of the descriptor and then to the RUC for resurvey. **The RUC has referred this issue to CPT for clarification.** The RUC recommended that for CY 2016, the relevant specialties should submit a code change proposal to more definitely address the concern and make the codes more consistent with current practice. The specialties anticipate two separate families; one for peripheral nerve root stimulators and another for spinal cord stimulators.

Resource-Based Practice Expense (PE) Relative Value Units (RVUs)

Direct PE Inputs for Stereotactic Radiosurgery (SRS) Services (CPT Codes 77372 and 77373)

Until recently, SRS services furnished using robotic methods were billed using contractor-priced G-Codes G0339 *Image-guided robotic linear accelerator based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment,* and G0340 *Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment.* Stakeholders have indicated that the CPT codes accurately described both services and the RUC stated that the direct PE inputs for the CPT codes accurately accounted for the resource costs of the described services. CMS proposed to recognize only the CPT codes for payment of SRS services and to delete the G-Codes used to report robotic delivery of SRS. After consideration of the comments regarding the appropriate inputs to use in pricing the SRS services, CMS has concluded that at this time, they lack sufficient information to make a determination about the appropriateness of deleting the G-Codes and paying for all Stereotatic Radiosurgery (SRS) and Stereotatic Body Radiation Therapy (SBRT) services using the CPT codes. Therefore, they will not delete the G-Codes for 2015, but will instead work with stakeholders to identify an alternate approach and reconsider this issue in future rulemaking.

SRS and SBRT are precise and effective types of radiation therapy that use concentrated radiation beams in high doses to destroy tumors in difficult and hard to reach areas, such as the brain or spine, and other sites within the body. These forms of treatment are high-value services that achieve tumor eradication expediently and non-invasively.
The RUC maintains that the CPT codes accurately describe SRS/SBRT services and that the G codes are not needed. However, we recognize the issue is complicated and there is the potential for significant impact on practices if the G-Codes are deleted.

The RUC notes that the direct practice expenses for these services have been reviewed by the RUC's Practice Expense Subcommittee and PE direct inputs accurately capture the resources utilized for all SRS and SBRT services (including robotic) relative to other radiation oncology services. It is unlikely that reviewing the services through the RUC process in the future will yield any significant changes.

The RUC appreciate CMS' attention to this issue and supports their decision to monitor the issue closely and possibly identify an alternate approach to deleting G-Codes.

Review of Direct PE for Codes Identified Under CMS Proposal to Cap PE RVUs at OPPS/ASC Rates

The RUC is disappointed that CMS did not recognize the exhaustive work undertaken by both the RUC and the specialties societies in reviewing the direct practice expense for select services involved in the CMS proposed OPPS/ASC cap.

As part of the 2014 NPRM, CMS proposed to cap payments to services performed in the non-facility setting when those payments are greater than what is paid when the same service is performed in either the hospital outpatient or ASC facility setting. While CMS did not finalize this proposal, the RUC took the initiative to solicit feedback from specialty societies regarding CPT codes potentially impacted by the OPPS/ASC payment cap proposal. Specialty societies looked over the list of 211 codes identified by the proposal and indicated which services they have an interest in reviewing. The

RUC recommended developing practice expense (PE) inputs only for the subset of codes identified by specialty societies, grouped by specialty, at the April 2014 RUC meeting.

This review marked a new type of screen for the RUC, whereby specialty societies brought forward codes from a range of services identified by CMS through a policy proposal. Given that the OPPS/ASC cap proposal was to limit the practice expense payment when non-facility payment was greater than in the hospital outpatient or ASC facility setting, the expectation was to review a subset of services to demonstrate that the associated direct PE inputs were clinically appropriate and did not represent distortions. This history is important to note, as the specialty societies who provide the 211 services on the list were not compelled to undergo PE review, but instead chose to conduct a review. Furthermore, as the primary purpose of the review was to confirm the clinical appropriateness of the direct PE already included in these codes, the RUC recommended overall decreases to the PE inputs. While the RUC viewed the policy proposal to be misguided, it did agree that it served as an appropriate screen to determine if the non-facility inputs were appropriate.

As with all CMS screens and proposals, the RUC addresses only direct PE when the CMS concern is solely related to the practice expense. Thus, as is consistent with all past RUC recommendations, these codes were only reviewed for direct PE inputs because that was the agency's area of concern. **Given the amount of work that went into revising the direct PE inputs for numerous codes, the RUC requests that CMS consider the PE recommendations for the four PE only recommendations, which are attached, in the 2016 NPRM.**

2014 RUC Recommandations – Finalizing Direct Practice Expense Refinements

Equipment Time

In the Final Rule, CMS addressed the RUC's repeated request for additional information about the specific rationale used in developing refinements. Specifically, CMS provided the criteria it considers to determine which direct PE equipment inputs are highly technical, as well as some examples. The RUC appreciates CMS' response to our request for this information and we intend to use it to improve our practice expense recommendations. We hope that our efforts will result in fewer CMS refinements to direct PE input recommendations in future rulemaking.

Code-Specific Direct PE Inputs

The RUC appreciates that CMS has specified the clinical staff activities typically included in the calculation of equipment time for highly technical pieces of equipment. Similar to the criteria for identifying highly technical pieces of equipment, the RUC intends to use this information to improve the accuracy of equipment time calculations and we hope that these efforts will result in fewer CMS refinements to direct PE input recommendations in future rulemaking.

Cross-Family Comments

In its response to comments regarding refinements to clinical labor minutes related to film inputs, CMS states:

> "In reviewing the times associated with these clinical labor tasks, we noted that it would be consistent with our policy finalized in this rule to adjust the times associated with

> clinical labor tasks for all interim final codes to be consistent with the RUC recommendations regarding clinical labor tasks for digital technology."

This is a misrepresentation of the RUC recommendations regarding clinical labor activities for digital technology. The way that the above statement is worded implies that the RUC provided specific time standards for clinical staff activities as part of the Migration from Film to Digital Imaging Workgroup's recommendation, when the Workgroup intentionally only recommended the activities and not the number of minutes that the activities require. There is absolutely no basis for CMS' assertion that the number of minutes that they have specified as typical for digital imaging in Table 20 of the Final Rule is in any way a RUC recommended standard. Additionally, in the Proposed and Final Rule for 2015, CMS accepted the RUC's recommendation to remove the identified supplies and equipment from imaging CPT codes and included no discussion of the number of minutes that would be assigned to the clinical labor tasks. Although it was not included in the proposed rule CMS has now begun to use the "typical minutes" they have determined as appropriate in Table 20 as a practice expense standard implemented to imaging codes accepted, with refinement as interim final in CY2014 (Table 21 in the 2015 Final Rule) and for imaging codes accepted, with refinement for CY 2015 (Table 31). CMS has included the following comment to explain the refinement in Table 31, "standard times for clinical labor tasks associated with digital imaging." In conclusion, the RUC strongly disagrees with the number of minutes that CMS has included as typical for digital imaging clinical labor activities in Table 20 and implemented as interim final for the codes listed in Table 21 and 31. It is clear that CMS determined the range of minutes listed in the RUC PE recommendations submitted for CY2014 and applied the minimum minutes recommended to the digital inputs. This is not a legitimate way to determine the appropriate clinical staff time for these codes. The RUC recommended a range of 5-27 minutes total film clinical staff activities for CY2014. This variation is based on what is needed to perform the service and the time does not suddenly become uniform for all codes simple because of the transition to digital technology. The RUC suggests that CMS maintain the original RUC recommended times and apply them to the new clinical staff activities related to digital imaging. The RUC also takes issue with the times being referenced to as standards in rationale for refinement of Direct PE Input Recommendations for 2015 in Table 31. This is not a RUC standard. **The RUC recommends that no standard time for these clinical staff activities be applied. The RUC recommends that the specialties have an opportunity to determine the appropriate inputs at the individual distinct service level. If CMS insists on development of a standard for these tasks, the RUC asks that you specifically call for comment on the development on these standards and then provide appropriate opportunity for clinical expertise to be utilized in developing any such standards.**

Esophagoscopy/Esophagoscopy Gastroscopy Duodenoscopy (EGD)

In establishing interim final direct PE inputs for CY 2014, CMS refined the RUC's recommendations for CPT codes 43201 by removing needle, micropigmentation (tattoo) (SC079). In response to commenters CMS stated that, "We did not receive an invoice for the tattoo needle and have no information about this item. We are also unable to include this item in the PE calculations without a method to price it. We do not believe that we have a reasonable proxy at this time. If we receive invoices for this item, we will be able to include it in the direct PE input database." We were very surprised to see this explanation as supply direct PE inputs SC079 was already priced at $12.00 and exists as an input in other CPT codes 11920, 11921 and 43236. The RUC's understanding of the invoice process is that an invoice is only needed with the RUC recommendation if the supply or equipment item does not have a code number and price in the CMS direct practice expense inputs lists, provided as addenda to the Final Rule each year. In addition to new items, the RUC can

understand the need for a paid invoice if the specialty is requesting a change in the pricing of the supply or equipment item, but the RUC has never provided invoices for every supply and equipment item included in its recommendations. **We urge CMS not to implement such a requirement if that was the intent as it is extremely difficult for specialty societies to obtain paid invoices for new supply and equipment items and would be near impossible to obtain them for every supply and equipment item for every code that the RUC reviews.**

High Dose Rate Brachytherapy

CMS notes in their response to commenters that the specialty societies should recommend the survey data even if they do not have compelling evidence to "request higher procedure times." The RUC maintains that compelling evidence is an important tool used by the expert panel to evaluate survey data. The RUC agrees that a data-driven approach is important, but that large increases in time would generally be able to be explained with strong compelling evidence. Furthermore the RUC is very concern with CMS' statement that "surveys of technicians have the potential to be more accurate, rather than less accurate, than those of physicians, as the technicians do not have incentive to increase surveyed time." The implication of this statement is that physicians are providing inflated survey times. The RUC has no reason to believe that physicians are any less trustworthy in their survey responses than other health care professional and we are very concerned that CMS would make this statement.

CMS is finalizing the CY2014 interim final direct PE inputs as refined for CPT codes 77785, 77786, and 77787. These services have again been reviewed by the CPT Editorial Panel and will be reviewed by the RUC at the January 2015 RUC meeting. New RUC recommendations will be submitted to CMS for consideration for 2016 rulemaking.

2015 RUC Recommendations – CMS Direct Practice Expense Refinements

In the Final Rule, Table 28 lists the RUC's direct practice expense (PE) recommendations as interim, without refinement and Table 31 lists the AMA RUC's direct practice expense (PE) recommendations as interim, with refinements. Although Table 28 is supposed to be without refinement, the RUC did find refinements that appear to be a different interpretation of the PE Spreadsheets submitted to the Agency with the RUC recommendations. Below are the issues the RUC found for two families of codes, Percutaneous Vertebral Augmentation and Laparoscopic Hysterectomy.

Percutaneous Vertebroplasty and Augmentation

When examining the clinical staff time for CPT codes 22512 and 22515, the RUC found that the clinical staff time for the entire Percutaneous Vertebral Augmentation family, CPT codes 22510, 22511, 22512, 22513, 22514 and 22515, is inaccurate in the CMS Direct Practice Expense Inputs public use files. The clinical staff time for staff type *L041B, radiologic technologist (RT),* is missing in the direct practice expense inputs for labor for all six new percutaneous vertebral augmentation codes and there is no discussion in the regulatory language or in Table 31 indicating that CMS intentionally removed the time. The RT clinical time for 'assist physician' (who is scrubbed in and working side by side with the physician during the procedure) is missing from the file. These minutes were RUC-approved and follow the standard algorithm for interventional procedures. The clinical times for the RN, the RT who acquires images and the RN/LPN/MTA (circulator) are all noted correctly in the file. The following RT (L041B) minutes are missing:

CPT Code	RT (L041B) minutes missing for 'assist physician'
22510	45
22511	45
22512	30
22513	50
22514	45
22515	30

For your reference, please find attached to this letter the PE spreadsheet entitled, *Percutaneous Vertebroplasty and Augmentation PE Spreadsheet*, which was originally submitted to CMS with the RUC recommendation for these services. The RUC hopes that these issues can be corrected prior to January 1, 2015 to ensure that payments are appropriate for these six new percutaneous augmentation procedures.

Laparoscopic Hysterectomy

When examining the clinical staff time for the Laparoscopic Hysterectomy family, CPT codes 58541, 58542, 58543, 58544, 58570, 58571, 58572 and 58573, the RUC found that the clinical staff time is inaccurate in the CMS Direct Practice Expense Inputs public use files. The post-operative clinical time is missing in the file for these recently RUC reviewed procedures. The RUC approved two level 3 office visits (99213) during the global period in the facility setting. We believe this is an error because CMS included these codes in *Table 28: CY 2015 Interim Final Codes with Direct PE Inputs Recommendations Accepted Without Refinement*, and because the CMS direct PE inputs supply file and CMS direct PE inputs equipment file both suggest that CMS accepted the recommendation to include the post-operative visits. There should be 72 minutes for the staff type *L037D, RN/LPN/TA* in the post-service period for CPT codes 58541, 58542, 58543, 58544, 58570, 58571, 58572 and 58573 (in the facility setting).

For your reference, please find attached to this letter the PE spreadsheet entitled, *Laparoscopic Hysterectomy PE Spreadsheet*, which was originally submitted to CMS with the RUC recommendation for these services. The RUC hopes that these issues can be corrected prior to January 1, 2015 to ensure that payments are appropriate for these eight recently reviewed hysterectomy procedures.

Radiology

When examining the clinical staff time for the Ultrasound family, CPT codes 76700, 76705, 76770, 76775, 76856, and 76857, the RUC found that the changes to the direct PE inputs made by the RUC at the October 2013 RUC meeting for codes 76700 and 76705 are not captured in the CMS Direct Practice Expense Inputs public use files. The RUC believes this is an error because the other 4 codes (76770, 76775, 76856, and 76857) surveyed with 76700 and 76705 show a RUC meeting date of November 2013 and are included in the detailed PE direct input labor file.

For your reference, please find attached to this letter the PE spreadsheet entitled, *Ultrasound PE Spreadsheet*, which was originally submitted to CMS with the RUC recommendation for these services. The RUC hopes that these issues can be corrected prior to January 1, 2015 to ensure that payments are appropriate for these two recently reviewed ultrasound services.

Pathology

The RUC recommended including the *diamond milling tool* as a supply item for CPT code 88348. In the Final Rule, CMS reclassified it as an equipment item and assigned it 5 minutes in the direct PE inputs for CPT code 88348. The RUC agrees with the reclassification of the *diamond milling tool* as an equipment item, but recommends 8 minutes of time which is associated with the clinical labor activity (Line 42 of RUC recommendation), *Face off tissue blocks on milling machine. Trim excess polymerized resin from sides of faced block to form pyramidal blocks that can be cut using microtome*. Please note that row 300, added to the end of Table 31, was not originally included in the refinement table and has been added by the specialty society for newly created equipment input EQ365, *diamond milling tool* (affecting CPT code 88348).

Refinement Table

CMS accepted roughly the same number of codes without refinement than with refinement for 2015. The reasons for CMS refinement were in many cases different than in previous years, leading the RUC to believe that we have addressed some of the issues leading to refinements in the past. This development is concerning since it indicates that as refinements are addressed, CMS will determine that new types of refinements are needed. Although the RUC appreciates this attention to detail, we maintain that a collaborative relationship aimed at addressing concerns as they develop and thereby reducing the number of refinements published in the Final Rule is preferable. The RUC appreciates CMS' effort to maintain appropriate relativity among PE and work components of PFS payment and in some cases we agree with the refinement of direct PE inputs listed in Table 31, however there are many instances where the RUC disagrees with the refinements. Please see a complete list of the *CY 2015 Interim Final Codes with Direct PE Input Recommendations Accepted with Refinements* with specialty society comments in the attached table.

Improving the Valuation and Coding of the Global Service Package

The RUC is profoundly disappointed with CMS' poorly-justified decision to finalize its proposal to transition away from the 010-day and 090-day global surgical periods without modification. Several of the major flaws and gaps in CMS' vague policy previously pointed out by the AMA and other stakeholders, including the lack of a mechanism to pay for certain necessary physician work, practice expense and PLI resources and the unachievable implementation timeline, were either entirely ignored or refuted without a rationale in the Medicare Physician Payment Schedule Final Rule. We have attached our prior comments regarding CMS' original global surgery proposal in an addendum for CMS' reference, as all of the major gaps and flaws we previously identified still apply to this finalized policy.

We strongly believe that it is critical for organized medicine to play a significant role in the eventual transition of all 010-day and 090-day global surgery codes to 000-day global codes. One of the early steps the RUC will undertake will be to hold a strategy session on Saturday, January 31, 2015 to discuss the implementation of CMS' finalized policy. Following this session, the RUC will submit implementation recommendations to CMS to assist with the transition away from 010-day and 090-day global surgery codes. We strongly recommend for CMS to continue working closely with the RUC on the implementation of this and all other relevant Medicare physician payment policy.

CMS should still account for these additional unique direct PE inputs for the post-operative period of surgical procedures after the transition away from 010-day and 090-day global periods via new and/or

existing CPT/HCPCS codes. Many surgical postoperative Evaluation and Management (E/M) services include additional clinical staff time relative to the clinical staff time in existing CPT/HCPCS codes for separately-reported E/M visits. Examples of physician work and/or clinical labor that will need to be separately reported after the global surgical code transition include: dressing changes; local incision care; removal of operative pack; removal of cutaneous sutures and staples, lines, wires, tubes, drains, casts, and splints; insertion, irrigation and removal of urinary catheters, routine peripheral intravenous lines, and nasogastric and rectal tubes; changes and removal of tracheostomy tubes.

In our prior comments, we also shared a list of 181 different types of supplies and 35 types of equipment which are practice expense resources that are used while providing many of the 010-day and 090-day global surgical services during the postoperative period. The RUC is deeply troubled by CMS' assertion that surgical services that involve these unique, necessary, direct practice expense resources should either not be paid at all or paid without taking into account the actual resources utilized.

Furthermore, surgical services typically involve more expensive indirect practice expense and PLI resources. As the Medicare payment system is required by statute to be resource-based, we fail to see how a potential discrepancy exists under the current system, as more expensive resources and additional clinical labor time should be paid at correspondingly higher amounts. **We would again like to remind CMS that it is the Agency's statutory obligation to pay for procedures based on the actual resources expended.**

CMS stated its intention to propose the collection of data on post-operative services through future rulemaking, while at the same time going forward with its unrealistic timeline for the transition of all 010-day by 2017 and all 090-day global surgical codes by 2018. Although we support CMS' stated intention to gather objective data on the number of E/M and other services furnished during the current post-operative periods, we are very disappointed that this was not done prior to the finalization of any proposal that will have such a large and unknown impact on providers, patient care and other stakeholders. Furthermore, it is unsettling that the transition deadlines were seemingly selected arbitrarily and prior to properly weighing the logistics of such a massive undertaking.

The RUC continues to strongly recommend a staggered rollout over the span of several years to provide the necessary time for the full RUC review process and the creation of the many new CPT codes that would be needed to cover unbundled miscellaneous post-operative services. A staggered rollout would also give CMS sufficient time to vet the accurate resource costs for over 4,200 codes.

To provide further context for the logistics involved in this transition, there are 1,143 010-day and 090-day global services with greater than 1,000 Medicare utilization in 2013 and 863 services with Medicare allowed charges greater than $1 million. The vast majority of the services above either of these two thresholds are performed frequently enough to warrant a full RUC survey. On the other hand, regardless of the whether or not a service is infrequently performed, all of these lower volume services would still each need to be individually analyzed and reviewed in detail to either determine their new valuation, or in some instances, to decide to refer them to CPT. The RUC would like to remind CMS that, although relatively infrequent services may individually pale in comparison to the size of the entire Medicare Physician Payment Schedule, a large majority are still critical to segments of the non-Medicare and Medicare populations alike and are also of great importance to certain specialties and subspecialties of Medicine.

We strongly encourage CMS to provide a longer timeline for the transition of 010-day and 090-day global codes to 000-day global codes, so there is sufficient time for CMS to further define its policy and for CMS and the RUC to work together to jointly develop and implement an appropriate strategy to transition these 4,200 global surgical services to 000-day codes. To continue with this unachievable deadline will very likely result in significant and lasting damage to the relativity of the Medicare Physician Payment System.

Professional Liability Insurance Relative Value Units

Dominant Specialty for Low Volume Codes

In the comment letter for the 2015 NPRM, the RUC again expressed concern that In the Medicare claims data for any given year, some services have low enough volume that the dominant provider does not accurately reflect the associated PLI premiums and risk involved. The RUC appreciates the Agency's acknowledgement that services with low volume may have inappropriate PLI RVUs due to the variability in the reporting of low volume services from year to year. Furthermore, the RUC thanks CMS for applying the crosswalk methodology to a subset of procedures which according to CMS had dominant specialties inconsistent with a specialty that could be reasonably expected to furnish the service. While this is a positive first step, the RUC is concerned that CMS has not properly defined what constitutes a large enough difference between the dominant specialty according to Medicare claims and the actual reasonable provider of a given service. For example, as the RUC mentioned in their comments in the 2015 NPRM, CPT code 61576 *Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)* has nearly half the PLI RVUs as another code in the family, CPT code 61575 *Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion*. This disparity is a result of 61576 being assigned the Otolaryngology risk factor rather than the Neurosurgery risk factor. Again, it is hard to ascertain the reasoning behind not crosswalking a service like this which has such a great disparity between the actual clinical risks involved and the assigned risks based off the Medicare claims data totaling just three cases in 2013. The RUC maintains that CMS should accept the entire list of 120 services submitted as part of the RUC comments on the 2015 NPRM. Any methodology that arbitrarily picks winners and losers without consideration of the nuances between the work and intensity between specialties who would reasonably provide a service is simply unfair. **Therefore, CMS should accept the entire list of crosswalk specialties for the 120 codes which have an inappropriate dominant specialty according to the clinical review of 2013 Medicare claims data.**

Cardiac Catheterization and Angioplasty Exception

The RUC thanks CMS for not only finalizing their proposal to include the injection procedures used in conjunction with cardiac catheterization and angioplasty services but also accepting six additional cardiac catheterization and angioplasty procedures to be include in the exempt list.

Annual Review of PLI RVUs

In the comment letter for the 2015 NPRM, the RUC noted that while CMS has removed the traditional five-year reviews of physician work and practice expense, instead conducting annual, rolling reviews, CMS has continued to only review and update PLI RVUs every five years. Instituting a yearly review of both PLI RVUs and PLI premium data would provide two clear advantages. First, it would base PLI RVUs on the most current PLI premium data available, increasing the reliability

and accuracy of PLI payments. Second, it would provide additional transparency for stakeholder comments.

The RUC is pleased that CMS acknowledges these concerns by stating,

> "We will consider the recommendation from stakeholders to conduct annual MP RVU updates to reflect corrections and changes in the mix of practitioners providing services. We will also consider the appropriate frequency for collecting new MP premium data. After reviewing these issues, we would address potential changes regarding the frequency of MP RVU updates in a future proposed rule."

The RUC encourages CMS to institute an annual review of PLI RVUs starting in 2016 and not wait until the next five-year review in 2020 before addressing these concerns.

Thank you for your careful consideration of the RUC's comments on the proposals for the 2015 Medicare Physician Payment Schedule. We look forward to continued opportunities to offer recommendations to improve the RBRVS.

Sincerely,

Barbara Levy MD

Barbara S. Levy, MD

cc: RUC Participants
Kathy Bryant
Edith Hambrick, MD
Ryan Howe
Steve Phurrough, MD

Multi-Specialty Points of Comparison (CPT Order)

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
10060		010	1.22	APMA, ACS	Total:	485,698		Oct10
	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single				NF Total	412,909	Top NF PODIATRY	
					Fac Total	72,789	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits					
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215	
16	15	10	57									1				0.0153

Specialty(s) Performing Procedure

45.4% PODIATRY
13.3% DERMATOLOGY
12.5% FAMILY PRACTICE

11042		000	1.01	APMA, ACS	Total:	1,444,609		Feb10
	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less				NF Total	631,513	Top NF PODIATRY	
					Fac Total	813,096	Top Fac PODIATRY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits					
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215	
11	15	10	36													0.0369

Specialty(s) Performing Procedure

41.1% PODIATRY
14.7% GENERAL SURGERY
12.2% FAMILY PRACTICE

11043		000	2.70	APMA, ACS	Total:	224,156		Apr10
	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less				NF Total	89,641	Top NF PODIATRY	
					Fac Total	134,515	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits					
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215	
41	30	15	86													0.0506

Specialty(s) Performing Procedure

24.7% GENERAL SURGERY
22.5% PODIATRY
16.3% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11044		000	4.10	APMA, ACS	Total:	59,878		Apr10
Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less					NF Total	17,214	Top NF PODIATRY	
					Fac Total	42,664	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
51	45	20	116												

0.0605

Specialty(s) Performing Procedure

27.6% GENERAL SURGERY
24.0% PODIATRY
11.1% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11100		000	0.81	AAD	Total:	3,073,321		Aug05
Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion					NF Total	2,950,719	Top NF DERMATOLOGY	
					Fac Total	122,602	Top Fac DERMATOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	12	5	22												

0.0488

Specialty(s) Performing Procedure

81.5% DERMATOLOGY
8.3% PHYSICIANS ASSISTANT
3.3% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11400		010	0.90	AAD	Total:	35,514		Aug05
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less					NF Total	31,688	Top NF DERMATOLOGY	
					Fac Total	3,826	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	10	5	36									1			

0.0196

Specialty(s) Performing Procedure

37.7% DERMATOLOGY
24.2% FAMILY PRACTICE
11.3% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11402		010	1.45	AAD	Total:	113,523		Aug05
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm					NF Total	98,400	Top NF DERMATOLOGY	
					Fac Total	15,123	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	25	5	56									1			

0.0254

Specialty(s) Performing Procedure

51.0% DERMATOLOGY
17.5% GENERAL SURGERY
11.7% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11403		010	1.84	AAD, ACS	Total:	49,837		Aug05
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm					NF Total	39,762	Top NF DERMATOLOGY	
					Fac Total	10,075	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
20	30	10	76									1			

0.0253

Specialty(s) Performing Procedure

40.0% DERMATOLOGY
27.9% GENERAL SURGERY
12.2% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11440		010	1.05	AAD	Total:	40,623		Aug05
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less					NF Total	34,865	Top NF OPHTHALMOLOGY	
					Fac Total	5,758	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	10	5	36									1			

0.0346

Specialty(s) Performing Procedure

33.4% OPHTHALMOLOGY
24.4% DERMATOLOGY
11.2% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11441		010	1.53	AAO-HNS, AAD	Total:	46,476		Aug05
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm					NF Total	39,362	Top NF	DERMATOLOGY
					Fac Total	7,114	Top Fac	PLASTIC AND RECONSTRUCTIVE SUR

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	20	5	51									1			

0.0357

Specialty(s) Performing Procedure

36.0% DERMATOLOGY
17.8% PLASTIC AND RECONSTRUCTIVE SURGERY
10.9% OPHTHALMOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11442		010	1.77	AAD	Total:	43,094		Aug05
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm					NF Total	34,981	Top NF	DERMATOLOGY
					Fac Total	8,113	Top Fac	PLASTIC AND RECONSTRUCTIVE SUR

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	25	5	56									1			

0.0382

Specialty(s) Performing Procedure

39.1% DERMATOLOGY
21.0% PLASTIC AND RECONSTRUCTIVE SURGERY
10.4% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11443		010	2.34	AAO-HNS, ASPS, AAD	Total:	12,361		Aug05
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm					NF Total	9,184	Top NF	DERMATOLOGY
					Fac Total	3,177	Top Fac	PLASTIC AND RECONSTRUCTIVE SUR

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
20	30	10	76									1			

0.0420

Specialty(s) Performing Procedure

32.2% DERMATOLOGY
21.9% PLASTIC AND RECONSTRUCTIVE SURGERY
13.5% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11601		010	2.07	AAD	Total:	33,453		Aug05
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm					NF Total	30,620	Top NF DERMATOLOGY	
					Fac Total	2,833	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	20	5	63										1		

0.0326

Specialty(s) Performing Procedure

60.2% DERMATOLOGY
12.2% FAMILY PRACTICE
8.3% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11604		010	3.17	ACS, AAD	Total:	34,771		Aug05
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm					NF Total	27,476	Top NF DERMATOLOGY	
					Fac Total	7,295	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
30	40	10	103										1		

0.0344

Specialty(s) Performing Procedure

57.9% DERMATOLOGY
14.2% GENERAL SURGERY
13.2% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11623		010	3.11	AAO-HNS, ASPS, AAD	Total:	26,634		Aug05
Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm					NF Total	21,354	Top NF DERMATOLOGY	
					Fac Total	5,280	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
30	30	10	93										1		

0.0438

Specialty(s) Performing Procedure

58.9% DERMATOLOGY
15.2% PLASTIC AND RECONSTRUCTIVE SURGERY
9.1% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11641		010	2.17	AAD	Total:	54,877		Aug05
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm					NF Total	47,596	Top NF DERMATOLOGY	
					Fac Total	7,281	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	20	5	63										1		

0.0376

Specialty(s) Performing Procedure

57.4% DERMATOLOGY
14.8% PLASTIC AND RECONSTRUCTIVE SURGERY
7.0% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11642		010	2.62	AAD, AAO-HNS	Total:	124,607		Aug05
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm					NF Total	105,036	Top NF DERMATOLOGY	
					Fac Total	19,571	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	25	5	68										1		

0.0481

Specialty(s) Performing Procedure

62.8% DERMATOLOGY
16.3% PLASTIC AND RECONSTRUCTIVE SURGERY
6.9% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11643		010	3.42	AAD, ASPS	Total:	43,786		Aug05
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm					NF Total	31,968	Top NF DERMATOLOGY	
					Fac Total	11,818	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
30	30	10	93										1		

0.0542

Specialty(s) Performing Procedure

48.2% DERMATOLOGY
23.7% PLASTIC AND RECONSTRUCTIVE SURGERY
11.3% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
12001		000	0.84	ACEP, AAFP	Total:	184,924		Apr10
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less					NF Total	44,412	Top NF FAMILY PRACTICE	
					Fac Total	140,512	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	10	5	22												

0.0585

Specialty(s) Performing Procedure

48.2% EMERGENCY MEDICINE
18.6% PHYSICIANS ASSISTANT
14.4% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
12002		000	1.14	ACEP, AAFP	Total:	143,522		Apr10
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm					NF Total	25,497	Top NF FAMILY PRACTICE	
					Fac Total	118,025	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	15	5	27												

0.0590

Specialty(s) Performing Procedure

54.6% EMERGENCY MEDICINE
16.8% PHYSICIANS ASSISTANT
12.5% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
12004		000	1.44	ACEP, AAFP	Total:	22,078		Apr10
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm					NF Total	3,002	Top NF FAMILY PRACTICE	
					Fac Total	19,076	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	17	5	29												

0.0697

Specialty(s) Performing Procedure

57.2% EMERGENCY MEDICINE
15.4% PHYSICIANS ASSISTANT
10.6% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
12011		000	1.07	ACEP, AAFP	Total:	89,350		Apr10
Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less					NF Total	11,050	Top NF FAMILY PRACTICE	
					Fac Total	78,300	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	12	5	24												

0.0680

Specialty(s) Performing Procedure

60.9% EMERGENCY MEDICINE
16.0% PHYSICIANS ASSISTANT
8.6% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
12013		000	1.22	ACEP, AAFP	Total:	51,748		Apr10
Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm					NF Total	4,581	Top NF FAMILY PRACTICE	
					Fac Total	47,167	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	15	5	27												

0.0644

Specialty(s) Performing Procedure

65.3% EMERGENCY MEDICINE
14.4% PHYSICIANS ASSISTANT
8.3% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
12052		010	2.87	ADA, ASPS, AAO-HNS, ACEP	Total:	77,659		Oct10
Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm					NF Total	61,140	Top NF DERMATOLOGY	
					Fac Total	16,519	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
14	30	10	70									1			

0.0641

Specialty(s) Performing Procedure

67.5% DERMATOLOGY
9.9% PLASTIC AND RECONSTRUCTIVE SURGERY
6.9% EMERGENCY MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
13121		010	4.00	AAO-HNS, ASPS, AAD	Total:	125,047		Apr12
Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm					NF Total	105,671	Top NF DERMATOLOGY	
					Fac Total	19,376	Top Fac DERMATOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
14	45	10	85									1			

0.0679

Specialty(s) Performing Procedure

79.0% DERMATOLOGY
10.1% PLASTIC AND RECONSTRUCTIVE SURGERY
2.7% PHYSICIANS ASSISTANT

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
14000		090	6.37	AAD, AAO-HNS, ACS, ASPS	Total:	9,334		Oct08
Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less					NF Total	5,035	Top NF DERMATOLOGY	
					Fac Total	4,299	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
25	64	22	192										3.5		

0.0300

Specialty(s) Performing Procedure

37.5% DERMATOLOGY
30.7% PLASTIC AND RECONSTRUCTIVE SURGERY
20.5% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
14001		090	8.78	AAD, AAO-HNS, ACS, ASPS	Total:	9,142		Oct08
Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm					NF Total	4,307	Top NF DERMATOLOGY	
					Fac Total	4,835	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
49	105	26	291						0.5				4		

0.0266

Specialty(s) Performing Procedure

34.4% DERMATOLOGY
30.0% PLASTIC AND RECONSTRUCTIVE SURGERY
22.0% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
14020		090	7.22	AAD, AAO-HNS, ACS, ASPS	Total:	21,411		Oct08
Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less					NF Total	14,183	Top NF DERMATOLOGY	
					Fac Total	7,228	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
29	78	24	223										4		

0.0276

Specialty(s) Performing Procedure

48.6% DERMATOLOGY
32.6% PLASTIC AND RECONSTRUCTIVE SURGERY
6.2% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
14060		090	9.23	AAD, AAO-HNS, ACS, ASPS	Total:	94,991		Aug05
Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less					NF Total	61,750	Top NF DERMATOLOGY	
					Fac Total	33,241	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
30	60	15	183									2	2		

0.0899

Specialty(s) Performing Procedure

55.9% DERMATOLOGY
21.2% PLASTIC AND RECONSTRUCTIVE SURGERY
10.8% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
15002		000	3.65	ABA, ACS, ASPS	Total:	19,158		Apr06
Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children					NF Total	1,935	Top NF PLASTIC AND RECONSTRUCTIVE SUR	
					Fac Total	17,223	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
75	20	20	115												

0.0868

Specialty(s) Performing Procedure

49.1% PLASTIC AND RECONSTRUCTIVE SURGERY
23.9% GENERAL SURGERY
7.6% PODIATRY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
15003		ZZZ	0.80	ABA, ACS, ASPS	Total:	39,390		Apr06
Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)					NF Total	58	Top NF	PLASTIC AND RECONSTRUCTIVE SUR
					Fac Total	39,332	Top Fac	GENERAL SURGERY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	15	1	16												

0.0518

Specialty(s) Performing Procedure

51.8% GENERAL SURGERY
43.1% PLASTIC AND RECONSTRUCTIVE SURGERY
2.1% CRITICAL CARE (INTENSIVISTS)

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
15004		000	4.58	ABA, ACS, ASPS	Total:	22,688		Apr06
Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children					NF Total	6,746	Top NF	PODIATRY
					Fac Total	15,942	Top Fac	PLASTIC AND RECONSTRUCTIVE SUR

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
75	45	30	150												

0.0543

Specialty(s) Performing Procedure

36.6% PLASTIC AND RECONSTRUCTIVE SURGERY
27.2% PODIATRY
8.5% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
15576		090	9.37	AAO_HNS, ACS, ASPS	Total:	3,804		Oct08
Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral					NF Total	1,515	Top NF	DERMATOLOGY
					Fac Total	2,289	Top Fac	PLASTIC AND RECONSTRUCTIVE SUR

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
70	90	30	271						0.5			1	2		

0.0484

Specialty(s) Performing Procedure

36.0% DERMATOLOGY
33.1% PLASTIC AND RECONSTRUCTIVE SURGERY
14.8% OPHTHALMOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
15738		090	19.04	ASPS	Total:	5,819		Aug95
Muscle, myocutaneous, or fasciocutaneous flap; lower extremity					NF Total	180	Top NF	PLASTIC AND RECONSTRUCTIVE SUR
					Fac Total	5,639	Top Fac	PLASTIC AND RECONSTRUCTIVE SUR

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	150	30	460	6					1		1	2	1		

0.0605

Specialty(s) Performing Procedure

68.7% PLASTIC AND RECONSTRUCTIVE SURGERY
10.3% VASCULAR SURGERY
7.9% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
15823		090	6.81	AOA	Total:	101,202		Apr10
Blepharoplasty, upper eyelid; with excessive skin weighting down lid					NF Total	13,153	Top NF	OPHTHALMOLOGY
					Fac Total	88,049	Top Fac	OPHTHALMOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
16	45	10	161						0.5			3	1		

0.0722

Specialty(s) Performing Procedure

89.8% OPHTHALMOLOGY
8.3% PLASTIC AND RECONSTRUCTIVE SURGERY
1.5% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
17000		010	0.61	AAD, AAFP	Total:	5,192,325		Apr13
Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion					NF Total	5,024,346	Top NF	DERMATOLOGY
					Fac Total	167,979	Top Fac	DERMATOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	3	2	23									1			

0.0135

Specialty(s) Performing Procedure

79.9% DERMATOLOGY
7.4% PHYSICIANS ASSISTANT
5.1% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
20552		000	0.66	AAN, AAOS, APMA, AAPMR, ACRh, AOFAS	Total:	335,235		Apr02
Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)					NF Total	294,351	Top NF PHYSICAL MEDICINE AND REHABILITA	
					Fac Total	40,884	Top Fac ANESTHESIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	5	3.5	13.5												

0.0939

Specialty(s) Performing Procedure

17.5% PHYSICAL MEDICINE AND REHABILITATION
12.9% ORTHOPEDIC SURGERY
10.5% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
20553		000	0.75	AAN, AAOS, APMA, AAPMR, ACRh, AOFAS	Total:	237,045		Apr02
Injection(s); single or multiple trigger point(s), 3 or more muscle(s)					NF Total	211,039	Top NF PHYSICAL MEDICINE AND REHABILITA	
					Fac Total	26,006	Top Fac ANESTHESIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	10	5	22												

0.0481

Specialty(s) Performing Procedure

25.1% PHYSICAL MEDICINE AND REHABILITATION
12.3% ANESTHESIOLOGY
10.3% INTERVENTIONAL PAIN MANAGEMENT

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
21015		090	9.89	AAOS, AAO-HNS, ACS, AOFAS, APMA, ASPS, ASSH	Total:	1,294		Feb09
Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm					NF Total	289	Top NF PLASTIC AND RECONSTRUCTIVE SUR	
					Fac Total	1,005	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
68	75	30	277						0.5			1	3		

0.0527

Specialty(s) Performing Procedure

52.0% PLASTIC AND RECONSTRUCTIVE SURGERY
15.9% GENERAL SURGERY
14.8% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
21025		090	10.03	AAOMS, ADA	Total:	1,596		Feb08
Excision of bone (eg, for osteomyelitis or bone abscess); mandible					NF Total	810	Top NF ORAL SURGERY	
					Fac Total	786	Top Fac MAXILLOFACIAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
85	90	30	283									2	2		

0.0530

Specialty(s) Performing Procedure

40.7% ORAL SURGERY
39.6% MAXILLOFACIAL SURGERY
15.4% OTOLARYNGOLOGY

21556		090	7.66	AAOS, ACS, AOFAS, APMA, ASPS, ASSH, AAO-HNS	Total:	3,009		Feb09	
Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm					NF Total	304	Top NF GENERAL SURGERY		
					Fac Total	2,705	Top Fac OTOLARYNGOLOGY		

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
68	60	25	234						0.5			1	2		

0.0455

Specialty(s) Performing Procedure

40.3% OTOLARYNGOLOGY
39.7% GENERAL SURGERY
10.0% PLASTIC AND RECONSTRUCTIVE SURGERY

23350		000	1.00	ACR, AAOS	Total:	34,926		Sept11	
Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography					NF Total	15,526	Top NF DIAGNOSTIC RADIOLOGY		
					Fac Total	19,400	Top Fac DIAGNOSTIC RADIOLOGY		

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
8	15	5	28												

0.0492

Specialty(s) Performing Procedure

79.8% DIAGNOSTIC RADIOLOGY
4.6% ORTHOPEDIC SURGERY
2.8% INDEPENDENT DIAGNOSTIC TESTING FACILITY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
24076		090	7.41	AAOS, ACS, AOFAS, APMA, ASPS, ASSH, AAO-HNS	Total:	988		Feb09
Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm					NF Total	116	Top NF GENERAL SURGERY	
					Fac Total	872	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
68	60	20	229						0.5			1	2		

0.0432

Specialty(s) Performing Procedure

37.4% GENERAL SURGERY
33.0% ORTHOPEDIC SURGERY
11.2% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
25071		090	5.91	AAOS, ACS, AOFAS, ASPS, ASSH, APMA, AAO-HNS	Total:	1,415		Feb09
Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater					NF Total	272	Top NF GENERAL SURGERY	
					Fac Total	1,143	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	45	15	178						0.5			1	1		

0.0523

Specialty(s) Performing Procedure

54.7% GENERAL SURGERY
14.6% ORTHOPEDIC SURGERY
11.5% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
25076		090	6.74	AAOS, ACS, AOFAS, APMA, ASPS, ASSH, AAO-HNS	Total:	982		Feb09
Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm					NF Total	98	Top NF GENERAL SURGERY	
					Fac Total	884	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	45	20	206						0.5			1	2		

0.0467

Specialty(s) Performing Procedure

43.0% ORTHOPEDIC SURGERY
23.9% HAND SURGERY
17.6% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
25116		090	7.56	AAOS, ASSH	Total:	980		Apr08
Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum					NF Total	6	Top NF ORTHOPEDIC SURGERY	
					Fac Total	974	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
65	60	20	249						0.5			1	3		

0.0307

Specialty(s) Performing Procedure

54.4% ORTHOPEDIC SURGERY
33.2% HAND SURGERY
10.9% PLASTIC AND RECONSTRUCTIVE SURGERY

26113		090	7.13	AAOS, ACS, AOFAS, APMA, ASPS, ASSH, AAO-HNS	Total:	1,585		Feb09
Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater					NF Total	91	Top NF PLASTIC AND RECONSTRUCTIVE SUR	
					Fac Total	1,494	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	58	15	214						0.5			1	2		

0.0449

Specialty(s) Performing Procedure

43.9% ORTHOPEDIC SURGERY
34.1% HAND SURGERY
16.5% PLASTIC AND RECONSTRUCTIVE SURGERY

26116		090	6.74	AAOS, ACS, AOFAS, APMA, ASPS, ASSH, AAO-HNS	Total:	3,956		Feb09
Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm					NF Total	244	Top NF HAND SURGERY	
					Fac Total	3,712	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	45	15	201						0.5			1	2		

0.0492

Specialty(s) Performing Procedure

48.2% ORTHOPEDIC SURGERY
38.5% HAND SURGERY
10.0% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
26615		090	7.07	ASSH, AAOS	Total:	1,877		Feb07
Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone					NF Total	31	Top NF ORTHOPEDIC SURGERY	
					Fac Total	1,846	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
55	45	20	217						0.5			2	2		

0.0443

Specialty(s) Performing Procedure

59.5% ORTHOPEDIC SURGERY
25.8% HAND SURGERY
12.6% PLASTIC AND RECONSTRUCTIVE SURGERY

26735		090	7.42	ASSH, AAOS	Total:	1,585		Feb07
Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each					NF Total	38	Top NF PLASTIC AND RECONSTRUCTIVE SUR	
					Fac Total	1,547	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	60	20	237						0.5			2	2		

0.0372

Specialty(s) Performing Procedure

53.0% ORTHOPEDIC SURGERY
23.4% HAND SURGERY
21.5% PLASTIC AND RECONSTRUCTIVE SURGERY

26765		090	5.86	ASSH, AAOS	Total:	1,378		Feb07
Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each					NF Total	148	Top NF ORTHOPEDIC SURGERY	
					Fac Total	1,230	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
55	45	20	217						0.5			2	2		

0.0174

Specialty(s) Performing Procedure

47.0% ORTHOPEDIC SURGERY
25.1% PLASTIC AND RECONSTRUCTIVE SURGERY
22.3% HAND SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
28003		090	9.06	AAOS, APMA	Total:	4,275		**Oct10**
Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas					NF Total	734	Top NF PODIATRY	
					Fac Total	3,541	Top Fac PODIATRY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
51	53	20	323	1	1				1			2	3		

0.0072

Specialty(s) Performing Procedure

74.0% PODIATRY
11.2% ORTHOPEDIC SURGERY
7.9% GENERAL SURGERY

29540		000	0.39	APMA	Total:	274,057		**Apr10**
Strapping; ankle and/or foot					NF Total	264,379	Top NF PODIATRY	
					Fac Total	9,678	Top Fac PODIATRY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	9	2	18												

0.0209

Specialty(s) Performing Procedure

89.2% PODIATRY
5.2% PHYSICAL THERAPIST (IND.)
1.1% EMERGENCY MEDICINE

30901		000	1.10	AAO-HNS	Total:	109,890		**Apr10**
Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method					NF Total	56,239	Top NF OTOLARYNGOLOGY	
					Fac Total	53,651	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
11	10	5	26												

0.0813

Specialty(s) Performing Procedure

47.4% OTOLARYNGOLOGY
35.3% EMERGENCY MEDICINE
6.3% PHYSICIANS ASSISTANT

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
31500		000	2.33	ASA, ACEP	Total:	290,377		Apr07
Intubation, endotracheal, emergency procedure					NF Total	165	Top NF	PULMONARY DISEASE
					Fac Total	290,212	Top Fac	EMERGENCY MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
4	5	10	19												

0.4061

Specialty(s) Performing Procedure

46.0% EMERGENCY MEDICINE
15.7% ANESTHESIOLOGY
12.9% PULMONARY DISEASE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
31622		000	2.78	ACCP/ATS	Total:	75,546		Aug05
Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)					NF Total	1,046	Top NF	OTOLARYNGOLOGY
					Fac Total	74,500	Top Fac	PULMONARY DISEASE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
20	30	15	65												

0.0689

Specialty(s) Performing Procedure

50.1% PULMONARY DISEASE
16.7% THORACIC SURGERY
7.1% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
31628		000	3.80	ACCP/ATS, ACEP	Total:	37,336		Apr03
Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe					NF Total	206	Top NF	PULMONARY DISEASE
					Fac Total	37,130	Top Fac	PULMONARY DISEASE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
30	40	20	90												

0.0706

Specialty(s) Performing Procedure

81.0% PULMONARY DISEASE
9.5% INTERNAL MEDICINE
6.0% CRITICAL CARE (INTENSIVISTS)

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
33207		090	8.05	ACC	Total:	22,159		Apr07
	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular				NF Total	37	Top NF CARDIOLOGY	
					Fac Total	22,122	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	60	30	239		1				1				1		

0.0493

Specialty(s) Performing Procedure

58.4% CARDIOLOGY
29.4% CARDIAC ELECTROPHYSIOLOGY
3.3% GENERAL SURGERY

33213		090	5.53	ACC, HRS	Total:	4,555		Sept11
	Insertion of pacemaker pulse generator only; with existing dual leads				NF Total	66	Top NF CARDIOLOGY	
					Fac Total	4,489	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
22	46	20	130						0.5				1		

0.0666

Specialty(s) Performing Procedure

63.1% CARDIOLOGY
10.1% CARDIAC ELECTROPHYSIOLOGY
9.6% GENERAL SURGERY

33240		090	6.05	ACC, HRS	Total:	1,232		Sept11
	Insertion of implantable defibrillator pulse generator only; with existing single lead				NF Total	4	Top NF CARDIOLOGY	
					Fac Total	1,228	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
33	45	20	140						0.5				1		

0.0771

Specialty(s) Performing Procedure

66.9% CARDIOLOGY
21.2% CARDIAC ELECTROPHYSIOLOGY
4.9% CARDIAC SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
33249		090	15.17	ACC	Total:	50,871		May99
Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber					NF Total	97	Top NF CARDIOLOGY	
					Fac Total	50,774	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	120		249										3		

0.0910

Specialty(s) Performing Procedure

51.3% CARDIOLOGY
43.5% CARDIAC ELECTROPHYSIOLOGY
2.6% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
33426		090	43.28	STS	Total:	5,816		Aug05
Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring					NF Total	9	Top NF THORACIC SURGERY	
					Fac Total	5,807	Top Fac CARDIAC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
95	205	40	776	1	2	3	1		1				1	1	

0.1110

Specialty(s) Performing Procedure

54.2% CARDIAC SURGERY
38.3% THORACIC SURGERY
2.8% CARDIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
33512		090	43.98	STS	Total:	1,896		Aug05
Coronary artery bypass, vein only; 3 coronary venous grafts					NF Total	2	Top NF CARDIAC SURGERY	
					Fac Total	1,894	Top Fac CARDIAC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
95	213	40	832	1	2	4	1		1			1		1	

0.1030

Specialty(s) Performing Procedure

55.3% CARDIAC SURGERY
37.9% THORACIC SURGERY
3.2% CARDIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
33533		090	33.75	STS	Total:	65,044		Apr12
Coronary artery bypass, using arterial graft(s); single arterial graft					NF Total	79	Top NF THORACIC SURGERY	
					Fac Total	64,965	Top Fac CARDIAC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
95	158	40	682	1	1	3	1		1			1		1	

0.0956

Specialty(s) Performing Procedure

53.3% CARDIAC SURGERY
39.5% THORACIC SURGERY
3.1% CARDIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
33863		090	58.79	STS	Total:	1,773		Aug05
Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)					NF Total	0	Top NF CARDIOLOGY	
					Fac Total	1,773	Top Fac CARDIAC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
95	287	40	905	1	2	3	2		1					1	

0.1210

Specialty(s) Performing Procedure

55.2% CARDIAC SURGERY
37.3% THORACIC SURGERY
3.3% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
36514		000	1.74	ASH	Total:	23,486		Sept02
Therapeutic apheresis; for plasma pheresis					NF Total	669	Top NF NEUROLOGY	
					Fac Total	22,817	Top Fac PATHOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
40	20	15	75												

0.0254

Specialty(s) Performing Procedure

42.0% PATHOLOGY
37.0% NEPHROLOGY
4.8% NEUROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
36556		000	2.50	ACR, ASA, SIR	Total:	496,633		Apr03
Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older					NF Total	1,409	Top NF VASCULAR SURGERY	
					Fac Total	495,224	Top Fac ANESTHESIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
25	15	10	50												

0.1192

Specialty(s) Performing Procedure

28.7% ANESTHESIOLOGY
16.1% EMERGENCY MEDICINE
10.2% DIAGNOSTIC RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
36620		000	1.15	ASA	Total:	566,179		Apr07
Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous					NF Total	350	Top NF PULMONARY DISEASE	
					Fac Total	565,829	Top Fac ANESTHESIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	10	5	22												

0.0924

Specialty(s) Performing Procedure

79.4% ANESTHESIOLOGY
7.7% CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)
2.9% PULMONARY DISEASE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
37191		000	4.71	SIR, ACR and SVS	Total:	52,369		Apr11
Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed					NF Total	641	Top NF VASCULAR SURGERY	
					Fac Total	51,728	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
38	30	15	83												

0.1198

Specialty(s) Performing Procedure

48.5% DIAGNOSTIC RADIOLOGY
18.7% VASCULAR SURGERY
10.9% INTERVENTIONAL RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
37215		090	19.68	AAN, AANS, ACC, ACR ASITN, SCAI, SIR, SVS	Total:	8,068		Apr04
Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection					NF Total	4	Top NF CARDIOLOGY	
					Fac Total	8,064	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
90	103	30	347		1				1				2		

0.1223

Specialty(s) Performing Procedure

48.3% CARDIOLOGY
22.2% VASCULAR SURGERY
7.2% DIAGNOSTIC RADIOLOGY

38571		010	14.76	AUA	Total:	9,912		Aug95
Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy					NF Total	19	Top NF UROLOGY	
					Fac Total	9,893	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	180		272									2			

0.0692

Specialty(s) Performing Procedure

80.0% UROLOGY
15.1% GYNECOLOGY/ONCOLOGY
4.2% OBSTETRICS/GYNECOLOGY

43760		000	0.90	AGA, ASGE	Total:	61,711		Apr07
Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance					NF Total	9,513	Top NF GASTROENTEROLOGY	
					Fac Total	52,198	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
17	10	5	32												

0.0436

Specialty(s) Performing Procedure

37.2% EMERGENCY MEDICINE
29.9% GASTROENTEROLOGY
12.3% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
45300		000	0.80	ASCRS, ACS	Total:	34,188		**Feb07**
Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)					NF Total	27,020	Top NF COLORECTAL SURGERY(FORMERLY	
					Fac Total	7,168	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	10	10	27												

0.0419

Specialty(s) Performing Procedure

68.4% COLORECTAL SURGERY(FORMERLY PROCTOLOGY)
22.0% GENERAL SURGERY
3.4% GASTROENTEROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
46600		000	0.55	ASCRS, ACS	Total:	97,498		**Feb07**
Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)					NF Total	86,611	Top NF COLORECTAL SURGERY(FORMERLY	
					Fac Total	10,887	Top Fac COLORECTAL SURGERY(FORMERLY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	5	10	22												

0.0338

Specialty(s) Performing Procedure

50.7% COLORECTAL SURGERY(FORMERLY PROCTOLOGY)
21.8% GENERAL SURGERY
8.3% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
46930		090	1.61	ACS, ASCRoS	Total:	13,941		**Apr08**
Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)					NF Total	11,629	Top NF GASTROENTEROLOGY	
					Fac Total	2,312	Top Fac GASTROENTEROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
13	5	5	46										1		

0.0474

Specialty(s) Performing Procedure

35.2% GASTROENTEROLOGY
23.1% COLORECTAL SURGERY(FORMERLY PROCTOLOGY)
12.8% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
47562		090	10.47	ACS, ASGS	Total:	114,008		Aug05
Laparoscopy, surgical; cholecystectomy					NF Total	336	Top NF GENERAL SURGERY	
					Fac Total	113,672	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
65	80	25	251						0.5			1	2		

0.0701

Specialty(s) Performing Procedure

93.8% GENERAL SURGERY
1.7% VASCULAR SURGERY
1.2% COLORECTAL SURGERY(FORMERLY PROCTOLOGY)

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
49440		010	4.18	ACR, SIR	Total:	17,938		Sept07
Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report					NF Total	178	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	17,760	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	38	20	126	1											

0.0529

Specialty(s) Performing Procedure

70.6% DIAGNOSTIC RADIOLOGY
18.6% INTERVENTIONAL RADIOLOGY
6.4% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
49505		090	7.96	ACS	Total:	74,776		Aug05
Repair initial inguinal hernia, age 5 years or older; reducible					NF Total	383	Top NF GENERAL SURGERY	
					Fac Total	74,393	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
50	70	20	198						0.5			1	1		

0.0645

Specialty(s) Performing Procedure

93.0% GENERAL SURGERY
1.9% VASCULAR SURGERY
1.4% UROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
49507		090	9.09	ACS	Total:	12,202		Feb11
Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated					NF Total	51	Top NF GENERAL SURGERY	
					Fac Total	12,151	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
63	70	40	231						0.5			1	1		

0.0711

Specialty(s) Performing Procedure

92.4% GENERAL SURGERY
2.2% VASCULAR SURGERY
1.5% COLORECTAL SURGERY(FORMERLY PROCTOLOGY)

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
50220		090	18.68	AUA	Total:	1,502		Aug95
Nephrectomy, including partial ureterectomy, any open approach including rib resection;					NF Total	6	Top NF UROLOGY	
					Fac Total	1,496	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	120	45	432	5					1				3		

0.0695

Specialty(s) Performing Procedure

77.0% UROLOGY
17.8% GENERAL SURGERY
2.6% SURGICAL ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
50546		090	21.87	AUA	Total:	1,903		May99
Laparoscopy, surgical; nephrectomy, including partial ureterectomy					NF Total	4	Top NF UROLOGY	
					Fac Total	1,899	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	205	18	467	3					1				2	1	

0.0641

Specialty(s) Performing Procedure

91.3% UROLOGY
7.7% GENERAL SURGERY
0.6% PEDIATRIC MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
50590		090	9.77	AUA	Total:	59,171		**Apr12**
Lithotripsy, extracorporeal shock wave					NF Total	725	Top NF UROLOGY	
					Fac Total	58,446	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
51	60	15	207						0.5			1	2		

0.0908

Specialty(s) Performing Procedure

99.7% UROLOGY
0.1% GENERAL SURGERY
0.1% EMERGENCY MEDICINE

50593		010	9.13	SIR, ACR, AUA	Total:	1,786		**Apr07**
Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy					NF Total	8	Top NF INTERVENTIONAL RADIOLOGY	
					Fac Total	1,778	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
65	90	20	217						0.5				1		

0.0640

Specialty(s) Performing Procedure

72.6% DIAGNOSTIC RADIOLOGY
17.0% INTERVENTIONAL RADIOLOGY
10.1% UROLOGY

51102		000	2.70	AUA	Total:	13,944		**Apr08**
Aspiration of bladder; with insertion of suprapubic catheter					NF Total	2,263	Top NF UROLOGY	
					Fac Total	11,681	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
25	20	15	60												

0.0938

Specialty(s) Performing Procedure

73.0% UROLOGY
14.2% DIAGNOSTIC RADIOLOGY
5.0% OBSTETRICS/GYNECOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
51702		000	0.50	AUA	Total:	217,133		Apr02
	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)				NF Total	181,655	Top NF UROLOGY	
					Fac Total	35,478	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	8		8												

0.0625

Specialty(s) Performing Procedure

79.9% UROLOGY
5.1% EMERGENCY MEDICINE
5.0% PHYSICIANS ASSISTANT

51705		000	0.90	AUA	Total:	126,440		Oct10
	Change of cystostomy tube; simple				NF Total	106,542	Top NF UROLOGY	
					Fac Total	19,898	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
12	10	10	32												

0.0407

Specialty(s) Performing Procedure

87.1% UROLOGY
4.8% PHYSICIANS ASSISTANT
3.8% NURSE PRACTITIONERS

51741		XXX	0.17	AUA	Total:	583,158		Apr10
	Complex uroflowmetry (eg, calibrated electronic equipment)				NF Total	547,471	Top NF UROLOGY	
					Fac Total	35,687	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	5	2	7												

0.0250

Specialty(s) Performing Procedure

88.1% UROLOGY
7.6% OBSTETRICS/GYNECOLOGY
1.3% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
51797		ZZZ	0.80	AUA	Total:	142,263		Feb07
Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)					NF Total	124,375	Top NF UROLOGY	
					Fac Total	17,888	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	15		15												

0.0533

Specialty(s) Performing Procedure

71.2% UROLOGY
23.1% OBSTETRICS/GYNECOLOGY
2.4% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
52000		000	2.23	AUA	Total:	928,183		Aug05
Cystourethroscopy (separate procedure)					NF Total	717,262	Top NF UROLOGY	
					Fac Total	210,921	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
17	15	10	42												

0.1131

Specialty(s) Performing Procedure

96.4% UROLOGY
2.7% OBSTETRICS/GYNECOLOGY
0.3% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
52214		000	3.50	AUA	Total:	21,204		Jan12
Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands					NF Total	7,478	Top NF UROLOGY	
					Fac Total	13,726	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
29	30	20	79												

0.0825

Specialty(s) Performing Procedure

99.2% UROLOGY
0.6% GENERAL SURGERY
0.1% OBSTETRICS/GYNECOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
52224		000	4.05	AUA	Total:	48,946		Jan12
Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy					NF Total	27,362	Top NF UROLOGY	
					Fac Total	21,584	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
29	30	20	79												

0.1008

Specialty(s) Performing Procedure

99.2% UROLOGY
0.4% OBSTETRICS/GYNECOLOGY
0.3% GENERAL SURGERY

52235		000	5.44	AUA	Total:	32,153		Sept11	
Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)					NF Total	414	Top NF UROLOGY		
					Fac Total	31,739	Top Fac UROLOGY		

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
29	45	20	94												

0.0981

Specialty(s) Performing Procedure

99.4% UROLOGY
0.4% GENERAL SURGERY
0.0% GENERAL PRACTICE

52332		000	2.82	AUA	Total:	172,055		Apr13	
Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)					NF Total	1,301	Top NF UROLOGY		
					Fac Total	170,754	Top Fac UROLOGY		

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
21	25	10	56												

0.0879

Specialty(s) Performing Procedure

99.2% UROLOGY
0.3% GENERAL SURGERY
0.1% GYNECOLOGY/ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
52352		000	6.75	AUA	Total:	20,477		Sept11
Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)					NF Total	139	Top NF UROLOGY	
					Fac Total	20,338	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
53	45	20	118												

0.1184

Specialty(s) Performing Procedure

99.6% UROLOGY
0.2% GENERAL SURGERY
0.1% EMERGENCY MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
52353		000	7.50	AUA	Total:	50,345		Apr13
Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)					NF Total	259	Top NF UROLOGY	
					Fac Total	50,086	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
53	60	20	133												

0.1013

Specialty(s) Performing Procedure

99.5% UROLOGY
0.2% GENERAL SURGERY
0.1% EMERGENCY MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
52601		090	15.26	AUA	Total:	48,179		Aug05
Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)					NF Total	237	Top NF UROLOGY	
					Fac Total	47,942	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	75	40	355	2	1				1			1	2		

0.0883

Specialty(s) Performing Procedure

99.5% UROLOGY
0.3% GENERAL SURGERY
0.1% GENERAL PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
52649		090	14.56	AUA	Total:	3,227		Oct10
Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)					NF Total	60	Top NF UROLOGY	
					Fac Total	3,167	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
53	120	25	279						0.5			1	2		

0.0831

Specialty(s) Performing Procedure

99.9% UROLOGY
0.1% PHYSICIANS ASSISTANT
0.0% GENERAL SURGERY

53445		090	13.00	AUA	Total:	1,971		Feb08
Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff					NF Total	7	Top NF UROLOGY	
					Fac Total	1,964	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
85	90	35	314						0.5			1	3		

0.0730

Specialty(s) Performing Procedure

99.6% UROLOGY
0.3% GENERAL SURGERY
0.1% PLASTIC AND RECONSTRUCTIVE SURGERY

54150		000	1.90	AAP, ACOG, AAFP, AUA	Total:	205		Apr06
Circumcision, using clamp or other device with regional dorsal penile or ring block					NF Total	13	Top NF UROLOGY	
					Fac Total	192	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
25	15	5	45												

0.0866

Specialty(s) Performing Procedure

86.8% UROLOGY
7.3% GENERAL SURGERY
2.0% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
54530		090	8.46	AUA	Total:	1,262		Feb08
Orchiectomy, radical, for tumor; inguinal approach					NF Total	3	Top NF UROLOGY	
					Fac Total	1,259	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
83	60	30	247						0.5			2	1		

0.0597

Specialty(s) Performing Procedure

96.0% UROLOGY
3.2% GENERAL SURGERY
0.4% SURGICAL ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
55706		010	6.28	AUA	Total:	1,339		Apr08
Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance					NF Total	88	Top NF UROLOGY	
					Fac Total	1,251	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
53	45	15	195						0.5				1	1	

0.0414

Specialty(s) Performing Procedure

94.0% UROLOGY
5.0% RADIATION ONCOLOGY
0.6% NEUROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
55866		090	32.06	AUA	Total:	13,161		Oct09
Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed					NF Total	30	Top NF UROLOGY	
					Fac Total	13,131	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
68	210	30	512		1				1				2	2	

0.1070

Specialty(s) Performing Procedure

99.3% UROLOGY
0.3% SURGICAL ONCOLOGY
0.2% EMERGENCY MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
55876		000	1.73	AUA, ASTRO, ACR	Total:	16,495		Feb06
Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple					NF Total	11,736	Top NF UROLOGY	
					Fac Total	4,759	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
29	20	10	59												

0.0428

Specialty(s) Performing Procedure

75.2% UROLOGY
20.3% RADIATION ONCOLOGY
3.5% DIAGNOSTIC RADIOLOGY

57267		ZZZ	4.88	ACOG, AUGS	Total:	9,806		Apr04
Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)					NF Total	44	Top NF OBSTETRICS/GYNECOLOGY	
					Fac Total	9,762	Top Fac OBSTETRICS/GYNECOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	45		45												

0.1084

Specialty(s) Performing Procedure

66.1% OBSTETRICS/GYNECOLOGY
31.9% UROLOGY
1.3% GYNECOLOGY/ONCOLOGY

57288		090	12.13	AUA, ACOG	Total:	29,371		Oct10
Sling operation for stress incontinence (eg, fascia or synthetic)					NF Total	165	Top NF OBSTETRICS/GYNECOLOGY	
					Fac Total	29,206	Top Fac OBSTETRICS/GYNECOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
55	60	27	246						0.5			1	3		

0.1080

Specialty(s) Performing Procedure

56.4% OBSTETRICS/GYNECOLOGY
42.4% UROLOGY
0.7% GYNECOLOGY/ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
57452		000	1.50	ACOG, AUGS	Total:	9,522		Apr02
Colposcopy of the cervix including upper/adjacent vagina;					NF Total	7,848	Top NF	OBSTETRICS/GYNECOLOGY
					Fac Total	1,674	Top Fac	OBSTETRICS/GYNECOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	15	10	40												

0.0627

Specialty(s) Performing Procedure

67.2% OBSTETRICS/GYNECOLOGY
12.7% GYNECOLOGY/ONCOLOGY
12.1% UROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
58150		090	17.31	ACOG	Total:	9,107		Sept05
Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);					NF Total	44	Top NF	OBSTETRICS/GYNECOLOGY
					Fac Total	9,063	Top Fac	OBSTETRICS/GYNECOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	120	30	394	3	1				1				2		

0.0712

Specialty(s) Performing Procedure

66.8% OBSTETRICS/GYNECOLOGY
27.6% GYNECOLOGY/ONCOLOGY
2.5% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
58660		090	11.59	ACOG	Total:	1,588		Apr97
Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)					NF Total	17	Top NF	OBSTETRICS/GYNECOLOGY
					Fac Total	1,571	Top Fac	OBSTETRICS/GYNECOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	90	30	210						0.5				1		

0.0916

Specialty(s) Performing Procedure

75.7% OBSTETRICS/GYNECOLOGY
12.1% GENERAL SURGERY
6.3% GYNECOLOGY/ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
58720		090	12.16	ACOG	Total:	3,377		Sept05
	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)				NF Total	10	Top NF OBSTETRICS/GYNECOLOGY	
					Fac Total	3,367	Top Fac OBSTETRICS/GYNECOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
52	90	30	309	1	1			1				1	1		

0.0621

Specialty(s) Performing Procedure

50.6% OBSTETRICS/GYNECOLOGY
24.6% GYNECOLOGY/ONCOLOGY
16.7% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
60220		090	11.19	ACS, AAO-HNS	Total:	8,225		Oct10
	Total thyroid lobectomy, unilateral; with or without isthmusectomy				NF Total	34	Top NF OTOLARYNGOLOGY	
					Fac Total	8,191	Top Fac OTOLARYNGOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
72	90	40	267					0.5					2		

0.0710

Specialty(s) Performing Procedure

54.7% OTOLARYNGOLOGY
39.5% GENERAL SURGERY
2.6% SURGICAL ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
60500		090	15.60	AAOS, ACS	Total:	14,905		Oct10
	Parathyroidectomy or exploration of parathyroid(s);				NF Total	39	Top NF GENERAL SURGERY	
					Fac Total	14,866	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
72	120	40	313					0.5				1	2		

0.0860

Specialty(s) Performing Procedure

58.9% GENERAL SURGERY
30.0% OTOLARYNGOLOGY
5.2% SURGICAL ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
62264		010	4.42	ASA, AAPMR and ASIPP	Total:	13,142		Apr02
Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day					NF Total	5,150	Top NF ANESTHESIOLOGY	
					Fac Total	7,992	Top Fac ANESTHESIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
40	30	20	109						0.5						

0.0812

Specialty(s) Performing Procedure

47.2% ANESTHESIOLOGY
31.2% INTERVENTIONAL PAIN MANAGEMENT
13.6% PAIN MANAGEMENT

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
62350		010	6.05	AAPM, AAPM&R, AANS, AANS, CNS, ASA, ISIS, NASS, AAPM&R, ISIS, NASS	Total:	6,458		Feb08
Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy					NF Total	123	Top NF INTERVENTIONAL PAIN MANAGEMENT	
					Fac Total	6,335	Top Fac NEUROSURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	60	20	170						0.5				1		

0.0498

Specialty(s) Performing Procedure

29.7% NEUROSURGERY
26.9% INTERVENTIONAL PAIN MANAGEMENT
20.9% ANESTHESIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
62362		010	5.60	AAPM, AAPM&R, AANS, CNS, ASA, ISIS, NASS	Total:	7,701		Feb08
Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming					NF Total	74	Top NF INTERVENTIONAL PAIN MANAGEMENT	
					Fac Total	7,627	Top Fac NEUROSURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	60	20	170						0.5				1		

0.0423

Specialty(s) Performing Procedure

38.1% NEUROSURGERY
23.1% INTERVENTIONAL PAIN MANAGEMENT
18.1% ANESTHESIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
63661		010	5.08	ISIS, NASS, AANS/CNS, ASA, AAPM	Total:	3,682		Apr09
Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed					NF Total	724	Top NF	INTERVENTIONAL PAIN MANAGEMENT
					Fac Total	2,958	Top Fac	INTERVENTIONAL PAIN MANAGEMENT

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	55	20	165					0.5					1		

0.0367

Specialty(s) Performing Procedure

26.2% INTERVENTIONAL PAIN MANAGEMENT
21.9% ANESTHESIOLOGY
18.9% NEUROSURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
63685		010	5.19	AAPM, AAPM&R, AANS, AANS, CNS, ASA, ISIS, NASS, AAPM&R, ISIS, NASS	Total:	15,269		Feb08
Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling					NF Total	320	Top NF	INTERVENTIONAL PAIN MANAGEMENT
					Fac Total	14,949	Top Fac	NEUROSURGERY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	60	20	170					0.5					1		

0.0355

Specialty(s) Performing Procedure

36.6% NEUROSURGERY
18.0% INTERVENTIONAL PAIN MANAGEMENT
15.2% ANESTHESIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
63688		010	5.30	AAPM, AAPM&R, AANS, AANS, CNS, ASA, ISIS, NASS, AAPM&R, ISIS, NASS	Total:	6,154		Feb08
Revision or removal of implanted spinal neurostimulator pulse generator or receiver					NF Total	121	Top NF	ANESTHESIOLOGY
					Fac Total	6,033	Top Fac	NEUROSURGERY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	55	20	165					0.5					1		

0.0407

Specialty(s) Performing Procedure

37.6% NEUROSURGERY
16.7% ORTHOPEDIC SURGERY
16.3% INTERVENTIONAL PAIN MANAGEMENT

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
64479		000	2.29	ASA, NASS, ISIS, AAPM, AAPMR, SIR, ASNR	Total:	40,535		Oct09
Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level					NF Total	18,687	Top NF INTERVENTIONAL PAIN MANAGEMENT	
					Fac Total	21,848	Top Fac ANESTHESIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
24	15	10	49												

0.1076

Specialty(s) Performing Procedure

25.8% INTERVENTIONAL PAIN MANAGEMENT
21.5% ANESTHESIOLOGY
20.6% PHYSICAL MEDICINE AND REHABILITATION

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
64480		ZZZ	1.20	ASA, NASS, ISIS, AAPM, AAPMR, SIR, ASNR	Total:	24,288		Oct09
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)					NF Total	12,942	Top NF INTERVENTIONAL PAIN MANAGEMENT	
					Fac Total	11,346	Top Fac INTERVENTIONAL PAIN MANAGEMENT	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	15		15												

0.0800

Specialty(s) Performing Procedure

31.1% INTERVENTIONAL PAIN MANAGEMENT
21.5% ANESTHESIOLOGY
21.3% PAIN MANAGEMENT

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
64483		000	1.90	ASA, NASS, ISIS, AAPM, AAPMR, SIR, ASNR	Total:	878,150		Oct09
Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level					NF Total	398,008	Top NF INTERVENTIONAL PAIN MANAGEMENT	
					Fac Total	480,142	Top Fac PHYSICAL MEDICINE AND REHABILITA	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
24	15	10	49												

0.0816

Specialty(s) Performing Procedure

27.2% INTERVENTIONAL PAIN MANAGEMENT
26.9% PHYSICAL MEDICINE AND REHABILITATION
21.9% ANESTHESIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
64484		ZZZ	1.00	ASA, NASS, ISIS, AAPM, AAPMR, SIR, ASNR	Total:	439,261		Oct09
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)					NF Total	211,316	Top NF INTERVENTIONAL PAIN MANAGEMENT	
					Fac Total	227,945	Top Fac ANESTHESIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	10		10												

0.1000

Specialty(s) Performing Procedure

32.1% INTERVENTIONAL PAIN MANAGEMENT
25.1% ANESTHESIOLOGY
18.3% PHYSICAL MEDICINE AND REHABILITATION

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
64708		090	6.36	AAOS, ASPS, ASSH, and AOFAS	Total:	3,387		Apr08
Neuroplasty, major peripheral nerve, arm or leg, open; other than specified					NF Total	61	Top NF ORTHOPEDIC SURGERY	
					Fac Total	3,326	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
55	60	15	220						0.5			3	1		

0.0314

Specialty(s) Performing Procedure

40.9% ORTHOPEDIC SURGERY
17.5% HAND SURGERY
13.9% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
67820		000	0.71	AAO, AOA(HCPAC)	Total:	302,029		Aug05
Correction of trichiasis; epilation, by forceps only					NF Total	296,084	Top NF OPHTHALMOLOGY	
					Fac Total	5,945	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
8	5	2	15												

0.1001

Specialty(s) Performing Procedure

68.2% OPHTHALMOLOGY
31.5% OPTOMETRY
0.0% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
67904		090	7.97	AAO	Total:	50,906		**Aug05**
Repair of blepharoptosis; (tarso) levator resection or advancement, external approach					NF Total	5,683	Top NF OPHTHALMOLOGY	
					Fac Total	45,223	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
35	45	15	185						0.5			3	1		

0.0892

Specialty(s) Performing Procedure

93.0% OPHTHALMOLOGY
5.7% PLASTIC AND RECONSTRUCTIVE SURGERY
0.8% OTOLARYNGOLOGY

70355		XXX	0.20	ADA/AAOMS	Total:	35,198		**Aug05**
Orthopantogram (eg, panoramic x-ray)					NF Total	21,312	Top NF ORAL SURGERY	
					Fac Total	13,886	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	5	1	6												

0.0355

Specialty(s) Performing Procedure

40.9% ORAL SURGERY
31.2% DIAGNOSTIC RADIOLOGY
26.5% MAXILLOFACIAL SURGERY

70460		XXX	1.13	ACR, ASNR	Total:	35,553		**Oct12**
Computed tomography, head or brain; with contrast material(s)					NF Total	6,464	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	29,089	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	12	5	22												

0.0755

Specialty(s) Performing Procedure

93.7% DIAGNOSTIC RADIOLOGY
1.6% INTERVENTIONAL RADIOLOGY
1.3% INDEPENDENT DIAGNOSTIC TESTING FACILITY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
70470		XXX	1.27	ACR, ASNR, AUR	Total:	154,377		**Apr11**
Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections					NF Total	33,690	Top NF	DIAGNOSTIC RADIOLOGY
					Fac Total	120,687	Top Fac	DIAGNOSTIC RADIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	15	5	25												

0.0697

Specialty(s) Performing Procedure

94.0% DIAGNOSTIC RADIOLOGY
2.3% INDEPENDENT DIAGNOSTIC TESTING FACILITY
1.3% INTERVENTIONAL RADIOLOGY

71010		XXX	0.18	ACR	Total:	18,283,698		**Aug05**
Radiologic examination, chest; single view, frontal					NF Total	1,105,458	Top NF	PORTABLE XRAY SUPPLIER
					Fac Total	17,178,240	Top Fac	DIAGNOSTIC RADIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	3	1	5												

0.0451

Specialty(s) Performing Procedure

90.4% DIAGNOSTIC RADIOLOGY
5.9% PORTABLE XRAY SUPPLIER
1.5% INTERVENTIONAL RADIOLOGY

71020		XXX	0.22	ACR	Total:	12,357,705		**Aug05**
Radiologic examination, chest, 2 views, frontal and lateral;					NF Total	3,327,189	Top NF	DIAGNOSTIC RADIOLOGY
					Fac Total	9,030,516	Top Fac	DIAGNOSTIC RADIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	3	1	5												

0.0584

Specialty(s) Performing Procedure

83.6% DIAGNOSTIC RADIOLOGY
3.8% FAMILY PRACTICE
3.5% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
72100		XXX	0.22	AAOS; ACR; ASNR; NASS	Total:	1,861,741		Feb11
Radiologic examination, spine, lumbosacral; 2 or 3 views					NF Total	946,971	Top NF ORTHOPEDIC SURGERY	
					Fac Total	914,770	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	3	2	6												

0.0509

Specialty(s) Performing Procedure

56.2% DIAGNOSTIC RADIOLOGY
22.8% ORTHOPEDIC SURGERY
4.0% PORTABLE XRAY SUPPLIER

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
72114		XXX	0.32	AAOS; ACR; ASNR; NASS	Total:	88,233		Feb11
Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views					NF Total	57,744	Top NF ORTHOPEDIC SURGERY	
					Fac Total	30,489	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	5	2	8												

0.0506

Specialty(s) Performing Procedure

53.9% DIAGNOSTIC RADIOLOGY
24.0% ORTHOPEDIC SURGERY
3.7% PHYSICAL MEDICINE AND REHABILITATION

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
72158		XXX	2.29	ACR, ASNR	Total:	262,462		Apr13
Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar					NF Total	92,046	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	170,416	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	25	5	35												

0.0826

Specialty(s) Performing Procedure

89.8% DIAGNOSTIC RADIOLOGY
6.3% INDEPENDENT DIAGNOSTIC TESTING FACILITY
1.0% INTERVENTIONAL RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
73120		XXX	0.16	AAOS, ACR	Total:	268,826		Aug05
Radiologic examination, hand; 2 views					NF Total	186,317	Top NF RHEUMATOLOGY	
					Fac Total	82,509	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	3	1	5												

0.0384

Specialty(s) Performing Procedure

38.8% DIAGNOSTIC RADIOLOGY
21.3% RHEUMATOLOGY
16.2% ORTHOPEDIC SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
73721		XXX	1.35	ACR	Total:	615,081		Jan12
Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast materia					NF Total	339,481	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	275,600	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	20	5	30												

0.0563

Specialty(s) Performing Procedure

82.4% DIAGNOSTIC RADIOLOGY
10.5% INDEPENDENT DIAGNOSTIC TESTING FACILITY
4.7% ORTHOPEDIC SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
74020		XXX	0.27	ACR	Total:	702,986		Aug05
Radiologic examination, abdomen; complete, including decubitus and/or erect views					NF Total	72,242	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	630,744	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	3	1	5												

0.0751

Specialty(s) Performing Procedure

92.5% DIAGNOSTIC RADIOLOGY
1.8% FAMILY PRACTICE
1.5% INTERVENTIONAL RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
74170		XXX	1.40	ACR	Total:	114,873		Apr12
	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections				NF Total	39,593	Top NF	DIAGNOSTIC RADIOLOGY
					Fac Total	75,280	Top Fac	DIAGNOSTIC RADIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	18	5	28												

0.0653

Specialty(s) Performing Procedure

91.7% DIAGNOSTIC RADIOLOGY
3.4% INDEPENDENT DIAGNOSTIC TESTING FACILITY
1.5% INTERVENTIONAL RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
74176		XXX	1.74	ACR	Total:	2,033,682		Feb10
	Computed tomography, abdomen and pelvis; without contrast material				NF Total	232,267	Top NF	DIAGNOSTIC RADIOLOGY
					Fac Total	1,801,415	Top Fac	DIAGNOSTIC RADIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	22	5	32												

0.0689

Specialty(s) Performing Procedure

96.0% DIAGNOSTIC RADIOLOGY
1.4% INTERVENTIONAL RADIOLOGY
1.0% INDEPENDENT DIAGNOSTIC TESTING FACILITY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
74178		XXX	2.01	ACR	Total:	592,988		Feb10
	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions				NF Total	217,789	Top NF	DIAGNOSTIC RADIOLOGY
					Fac Total	375,199	Top Fac	DIAGNOSTIC RADIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	30	5	40												

0.0595

Specialty(s) Performing Procedure

92.0% DIAGNOSTIC RADIOLOGY
3.1% INDEPENDENT DIAGNOSTIC TESTING FACILITY
1.3% INTERVENTIONAL RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
74280		XXX	0.99	ACR	Total:	19,386		Sept11
Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon					NF Total	3,175	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	16,211	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	20	7	32												

0.0361

Specialty(s) Performing Procedure

96.0% DIAGNOSTIC RADIOLOGY
1.2% INDEPENDENT DIAGNOSTIC TESTING FACILITY
1.1% INTERVENTIONAL RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
76519		XXX	0.54	AAO	Total:	435,435		Aug05
Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculatior					NF Total	412,222	Top NF OPHTHALMOLOGY	
					Fac Total	23,213	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
12	5		17												

0.0542

Specialty(s) Performing Procedure

97.3% OPHTHALMOLOGY
2.5% OPTOMETRY
0.1% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
76536		XXX	0.56	ACR, ASNR, TES, AACE	Total:	732,876		Apr09
Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation					NF Total	395,612	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	337,264	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
4	10	4	18												

0.0381

Specialty(s) Performing Procedure

68.5% DIAGNOSTIC RADIOLOGY
15.3% ENDOCRINOLOGY
4.6% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
76700		XXX	0.81	ACR	Total:	1,033,755		Aug05
	Ultrasound, abdominal, real time with image documentation; complete				NF Total	434,722	Top NF	DIAGNOSTIC RADIOLOGY
					Fac Total	599,033	Top Fac	DIAGNOSTIC RADIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	11	5	21												

0.0533

Specialty(s) Performing Procedure

80.3% DIAGNOSTIC RADIOLOGY
6.4% INDEPENDENT DIAGNOSTIC TESTING FACILITY
5.0% INTERNAL MEDICINE

76805		XXX	0.99	ACOG, ACR	Total:	12,468		Apr02
	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation				NF Total	6,637	Top NF	OBSTETRICS/GYNECOLOGY
					Fac Total	5,831	Top Fac	DIAGNOSTIC RADIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	15	6	26												

0.0496

Specialty(s) Performing Procedure

61.5% OBSTETRICS/GYNECOLOGY
35.2% DIAGNOSTIC RADIOLOGY
0.8% FAMILY PRACTICE

76815		XXX	0.65	ACOG, ACR	Total:	16,814		Apr02
	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses				NF Total	5,171	Top NF	OBSTETRICS/GYNECOLOGY
					Fac Total	11,643	Top Fac	DIAGNOSTIC RADIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	5.5	5	15.5												

0.0775

Specialty(s) Performing Procedure

48.2% DIAGNOSTIC RADIOLOGY
46.0% OBSTETRICS/GYNECOLOGY
2.9% EMERGENCY MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
76816		XXX	0.85	ACOG, ACR	Total:	18,849		Apr02
	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdomina approach, per fetus				NF Total	10,497	Top NF	OBSTETRICS/GYNECOLOGY
					Fac Total	8,352	Top Fac	OBSTETRICS/GYNECOLOGY

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
6	15	10	31												

0.0328

Specialty(s) Performing Procedure

86.1% OBSTETRICS/GYNECOLOGY
11.8% DIAGNOSTIC RADIOLOGY
0.4% EMERGENCY MEDICINE

76817		XXX	0.75	ACOG, ACR	Total:	19,651		Apr02
	Ultrasound, pregnant uterus, real time with image documentation, transvaginal				NF Total	8,160	Top NF	OBSTETRICS/GYNECOLOGY
					Fac Total	11,491	Top Fac	DIAGNOSTIC RADIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	10	8	23												

0.0459

Specialty(s) Performing Procedure

50.5% OBSTETRICS/GYNECOLOGY
46.4% DIAGNOSTIC RADIOLOGY
0.5% EMERGENCY MEDICINE

76830		XXX	0.69	ACR, ACOG	Total:	470,972		Apr12
	Ultrasound, transvaginal				NF Total	278,223	Top NF	OBSTETRICS/GYNECOLOGY
					Fac Total	192,749	Top Fac	DIAGNOSTIC RADIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	10	8	23												

0.0399

Specialty(s) Performing Procedure

58.2% DIAGNOSTIC RADIOLOGY
37.0% OBSTETRICS/GYNECOLOGY
1.6% INDEPENDENT DIAGNOSTIC TESTING FACILITY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
77290		XXX	1.56	ASTRO	Total:	329,472		Jan13
Therapeutic radiology simulation-aided field setting; complex					NF Total	129,949	Top NF RADIATION ONCOLOGY	
					Fac Total	199,523	Top Fac RADIATION ONCOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	60	10	77												

0.0197

Specialty(s) Performing Procedure

96.1% RADIATION ONCOLOGY
2.0% DIAGNOSTIC RADIOLOGY
1.1% DERMATOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
78306		XXX	0.86	SNM, ACR	Total:	318,658		Aug05
Bone and/or joint imaging; whole body					NF Total	49,412	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	269,246	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	8	5	18												

0.0795

Specialty(s) Performing Procedure

84.7% DIAGNOSTIC RADIOLOGY
11.9% NUCLEAR MEDICINE
1.1% INTERVENTIONAL RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
88112		XXX	0.56	CAP	Total:	1,032,913		Apr13
Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal					NF Total	552,191	Top NF PATHOLOGY	
					Fac Total	480,722	Top Fac PATHOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	15		15												

0.0373

Specialty(s) Performing Procedure

73.1% PATHOLOGY
22.2% CLINICAL LABORATORY (IND.
4.5% UROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
88304		XXX	0.22	CAP, AAD	Total:	1,070,985		Apr10
					NF Total	312,328	Top NF CLINICAL LABORATORY (IND.	
					Fac Total	758,657	Top Fac PATHOLOGY	

Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	15		15												

0.0147

Specialty(s) Performing Procedure

79.3%	PATHOLOGY
15.2%	CLINICAL LABORATORY (IND.
4.8%	DERMATOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
88305		XXX	0.75	CAP, AAD	Total:	16,981,719		Apr10
					NF Total	10,526,598	Top NF PATHOLOGY	
					Fac Total	6,455,119	Top Fac PATHOLOGY	

Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	25		25												

0.0300

Specialty(s) Performing Procedure

61.1% PATHOLOGY
24.9% CLINICAL LABORATORY (IND.
12.3% DERMATOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
88321		XXX	1.63	CAP	Total:	186,232		Aug05
					NF Total	90,856	Top NF CLINICAL LABORATORY (IND.	
					Fac Total	95,376	Top Fac PATHOLOGY	

Consultation and report on referred slides prepared elsewhere

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	50		50												

0.0326

Specialty(s) Performing Procedure

66.0% PATHOLOGY
25.1% CLINICAL LABORATORY (IND.
8.6% DERMATOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
88361		XXX	1.18	CAP, ASC	Total:	128,768		Oct04
Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology					NF Total	52,108	Top NF	CLINICAL LABORATORY (IND.
					Fac Total	76,660	Top Fac	PATHOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	40		40												

0.0295

Specialty(s) Performing Procedure

71.4% PATHOLOGY
25.5% CLINICAL LABORATORY (IND.
2.2% HEMATOLOGY/ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
88367		XXX	0.73	CAP, ASC	Total:	164,059		Apr14
Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure					NF Total	121,576	Top NF	CLINICAL LABORATORY (IND.
					Fac Total	42,483	Top Fac	PATHOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	25		25												

0.0292

Specialty(s) Performing Procedure

57.6% PATHOLOGY
40.7% CLINICAL LABORATORY (IND.
1.5% UROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90460		XXX	0.17	AAP	Total:	594		Oct09
Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered					NF Total	590	Top NF	FAMILY PRACTICE
					Fac Total	4	Top Fac	PEDIATRIC MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	7		7												

0.0243

Specialty(s) Performing Procedure

51.0% FAMILY PRACTICE
22.7% INTERNAL MEDICINE
8.9% PEDIATRIC MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90935		000	1.48	RPA	Total:	1,248,862		Oct09
Hemodialysis procedure with single evaluation by a physician or other qualified health care professional					NF Total	8,954	Top NF NEPHROLOGY	
					Fac Total	1,239,908	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	25	10	45												

0.0413

Specialty(s) Performing Procedure

86.5% NEPHROLOGY
10.7% INTERNAL MEDICINE
1.0% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90937		000	2.11	RPA	Total:	73,840		Oct09
Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription					NF Total	447	Top NF INTERNAL MEDICINE	
					Fac Total	73,393	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	40	10	60												

0.0415

Specialty(s) Performing Procedure

79.9% NEPHROLOGY
17.6% INTERNAL MEDICINE
0.8% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90945		000	1.56	RPA	Total:	142,523		Oct09
Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional					NF Total	1,012	Top NF NEPHROLOGY	
					Fac Total	141,511	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	27	10	47												

0.0412

Specialty(s) Performing Procedure

87.4% NEPHROLOGY
9.3% INTERNAL MEDICINE
1.0% PEDIATRIC MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90960		XXX	5.18	RPA	Total:	2,230,167		**Feb08**
End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month					NF Total	2,088,336	Top NF NEPHROLOGY	
					Fac Total	141,831	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	128		128												

0.0405

Specialty(s) Performing Procedure

86.9% NEPHROLOGY
11.0% INTERNAL MEDICINE
0.8% NEUROLOGY

90961	XXX	4.26	RPA	Total:	673,035		**Feb08**
End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month				NF Total	626,436	Top NF NEPHROLOGY	
				Fac Total	46,599	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	113		113												

0.0377

Specialty(s) Performing Procedure

84.8% NEPHROLOGY
10.3% INTERNAL MEDICINE
2.8% NURSE PRACTITIONERS

90962	XXX	3.15	RPA	Total:	191,460		**Feb08**
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				NF Total	175,048	Top NF NEPHROLOGY	
				Fac Total	16,412	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	63		63												

0.0500

Specialty(s) Performing Procedure

82.8% NEPHROLOGY
10.8% INTERNAL MEDICINE
4.5% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90966		XXX	4.26	RPA	Total:	287,008		**Feb08**
End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older					NF Total	269,717	Top NF NEPHROLOGY	
					Fac Total	17,291	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	75		75												

0.0568

Specialty(s) Performing Procedure

88.2% NEPHROLOGY
9.3% INTERNAL MEDICINE
0.8% NURSE PRACTITIONERS

90969		XXX	0.29	ASPN	Total:	8,592		**Feb08**
End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age					NF Total	3,238	Top NF NEPHROLOGY	
					Fac Total	5,354	Top Fac PEDIATRIC MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	7.27		7.27												

0.0399

Specialty(s) Performing Procedure

53.8% NEPHROLOGY
41.7% PEDIATRIC MEDICINE
2.4% ORTHOPEDIC SURGERY

90970		XXX	0.14	ASPN	Total:	1,398,948		**Feb08**
End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older					NF Total	1,308,471	Top NF NEPHROLOGY	
					Fac Total	90,477	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	2.5		2.5												

0.0560

Specialty(s) Performing Procedure

85.0% NEPHROLOGY
10.8% INTERNAL MEDICINE
2.3% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92002		XXX	0.88	AAO, AOA(HCPAC)	Total:	223,037		Feb07
	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient				NF Total	213,187	Top NF OPHTHALMOLOGY	
					Fac Total	9,850	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	15	5	25												

0.0437

Specialty(s) Performing Procedure

57.3% OPHTHALMOLOGY
42.1% OPTOMETRY
0.2% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92004		XXX	1.82	AAO, AOA(HCPAC)	Total:	2,267,584		Feb07
	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits				NF Total	2,189,730	Top NF OPHTHALMOLOGY	
					Fac Total	77,854	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	25	10	40												

0.0594

Specialty(s) Performing Procedure

59.2% OPHTHALMOLOGY
40.6% OPTOMETRY
0.0% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92012		XXX	0.92	AAO, AOA(HCPAC)	Total:	6,792,544		Feb07
	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient				NF Total	6,623,456	Top NF OPHTHALMOLOGY	
					Fac Total	169,088	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	15	5	25												

0.0464

Specialty(s) Performing Procedure

83.1% OPHTHALMOLOGY
16.6% OPTOMETRY
0.0% MULTISPECIALTY CLINIC OR GROUP PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92014		XXX	1.42	AAO, AOA(HCPAC)	Total:	11,717,232		Feb07
Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits					NF Total	11,433,841	Top NF OPHTHALMOLOGY	
					Fac Total	283,391	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	24	8	37												

0.0470

Specialty(s) Performing Procedure

73.2% OPHTHALMOLOGY
26.7% OPTOMETRY
0.0% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92025		XXX	0.35	AAO, AOA(HCPAC)	Total:	149,187		Feb06
Computerized corneal topography, unilateral or bilateral, with interpretation and report					NF Total	144,278	Top NF OPHTHALMOLOGY	
					Fac Total	4,909	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	12		17												

0.0198

Specialty(s) Performing Procedure

87.0% OPHTHALMOLOGY
12.7% OPTOMETRY
0.1% MULTISPECIALTY CLINIC OR GROUP PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92081		XXX	0.30	AAO	Total:	112,028		Apr10
Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)					NF Total	108,380	Top NF OPHTHALMOLOGY	
					Fac Total	3,648	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
3	7		10												

0.0333

Specialty(s) Performing Procedure

55.9% OPHTHALMOLOGY
40.4% OPTOMETRY
1.7% NEUROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92082		XXX	0.40	AAO	Total:	175,300		Apr10
	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)				NF Total	170,509	Top NF OPHTHALMOLOGY	
					Fac Total	4,791	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
3	8		11												

0.0416

Specialty(s) Performing Procedure

56.9% OPHTHALMOLOGY
41.6% OPTOMETRY
0.8% PLASTIC AND RECONSTRUCTIVE SURGERY

92250		XXX	0.44	AAO, AOA (HCPAC)	Total:	2,809,509		Aug05
	Fundus photography with interpretation and report				NF Total	2,775,238	Top NF OPHTHALMOLOGY	
					Fac Total	34,271	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	9	5	14												

0.0364

Specialty(s) Performing Procedure

61.7% OPHTHALMOLOGY
38.0% OPTOMETRY
0.1% NEUROLOGY

92285		XXX	0.05	AAO, AOA (HCPAC)	Total:	335,415		Oct09
	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)				NF Total	323,838	Top NF OPHTHALMOLOGY	
					Fac Total	11,577	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	5		5												

0.0100

Specialty(s) Performing Procedure

67.0% OPHTHALMOLOGY
31.3% OPTOMETRY
0.8% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92567		XXX	0.20	AAO-HNS, ASHA	Total:	739,751		Apr07
Tympanometry (impedance testing)					NF Total	731,034	Top NF AUDIOLOGIST (IND.)	
					Fac Total	8,717	Top Fac AUDIOLOGIST (IND.)	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	4	1	6												

0.0388

Specialty(s) Performing Procedure

56.7% AUDIOLOGIST (IND.)
36.9% OTOLARYNGOLOGY
2.3% FAMILY PRACTICE

92568		XXX	0.29	AAO-HNS, ASHA	Total:	19,007		Apr07	
Acoustic reflex testing, threshold					NF Total	18,854	Top NF OTOLARYNGOLOGY		
					Fac Total	153	Top Fac AUDIOLOGIST (IND.)		

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	8	1	10												

0.0306

Specialty(s) Performing Procedure

47.9% OTOLARYNGOLOGY
34.4% AUDIOLOGIST (IND.)
8.3% INTERNAL MEDICINE

92604		XXX	1.25	AAO-HNS, ASHA	Total:	15,221		Apr07	
Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming					NF Total	14,770	Top NF AUDIOLOGIST (IND.)		
					Fac Total	451	Top Fac AUDIOLOGIST (IND.)		

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	50	10	65												

0.0183

Specialty(s) Performing Procedure

74.4% AUDIOLOGIST (IND.)
25.1% OTOLARYNGOLOGY
0.2% NEUROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
93010		XXX	0.17	ACC,ACP,AAFP	Total:	19,348,953		Oct12
Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only					NF Total	538,677	Top NF CARDIOLOGY	
					Fac Total	18,810,276	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	5	1	6												

0.0295

Specialty(s) Performing Procedure

58.0% CARDIOLOGY
18.7% EMERGENCY MEDICINE
15.1% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
93015		XXX	0.75	ACC, ASNC	Total:	1,230,281		Apr12
Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report					NF Total	1,229,723	Top NF CARDIOLOGY	
					Fac Total	558	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	20	4	26												

0.0308

Specialty(s) Performing Procedure

88.1% CARDIOLOGY
7.0% INTERNAL MEDICINE
1.0% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
93042		XXX	0.15	ACEP, ACC	Total:	620,851		Oct09
Rhythm ECG, 1-3 leads; interpretation and report only					NF Total	6,924	Top NF INTERNAL MEDICINE	
					Fac Total	613,927	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	3	2	7												

0.0201

Specialty(s) Performing Procedure

53.0% EMERGENCY MEDICINE
27.7% CARDIOLOGY
6.8% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
93224		XXX	0.52	ACC	Total:	440,828		Apr10
	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				NF Total	440,598	Top NF CARDIOLOGY	
					Fac Total	230	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	15	7	24												

0.0212

Specialty(s) Performing Procedure

75.3% CARDIOLOGY
12.8% INTERNAL MEDICINE
5.4% CARDIAC ELECTROPHYSIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
93351		XXX	1.75	ACC	Total:	270,374		Apr08
	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				NF Total	187,404	Top NF CARDIOLOGY	
					Fac Total	82,970	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	20	10	35												

0.0707

Specialty(s) Performing Procedure

92.1% CARDIOLOGY
6.0% INTERNAL MEDICINE
0.6% CARDIAC ELECTROPHYSIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
93922		XXX	0.25	ACR, ACC, SVS	Total:	642,865		Apr10
	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)				NF Total	465,861	Top NF	VASCULAR SURGERY
					Fac Total	177,004	Top Fac	VASCULAR SURGERY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
3	5	2	10												

0.0276

Specialty(s) Performing Procedure

24.1% VASCULAR SURGERY
18.2% CARDIOLOGY
14.3% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
93923		XXX	0.45	ACR, ACC, SVS	Total:	538,216		Apr10
	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)				NF Total	353,299	Top NF	CARDIOLOGY
					Fac Total	184,917	Top Fac	VASCULAR SURGERY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
3	10	3	16												

0.0316

Specialty(s) Performing Procedure

27.6% VASCULAR SURGERY
20.2% CARDIOLOGY
14.7% DIAGNOSTIC RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
94002		XXX	1.99	AAP, ASA, ACCP/ATS	Total:	13,055		Apr06
Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day					NF Total	16	Top NF PULMONARY DISEASE	
					Fac Total	13,039	Top Fac ANESTHESIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	30	15	60												

0.0439

Specialty(s) Performing Procedure

46.9% ANESTHESIOLOGY
37.2% PULMONARY DISEASE
7.1% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
94003		XXX	1.37	AAP, ASA, ACCP/ATS	Total:	102,915		Apr06
Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day					NF Total	2,246	Top NF FAMILY PRACTICE	
					Fac Total	100,669	Top Fac PULMONARY DISEASE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	20	10	40												

0.0461

Specialty(s) Performing Procedure

74.2% PULMONARY DISEASE
10.1% INTERNAL MEDICINE
7.3% CRITICAL CARE (INTENSIVISTS)

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
94004		XXX	1.00	AAP, ASA, ACCP/ATS	Total:	37,462		Apr06
Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day					NF Total	4,233	Top NF PULMONARY DISEASE	
					Fac Total	33,229	Top Fac PULMONARY DISEASE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	15	10	35												

0.0368

Specialty(s) Performing Procedure

64.5% PULMONARY DISEASE
22.7% INTERNAL MEDICINE
4.5% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
94011		XXX	2.00	ACCP, ATS, AAP	Total:	1		Apr09
Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age					NF Total	1	Top NF GENERAL PRACTICE	
					Fac Total		Top Fac	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits					
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215	
30	30	20	80													0.0293

Specialty(s) Performing Procedure

100.0% GENERAL PRACTICE

95165		XXX	0.06	AAO-HNS, JCAAI, AAOA	Total:	6,080,427		Feb06
Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)					NF Total	6,059,933	Top NF ALLERGY/IMMUNOLOGY	
					Fac Total	20,494	Top Fac ALLERGY/IMMUNOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits					
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215	
	3		3													0.0200

Specialty(s) Performing Procedure

49.3% ALLERGY/IMMUNOLOGY
33.5% OTOLARYNGOLOGY
6.4% FAMILY PRACTICE

95251		XXX	0.85	AACE	Total:	31,408		Feb05
Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous senso for a minimum of 72 hours; interpretation and report					NF Total	30,193	Top NF ENDOCRINOLOGY	
					Fac Total	1,215	Top Fac ENDOCRINOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits					
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215	
	30		30													0.0283

Specialty(s) Performing Procedure

60.1% ENDOCRINOLOGY
23.1% INTERNAL MEDICINE
6.8% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
95805		XXX	1.20	AAN, AASM, ACNS, ACCP/ATS	Total:	5,387		Apr10
Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness					NF Total	3,032	Top NF NEUROLOGY	
					Fac Total	2,355	Top Fac PULMONARY DISEASE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	20	15	50												

0.0264

Specialty(s) Performing Procedure

38.3% PULMONARY DISEASE
30.8% NEUROLOGY
10.2% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
95810		XXX	2.50	AAN, AASM, ACNS, ACCP/ATS	Total:	306,589		Apr10
Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist					NF Total	150,214	Top NF PULMONARY DISEASE	
					Fac Total	156,375	Top Fac PULMONARY DISEASE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	36.5	15	66.5												

0.0501

Specialty(s) Performing Procedure

49.3% PULMONARY DISEASE
19.0% NEUROLOGY
10.4% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
95819		XXX	1.08	AAN, ACNS	Total:	271,350		Oct12
Electroencephalogram (EEG); including recording awake and asleep					NF Total	74,526	Top NF NEUROLOGY	
					Fac Total	196,824	Top Fac NEUROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	15	6	26												

0.0556

Specialty(s) Performing Procedure

97.7% NEUROLOGY
0.4% INTERNAL MEDICINE
0.3% PEDIATRIC MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
95861		XXX	1.54	AANEM, AAPMR, AAN, APTA, AAN	Total:	35,941		Apr12
	Needle electromyography; 2 extremities with or without related paraspinal areas				NF Total	10,302	Top NF NEUROLOGY	
					Fac Total	25,639	Top Fac NEUROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	29	10	49												

0.0377

Specialty(s) Performing Procedure

76.5% NEUROLOGY
14.0% PHYSICAL MEDICINE AND REHABILITATION
1.6% NEUROSURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
95874		ZZZ	0.37	AAN, AANEM, AAPM&R	Total:	65,149		Apr05
	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)				NF Total	45,795	Top NF NEUROLOGY	
					Fac Total	19,354	Top Fac NEUROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	20		20												

0.0185

Specialty(s) Performing Procedure

58.1% NEUROLOGY
30.2% PHYSICAL MEDICINE AND REHABILITATION
9.0% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
95971		XXX	0.78	AUA, ACOG, ASA, NASS, AAPM, ISIS	Total:	11,947		Jan14
	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming				NF Total	8,076	Top NF UROLOGY	
					Fac Total	3,871	Top Fac NEUROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
8	20	5	33												

0.0244

Specialty(s) Performing Procedure

32.9% UROLOGY
14.1% NEUROLOGY
12.8% INTERVENTIONAL PAIN MANAGEMENT

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data				Reviewed by RUC?
95972		XXX	0.80	AUA, ACOG, ASA, NASS, AAPM, ISIS	Total:	63,547			Jan14

Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, up to 1 hour

NF Total	39,983	Top NF	UROLOGY
Fac Total	23,564	Top Fac	UROLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
8	23	5	36												

0.0221

Specialty(s) Performing Procedure

30.8% UROLOGY
15.7% INTERVENTIONAL PAIN MANAGEMENT
12.5% ANESTHESIOLOGY

95991		XXX	0.77	AAPM, ASA, AANS, CNS	Total:	15,100	Feb03

Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional

NF Total	11,066	Top NF	ANESTHESIOLOGY
Fac Total	4,034	Top Fac	ANESTHESIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	20	7	37												

0.0195

Specialty(s) Performing Procedure

30.2% ANESTHESIOLOGY
20.2% INTERVENTIONAL PAIN MANAGEMENT
14.8% PHYSICAL MEDICINE AND REHABILITATION

96153		XXX	0.10	APA, NASW	Total:	32,782	Feb01

Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)

NF Total	10,099	Top NF	CLINICAL PSYCHOLOGIST
Fac Total	22,683	Top Fac	CLINICAL PSYCHOLOGIST

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	3	1	5												

0.0184

Specialty(s) Performing Procedure

95.5% CLINICAL PSYCHOLOGIST
1.3% CERTIFIED CLINICAL NURSE SPECIALIST
0.9% PSYCHIATRY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96367		ZZZ	0.19	ASH, ASCO, IDSA	Total:	1,886,236		Jan13
Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)					NF Total	1,886,226	Top NF HEMATOLOGY/ONCOLOGY	
					Fac Total	10	Top Fac FAMILY PRACTICE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	5		6												

0.0335

Specialty(s) Performing Procedure

67.9% HEMATOLOGY/ONCOLOGY
18.9% MEDICAL ONCOLOGY
4.1% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96374		XXX	0.18	ACRh, ASH, ASCO	Total:	358,502		Oct04
Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug					NF Total	358,268	Top NF HEMATOLOGY/ONCOLOGY	
					Fac Total	234	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	5	2	9												

0.0181

Specialty(s) Performing Procedure

31.1% HEMATOLOGY/ONCOLOGY
11.8% CARDIOLOGY
9.9% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96375		ZZZ	0.10	ACRh, ASH, ASCO	Total:	1,649,939		Oct04
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)					NF Total	1,649,824	Top NF HEMATOLOGY/ONCOLOGY	
					Fac Total	115	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	3		4												

0.0259

Specialty(s) Performing Procedure

61.7% HEMATOLOGY/ONCOLOGY
19.8% MEDICAL ONCOLOGY
3.5% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96401		XXX	0.21	ASH, ASCO	Total:	648,648		Oct04
Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic					NF Total	648,609	Top NF HEMATOLOGY/ONCOLOGY	
					Fac Total	39	Top Fac PHYSICIANS ASSISTANT	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
4	3	2	9												

0.0252

Specialty(s) Performing Procedure

37.5% HEMATOLOGY/ONCOLOGY
21.5% RHEUMATOLOGY
10.4% MEDICAL ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96402		XXX	0.19	ASH, AUA	Total:	411,482		Oct04
Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic					NF Total	411,453	Top NF UROLOGY	
					Fac Total	29	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
4	3	2	9												

0.0185

Specialty(s) Performing Procedure

61.8% UROLOGY
25.0% HEMATOLOGY/ONCOLOGY
7.6% MEDICAL ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96411		ZZZ	0.20	ASH, ASCO	Total:	234,954		Oct04
Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)					NF Total	234,954	Top NF HEMATOLOGY/ONCOLOGY	
					Fac Total		Top Fac	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
3	4		7												

0.0332

Specialty(s) Performing Procedure

68.8% HEMATOLOGY/ONCOLOGY
21.9% MEDICAL ONCOLOGY
3.7% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96413		XXX	0.28	ACRh, ASH, ASCO, AGA	Total:	2,010,275		Jan13
Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug					NF Total	2,010,267	Top NF	HEMATOLOGY/ONCOLOGY
					Fac Total	8	Top Fac	HEMATOLOGY/ONCOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
4	7	2	13												

0.0208

Specialty(s) Performing Procedure

53.4% HEMATOLOGY/ONCOLOGY
17.4% RHEUMATOLOGY
16.0% MEDICAL ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96521		XXX	0.21	ASCO	Total:	82,561		Oct04
Refilling and maintenance of portable pump					NF Total	82,560	Top NF	INFECTIOUS DISEASE
					Fac Total	1	Top Fac	PAIN MANAGEMENT

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
4	4	2	10												

0.0189

Specialty(s) Performing Procedure

39.2% INFECTIOUS DISEASE
38.2% HEMATOLOGY/ONCOLOGY
11.6% MEDICAL ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99202		XXX	0.93	AAD, APMA, ANA, AACE, AOA, AAFP, ACP, SGIM	Total:	3,126,033		Feb06
Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.					NF Total	2,828,449	Top NF	DERMATOLOGY
					Fac Total	297,584	Top Fac	DERMATOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	15	5	22												

0.0515

Specialty(s) Performing Procedure

24.1% DERMATOLOGY
14.5% PODIATRY
8.0% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99203		XXX	1.42	APMA, ANA, AACE, AOA, AAFP, ACP, SGIM	Total:	10,346,260		Feb06

Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

NF Total	9,428,266	Top NF	ORTHOPEDIC SURGERY
Fac Total	917,994	Top Fac	ORTHOPEDIC SURGERY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
4	20	5	29												

0.0609

Specialty(s) Performing Procedure

14.6% ORTHOPEDIC SURGERY
10.9% PODIATRY
9.3% OTOLARYNGOLOGY

99204		XXX	2.43	APMA, ANA, AACE, AOA, AAFP, ACP, SGIM	Total:	8,970,103		Feb06

Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

NF Total	7,948,860	Top NF	INTERNAL MEDICINE
Fac Total	1,021,243	Top Fac	CARDIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	30	10	45												

0.0698

Specialty(s) Performing Procedure

8.9% CARDIOLOGY
8.9% INTERNAL MEDICINE
7.9% OPHTHALMOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99205		XXX	3.17	APMS, ANA, AACE, AOA, AAFP, ACP, SGIM	Total:	2,930,433		Feb06

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

NF Total	2,380,542	Top NF NEUROLOGY
Fac Total	549,891	Top Fac RADIATION ONCOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	45	15	67												

0.0595

Specialty(s) Performing Procedure

13.3% NEUROLOGY
10.3% CARDIOLOGY
9.7% INTERNAL MEDICINE

99211		XXX	0.18	ANA, AAN, AOA, AAFP, ACP, ASCO, TES, ACRh, SGIM	Total:	6,356,305		Feb06

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.

NF Total	6,077,782	Top NF INTERNAL MEDICINE
Fac Total	278,523	Top Fac CARDIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	5	2	7												

0.0270

Specialty(s) Performing Procedure

27.3% INTERNAL MEDICINE
24.4% CARDIOLOGY
19.1% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99212		XXX	0.48	ANA, AAN, AOA, AAFP, ACP, TES, ACRh, ASCO, SGIM	Total:	17,414,748		Feb06

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

NF Total	15,680,103	Top NF	PODIATRY
Fac Total	1,734,645	Top Fac	GENERAL SURGERY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	10	4	16												

0.0346

Specialty(s) Performing Procedure

13.6% PODIATRY
13.3% DERMATOLOGY
9.1% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99213		XXX	0.97	ANA, ASCO, ACRh, AAN, AOA, AAFP, TES, ACP, SGIM	Total:	103,169,161		Feb06

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

NF Total	93,490,109	Top NF	INTERNAL MEDICINE
Fac Total	9,679,052	Top Fac	FAMILY PRACTICE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
3	15	5	23												

0.0527

Specialty(s) Performing Procedure

19.6% INTERNAL MEDICINE
17.8% FAMILY PRACTICE
5.5% CARDIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data				Reviewed by RUC?
99214		XXX	1.50	ANA, ASCO,ACRh, AAN, AOA, AAFP, TES, ACP, SGIM	Total:	88,988,410			Feb06

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

NF Total	79,876,781	Top NF	INTERNAL MEDICINE
Fac Total	9,111,629	Top Fac	INTERNAL MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	25	10	40												

0.0466

Specialty(s) Performing Procedure

23.8% INTERNAL MEDICINE
20.3% FAMILY PRACTICE
10.8% CARDIOLOGY

99215		XXX	2.11	ANA, ACRh, AAN, AOA, AAFP, TES, ACP	Total:	9,456,050			Feb06

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 4(minutes are spent face-to-face with the patient and/or family.

NF Total	7,967,858	Top NF	INTERNAL MEDICINE
Fac Total	1,488,192	Top Fac	HEMATOLOGY/ONCOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	35	15	55												

0.0475

Specialty(s) Performing Procedure

22.3% INTERNAL MEDICINE
12.5% FAMILY PRACTICE
11.0% CARDIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99221		XXX	1.92	AAN, AOA, AAFP, ACP, SGIM, SHM	Total:	1,864,570		Feb06

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.

NF Total	8	Top NF	HEMATOLOGY/ONCOLOGY
Fac Total	1,864,562	Top Fac	INTERNAL MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	30	10	50												

0.0491

Specialty(s) Performing Procedure

15.7% INTERNAL MEDICINE
10.0% CARDIOLOGY
7.9% GENERAL SURGERY

99222		XXX	2.61	AAN, AOA, AAFP, ACP, SGIM, SHM	Total:	7,154,998		Feb06

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.

NF Total	241	Top NF	CARDIOLOGY
Fac Total	7,154,757	Top Fac	INTERNAL MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	40	20	75												

0.0456

Specialty(s) Performing Procedure

24.2% INTERNAL MEDICINE
12.7% CARDIOLOGY
7.2% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99223		XXX	3.86	AAN, AOA, AAFP, ACP, SGIM, SHM	Total:	11,123,463		Feb06

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.

NF Total	129	Top NF	FAMILY PRACTICE
Fac Total	11,123,334	Top Fac	INTERNAL MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	55	20	90												

0.0559

Specialty(s) Performing Procedure

37.5% INTERNAL MEDICINE
11.4% CARDIOLOGY
6.4% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99231		XXX	0.76	IDSA, AAN, AOA, AAFP, ACP, TES, SGIM	Total:	10,805,487		Feb06

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.

NF Total	31	Top NF	OPTOMETRY
Fac Total	10,805,456	Top Fac	INTERNAL MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	10	5	20												

0.0536

Specialty(s) Performing Procedure

20.2% INTERNAL MEDICINE
13.3% PSYCHIATRY
7.6% PHYSICAL MEDICINE AND REHABILITATION

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99232		XXX	1.39	IDSA, AAN, AOA, AAFP, ACP, TES, SGIM,	Total:	49,694,549		Feb06

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.

NF Total	317	Top NF	FAMILY PRACTICE
Fac Total	49,694,232	Top Fac	INTERNAL MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	20	10	40												

0.0471

Specialty(s) Performing Procedure

35.6% INTERNAL MEDICINE
10.0% CARDIOLOGY
7.5% NEPHROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99233		XXX	2.00	IDSA, AAN, AOA, AAFP, ACP, TES, SGIM	Total:	21,687,322		Feb06

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.

NF Total	318	Top NF	FAMILY PRACTICE
Fac Total	21,687,004	Top Fac	INTERNAL MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	30	15	55												

0.0480

Specialty(s) Performing Procedure

41.1% INTERNAL MEDICINE
10.6% PULMONARY DISEASE
8.6% CARDIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99238		XXX	1.28	AOA, AAFP, ACP, SGIM	Total:	4,090,325		Feb06
Hospital discharge day management; 30 minutes or less					NF Total	59	Top NF FAMILY PRACTICE	
					Fac Total	4,090,266	Top Fac INTERNAL MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
8	20	10	38												

0.0438

Specialty(s) Performing Procedure

52.2% INTERNAL MEDICINE
16.3% FAMILY PRACTICE
6.1% CARDIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99239		XXX	1.90	ACP, AAFP, AOA, SGIM	Total:	3,953,581		Feb06
Hospital discharge day management; more than 30 minutes					NF Total	443	Top NF INTERNAL MEDICINE	
					Fac Total	3,953,138	Top Fac INTERNAL MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	30	15	55												

0.0447

Specialty(s) Performing Procedure

69.4% INTERNAL MEDICINE
11.8% FAMILY PRACTICE
3.5% PSYCHIATRY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99281		XXX	0.45	ACEP	Total:	82,355		Sept05
Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.					NF Total	1	Top NF FAMILY PRACTICE	
					Fac Total	82,354	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	7	4	13												

0.0451

Specialty(s) Performing Procedure

50.8% EMERGENCY MEDICINE
16.5% PHYSICIANS ASSISTANT
9.4% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99282		XXX	0.88	ACEP	Total:	443,242		Sept05
					NF Total	14	Top NF	GENERAL PRACTICE
					Fac Total	443,228	Top Fac	EMERGENCY MEDICINE

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.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
3	10	5	18												

0.0701

Specialty(s) Performing Procedure

60.2% EMERGENCY MEDICINE
12.4% PHYSICIANS ASSISTANT
10.3% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99283		XXX	1.34	ACEP	Total:	3,594,363		Sept05
					NF Total	6	Top NF	GENERAL PRACTICE
					Fac Total	3,594,357	Top Fac	EMERGENCY MEDICINE

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

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	18	7	30												

0.0595

Specialty(s) Performing Procedure

65.1% EMERGENCY MEDICINE
14.7% PHYSICIANS ASSISTANT
6.9% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99284		XXX	2.56	ACEP	Total:	5,767,460		Sept05
					NF Total	3	Top NF FAMILY PRACTICE	
					Fac Total	5,767,457	Top Fac EMERGENCY MEDICINE	

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 physicians, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	25	10	40												

0.0890

Specialty(s) Performing Procedure

75.7% EMERGENCY MEDICINE
9.1% PHYSICIANS ASSISTANT
5.5% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99285		XXX	3.80	ACEP	Total:	10,541,936		Sept05
					NF Total	3	Top NF MULTISPECIALTY CLINIC OR GROUP P	
					Fac Total	10,541,933	Top Fac EMERGENCY MEDICINE	

Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
8	40	15	63												

0.0821

Specialty(s) Performing Procedure

85.9% EMERGENCY MEDICINE
4.3% PHYSICIANS ASSISTANT
3.8% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99291		XXX	4.50	ACCP, ATS, SCCM, ASCO, ASA, ASH	Total:	5,227,641		Aug05
Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes					NF Total	5,723	Top NF INTERNAL MEDICINE	
					Fac Total	5,221,918	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	40	15	70												

0.0957

Specialty(s) Performing Procedure

25.3% EMERGENCY MEDICINE
23.9% PULMONARY DISEASE
19.6% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99292		ZZZ	2.25	ACCP, ATS, SCCM, ASCO, ASA, ASH	Total:	455,682		Aug05
Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)					NF Total	1,136	Top NF CARDIOLOGY	
					Fac Total	454,546	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	30		30												

0.0750

Specialty(s) Performing Procedure

25.2% EMERGENCY MEDICINE
18.3% PULMONARY DISEASE
16.5% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99304		XXX	1.64	AGA	Total:	381,939		Feb07
					NF Total	162,363	Top NF PODIATRY	
					Fac Total	219,576	Top Fac FAMILY PRACTICE	

Initial nursing facility 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, 25 minutes are spent at the bedside and on the patient's facility floor or unit.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	23	10	43												

0.0518

Specialty(s) Performing Procedure

21.3% PODIATRY
21.1% FAMILY PRACTICE
17.5% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99306		XXX	3.06	AGA	Total:	1,339,609		Feb07
					NF Total	396,458	Top NF INTERNAL MEDICINE	
					Fac Total	943,151	Top Fac INTERNAL MEDICINE	

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.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	45	20	80												

0.0506

Specialty(s) Performing Procedure

46.6% INTERNAL MEDICINE
21.6% FAMILY PRACTICE
6.0% GERIATRIC MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99308		XXX	1.16	AGA	Total:	10,817,710		Feb07
					NF Total	4,479,866	Top NF	INTERNAL MEDICINE
					Fac Total	6,337,844	Top Fac	INTERNAL MEDICINE

Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	15	9	31												

0.0534

Specialty(s) Performing Procedure

30.9% INTERNAL MEDICINE
22.9% NURSE PRACTITIONERS
17.8% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99309		XXX	1.55	AGA	Total:	8,016,001		Feb07
					NF Total	3,173,452	Top NF	NURSE PRACTITIONERS
					Fac Total	4,842,549	Top Fac	INTERNAL MEDICINE

Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	25	10	45												

0.0441

Specialty(s) Performing Procedure

29.3% INTERNAL MEDICINE
29.0% NURSE PRACTITIONERS
16.4% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99310		XXX	2.35	AGA	Total:	1,130,964		Feb07
					NF Total	410,440	Top NF NURSE PRACTITIONERS	
					Fac Total	720,524	Top Fac NURSE PRACTITIONERS	

Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	35	20	70												

0.0447

Specialty(s) Performing Procedure

32.7% NURSE PRACTITIONERS
27.0% INTERNAL MEDICINE
13.9% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99318		XXX	1.71	AGA	Total:	132,749		Feb07
					NF Total	74,162	Top NF INTERNAL MEDICINE	
					Fac Total	58,587	Top Fac INTERNAL MEDICINE	

Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	27	10	47												

0.0467

Specialty(s) Performing Procedure

34.7% INTERNAL MEDICINE
27.2% FAMILY PRACTICE
24.1% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99326		XXX	2.63	Home Care Medicine and Collaborators	Total:	48,340		Feb07

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.

NF Total	48,340	Top NF	PODIATRY
Fac Total		Top Fac	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	45	17	77												

0.0425

Specialty(s) Performing Procedure

22.1% PODIATRY
19.2% NURSE PRACTITIONERS
18.5% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99327		XXX	3.46	Home Care Medicine and Collaborators	Total:	48,368		Feb07

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.

NF Total	48,368	Top NF	NURSE PRACTITIONERS
Fac Total		Top Fac	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	60	25	100												

0.0427

Specialty(s) Performing Procedure

27.9% NURSE PRACTITIONERS
24.3% INTERNAL MEDICINE
18.5% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99335		XXX	1.72	Home Care Medicine and Collaborators	Total:	869,717		Feb07

Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.

NF Total	869,702	Top NF	INTERNAL MEDICINE
Fac Total	15	Top Fac	FAMILY PRACTICE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
9	25	10	44												

0.0518

Specialty(s) Performing Procedure

26.0% INTERNAL MEDICINE
21.7% NURSE PRACTITIONERS
17.4% FAMILY PRACTICE

99336		XXX	2.46	Home Care Medicine and Collaborators	Total:	999,768		Feb07							

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.

NF Total	999,761	Top NF	NURSE PRACTITIONERS
Fac Total	7	Top Fac	INTERNAL MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	40	15	65												

0.0475

Specialty(s) Performing Procedure

30.3% NURSE PRACTITIONERS
24.7% INTERNAL MEDICINE
20.3% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99337		XXX	3.58	Home Care Medicine and Collaborators	Total:	287,115		Feb07

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 comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.

NF Total	287,114	Top NF	NURSE PRACTITIONERS
Fac Total	1	Top Fac	GERIATRIC MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	60	20	95												

0.0466

Specialty(s) Performing Procedure

31.7% NURSE PRACTITIONERS
23.2% FAMILY PRACTICE
22.8% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99343		XXX	2.53	AAFP, APMA, AAP	Total:	60,737		Feb07

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 face-to-face with the patient and/or family.

NF Total	60,736	Top NF	PODIATRY
Fac Total	1	Top Fac	PSYCHIATRY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	45	17	77												

0.0403

Specialty(s) Performing Procedure

59.8% PODIATRY
9.7% NURSE PRACTITIONERS
9.0% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99344		XXX	3.38	AAFP, AAP	Total:	73,508		Feb07
					NF Total	73,507	Top NF NURSE PRACTITIONERS	
					Fac Total	1	Top Fac FAMILY PRACTICE	

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 face-to-face with the patient and/or family.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	60	25	100												

0.0414

Specialty(s) Performing Procedure

28.5% NURSE PRACTITIONERS
18.9% INTERNAL MEDICINE
18.9% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99345		XXX	4.09	AAFP, AAP	Total:	62,050		Feb07
					NF Total	62,050	Top NF INTERNAL MEDICINE	
					Fac Total		Top Fac	

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 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 new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	75	30	120												

0.0411

Specialty(s) Performing Procedure

25.7% INTERNAL MEDICINE
25.4% NURSE PRACTITIONERS
19.2% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99348		XXX	1.56	AAFP, APMA, AAP	Total:	611,182		Feb07
	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.				NF Total	611,172	Top NF PODIATRY	
					Fac Total	10	Top Fac INTERNAL MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
9	25	10	44												

0.0454

Specialty(s) Performing Procedure

48.7% PODIATRY
14.5% INTERNAL MEDICINE
11.2% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99349		XXX	2.33	AAFP, APMA, AAP	Total:	1,086,779		Feb07
	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.				NF Total	1,086,729	Top NF INTERNAL MEDICINE	
					Fac Total	50	Top Fac INTERNAL MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	40	15	65												

0.0442

Specialty(s) Performing Procedure

25.7% INTERNAL MEDICINE
22.7% FAMILY PRACTICE
21.4% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99350		XXX	3.28	AAFP, AAP	Total:	497,866		Feb07
					NF Total	497,866	Top NF	NURSE PRACTITIONERS
					Fac Total		Top Fac	

Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other 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. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	75	20	110												

0.0333

Specialty(s) Performing Procedure

34.8% NURSE PRACTITIONERS
21.0% INTERNAL MEDICINE
17.0% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99392		XXX	1.50	AAP	Total:			Oct10
					NF Total		Top NF	
					Fac Total		Top Fac	

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)

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	20	5	30												

0.0638

Specialty(s) Performing Procedure

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99406		XXX	0.24	ACCP/ATS, ACP	Total:	368,149		Apr07
					NF Total	313,392	Top NF	INTERNAL MEDICINE
					Fac Total	54,757	Top Fac	EMERGENCY MEDICINE

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

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	7		7												

0.0343

Specialty(s) Performing Procedure

26.2% INTERNAL MEDICINE
19.3% FAMILY PRACTICE
11.0% CARDIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99407		XXX	0.50	ACCP/ATS, ACP	Total:	71,115		Apr07
	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes				NF Total	62,965	Top NF INTERNAL MEDICINE	
					Fac Total	8,150	Top Fac INTERNAL MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	15		15												

0.0333

Specialty(s) Performing Procedure

31.8% INTERNAL MEDICINE
18.4% FAMILY PRACTICE
13.1% PULMONARY DISEASE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99460		XXX	1.92	AAP	Total:	10		Oct10
	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant				NF Total	1	Top NF GENERAL PRACTICE	
					Fac Total	9	Top Fac FAMILY PRACTICE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	30	10	50												

0.0491

Specialty(s) Performing Procedure

40.0% PEDIATRIC MEDICINE
40.0% FAMILY PRACTICE
10.0% INTERNAL MEDICINE

Multi-Specialty Points of Comparison (RVU Order)

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92285		XXX	0.05	AAO, AOA (HCPAC)	Total:	335,415		Oct09
	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)				NF Total	323,838	Top NF OPHTHALMOLOGY	
					Fac Total	11,577	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	5		5												

0.0100

Specialty(s) Performing Procedure

67.0% OPHTHALMOLOGY
31.3% OPTOMETRY
0.8% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
95165		XXX	0.06	AAO-HNS, JCAAI, AAOA	Total:	6,080,427		Feb06
	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)				NF Total	6,059,933	Top NF ALLERGY/IMMUNOLOGY	
					Fac Total	20,494	Top Fac ALLERGY/IMMUNOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	3		3												

0.0200

Specialty(s) Performing Procedure

49.3% ALLERGY/IMMUNOLOGY
33.5% OTOLARYNGOLOGY
6.4% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96375		ZZZ	0.10	ACRh, ASH, ASCO	Total:	1,649,939		Oct04
	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)				NF Total	1,649,824	Top NF HEMATOLOGY/ONCOLOGY	
					Fac Total	115	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	3		4												

0.0259

Specialty(s) Performing Procedure

61.7% HEMATOLOGY/ONCOLOGY
19.8% MEDICAL ONCOLOGY
3.5% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96153		XXX	0.10	APA, NASW	Total:	32,782		Feb01
Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)					NF Total	10,099	Top NF CLINICAL PSYCHOLOGIST	
					Fac Total	22,683	Top Fac CLINICAL PSYCHOLOGIST	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	3	1	5												

0.0184

Specialty(s) Performing Procedure

95.5% CLINICAL PSYCHOLOGIST
1.3% CERTIFIED CLINICAL NURSE SPECIALIST
0.9% PSYCHIATRY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90970		XXX	0.14	ASPN	Total:	1,398,948		Feb08
End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older					NF Total	1,308,471	Top NF NEPHROLOGY	
					Fac Total	90,477	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	2.5		2.5												

0.0560

Specialty(s) Performing Procedure

85.0% NEPHROLOGY
10.8% INTERNAL MEDICINE
2.3% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
93042		XXX	0.15	ACEP, ACC	Total:	620,851		Oct09
Rhythm ECG, 1-3 leads; interpretation and report only					NF Total	6,924	Top NF INTERNAL MEDICINE	
					Fac Total	613,927	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	3	2	7												

0.0201

Specialty(s) Performing Procedure

53.0% EMERGENCY MEDICINE
27.7% CARDIOLOGY
6.8% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
73120		XXX	0.16	AAOS, ACR	Total:	268,826		Aug05
Radiologic examination, hand; 2 views					NF Total	186,317	Top NF RHEUMATOLOGY	
					Fac Total	82,509	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	3	1	5												

0.0384

Specialty(s) Performing Procedure

38.8% DIAGNOSTIC RADIOLOGY
21.3% RHEUMATOLOGY
16.2% ORTHOPEDIC SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
93010		XXX	0.17	ACC,ACP,AAFP	Total:	19,348,953		Oct12
Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only					NF Total	538,677	Top NF CARDIOLOGY	
					Fac Total	18,810,276	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	5	1	6												

0.0295

Specialty(s) Performing Procedure

58.0% CARDIOLOGY
18.7% EMERGENCY MEDICINE
15.1% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90460		XXX	0.17	AAP	Total:	594		Oct09
Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered					NF Total	590	Top NF FAMILY PRACTICE	
					Fac Total	4	Top Fac PEDIATRIC MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	7		7												

0.0243

Specialty(s) Performing Procedure

51.0% FAMILY PRACTICE
22.7% INTERNAL MEDICINE
8.9% PEDIATRIC MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
51741		XXX	0.17	AUA	Total:	583,158		Apr10
Complex uroflowmetry (eg, calibrated electronic equipment)					NF Total	547,471	Top NF UROLOGY	
					Fac Total	35,687	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	5	2	7												

0.0250

Specialty(s) Performing Procedure

88.1% UROLOGY
7.6% OBSTETRICS/GYNECOLOGY
1.3% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
71010		XXX	0.18	ACR	Total:	18,283,698		Aug05
Radiologic examination, chest; single view, frontal					NF Total	1,105,458	Top NF PORTABLE XRAY SUPPLIER	
					Fac Total	17,178,240	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	3	1	5												

0.0451

Specialty(s) Performing Procedure

90.4% DIAGNOSTIC RADIOLOGY
5.9% PORTABLE XRAY SUPPLIER
1.5% INTERVENTIONAL RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99211		XXX	0.18	ANA, AAN, AOA, AAFP, ACP, ASCO, TES, ACRh, SGIM	Total:	6,356,305		Feb06
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.					NF Total	6,077,782	Top NF INTERNAL MEDICINE	
					Fac Total	278,523	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	5	2	7												

0.0270

Specialty(s) Performing Procedure

27.3% INTERNAL MEDICINE
24.4% CARDIOLOGY
19.1% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96374		XXX	0.18	ACRh, ASH, ASCO	Total:	358,502		Oct04
Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug					NF Total	358,268	Top NF HEMATOLOGY/ONCOLOGY	
					Fac Total	234	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	5	2	9												

0.0181

Specialty(s) Performing Procedure

31.1% HEMATOLOGY/ONCOLOGY
11.8% CARDIOLOGY
9.9% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96367		ZZZ	0.19	ASH, ASCO, IDSA	Total:	1,886,236		Jan13
Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)					NF Total	1,886,226	Top NF HEMATOLOGY/ONCOLOGY	
					Fac Total	10	Top Fac FAMILY PRACTICE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	5		6												

0.0335

Specialty(s) Performing Procedure

67.9% HEMATOLOGY/ONCOLOGY
18.9% MEDICAL ONCOLOGY
4.1% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96402		XXX	0.19	ASH, AUA	Total:	411,482		Oct04
Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic					NF Total	411,453	Top NF UROLOGY	
					Fac Total	29	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
4	3	2	9												

0.0185

Specialty(s) Performing Procedure

61.8% UROLOGY
25.0% HEMATOLOGY/ONCOLOGY
7.6% MEDICAL ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
70355		XXX	0.20	ADA/AAOMS	Total:	35,198		Aug05
Orthopantogram (eg, panoramic x-ray)					NF Total	21,312	Top NF ORAL SURGERY	
					Fac Total	13,886	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	5	1	6												

0.0355

Specialty(s) Performing Procedure

40.9% ORAL SURGERY
31.2% DIAGNOSTIC RADIOLOGY
26.5% MAXILLOFACIAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96411		ZZZ	0.20	ASH, ASCO	Total:	234,954		Oct04
Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)					NF Total	234,954	Top NF HEMATOLOGY/ONCOLOGY	
					Fac Total		Top Fac	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
3	4		7												

0.0332

Specialty(s) Performing Procedure

68.8% HEMATOLOGY/ONCOLOGY
21.9% MEDICAL ONCOLOGY
3.7% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92567		XXX	0.20	AAO-HNS, ASHA	Total:	739,751		Apr07
Tympanometry (impedance testing)					NF Total	731,034	Top NF AUDIOLOGIST (IND.)	
					Fac Total	8,717	Top Fac AUDIOLOGIST (IND.)	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	4	1	6												

0.0388

Specialty(s) Performing Procedure

56.7% AUDIOLOGIST (IND.)
36.9% OTOLARYNGOLOGY
2.3% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96401		XXX	0.21	ASH, ASCO	Total:	648,648		Oct04
Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic					NF Total	648,609	Top NF HEMATOLOGY/ONCOLOGY	
					Fac Total	39	Top Fac PHYSICIANS ASSISTANT	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
4	3	2	9												

0.0252

Specialty(s) Performing Procedure

37.5% HEMATOLOGY/ONCOLOGY
21.5% RHEUMATOLOGY
10.4% MEDICAL ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
96521		XXX	0.21	ASCO	Total:	82,561		Oct04
Refilling and maintenance of portable pump					NF Total	82,560	Top NF INFECTIOUS DISEASE	
					Fac Total	1	Top Fac PAIN MANAGEMENT	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
4	4	2	10												

0.0189

Specialty(s) Performing Procedure

39.2% INFECTIOUS DISEASE
38.2% HEMATOLOGY/ONCOLOGY
11.6% MEDICAL ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
88304		XXX	0.22	CAP, AAD	Total:	1,070,985		Apr10
					NF Total	312,328	Top NF CLINICAL LABORATORY (IND.	
					Fac Total	758,657	Top Fac PATHOLOGY	

Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	15		15												

0.0147

Specialty(s) Performing Procedure

79.3% PATHOLOGY
15.2% CLINICAL LABORATORY (IND.
4.8% DERMATOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
72100		XXX	0.22	AAOS; ACR; ASNR; NASS	Total:	1,861,741		Feb11
					NF Total	946,971	Top NF ORTHOPEDIC SURGERY	
					Fac Total	914,770	Top Fac DIAGNOSTIC RADIOLOGY	

Radiologic examination, spine, lumbosacral; 2 or 3 views

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	3	2	6												

0.0509

Specialty(s) Performing Procedure

56.2% DIAGNOSTIC RADIOLOGY
22.8% ORTHOPEDIC SURGERY
4.0% PORTABLE XRAY SUPPLIER

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
71020		XXX	0.22	ACR	Total:	12,357,705		Aug05
Radiologic examination, chest, 2 views, frontal and lateral;					NF Total	3,327,189	Top NF	DIAGNOSTIC RADIOLOGY
					Fac Total	9,030,516	Top Fac	DIAGNOSTIC RADIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	3	1	5												

0.0584

Specialty(s) Performing Procedure

83.6% DIAGNOSTIC RADIOLOGY
3.8% FAMILY PRACTICE
3.5% INTERNAL MEDICINE

99406		XXX	0.24	ACCP/ATS, ACP	Total:	368,149		Apr07
Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes					NF Total	313,392	Top NF	INTERNAL MEDICINE
					Fac Total	54,757	Top Fac	EMERGENCY MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	7		7												

0.0343

Specialty(s) Performing Procedure

26.2% INTERNAL MEDICINE
19.3% FAMILY PRACTICE
11.0% CARDIOLOGY

93922		XXX	0.25	ACR, ACC, SVS	Total:	642,865		Apr10
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)					NF Total	465,861	Top NF	VASCULAR SURGERY
					Fac Total	177,004	Top Fac	VASCULAR SURGERY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
3	5	2	10												

0.0276

Specialty(s) Performing Procedure

24.1% VASCULAR SURGERY
18.2% CARDIOLOGY
14.3% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
74020		XXX	0.27	ACR	Total:	702,986		Aug05
Radiologic examination, abdomen; complete, including decubitus and/or erect views					NF Total	72,242	Top NF	DIAGNOSTIC RADIOLOGY
					Fac Total	630,744	Top Fac	DIAGNOSTIC RADIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	3	1	5												

0.0751

Specialty(s) Performing Procedure

92.5% DIAGNOSTIC RADIOLOGY
1.8% FAMILY PRACTICE
1.5% INTERVENTIONAL RADIOLOGY

96413		XXX	0.28	ACRh, ASH, ASCO, AGA	Total:	2,010,275		Jan13
Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug					NF Total	2,010,267	Top NF	HEMATOLOGY/ONCOLOGY
					Fac Total	8	Top Fac	HEMATOLOGY/ONCOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
4	7	2	13												

0.0208

Specialty(s) Performing Procedure

53.4% HEMATOLOGY/ONCOLOGY
17.4% RHEUMATOLOGY
16.0% MEDICAL ONCOLOGY

90969		XXX	0.29	ASPN	Total:	8,592		Feb08
End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age					NF Total	3,238	Top NF	NEPHROLOGY
					Fac Total	5,354	Top Fac	PEDIATRIC MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	7.27		7.27												

0.0399

Specialty(s) Performing Procedure

53.8% NEPHROLOGY
41.7% PEDIATRIC MEDICINE
2.4% ORTHOPEDIC SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92568		XXX	0.29	AAO-HNS, ASHA	Total:	19,007		Apr07
Acoustic reflex testing, threshold					NF Total	18,854	Top NF OTOLARYNGOLOGY	
					Fac Total	153	Top Fac AUDIOLOGIST (IND.)	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	8	1	10												

0.0306

Specialty(s) Performing Procedure

47.9% OTOLARYNGOLOGY
34.4% AUDIOLOGIST (IND.)
8.3% INTERNAL MEDICINE

92081		XXX	0.30	AAO	Total:	112,028		Apr10
Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)					NF Total	108,380	Top NF OPHTHALMOLOGY	
					Fac Total	3,648	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
3	7		10												

0.0333

Specialty(s) Performing Procedure

55.9% OPHTHALMOLOGY
40.4% OPTOMETRY
1.7% NEUROLOGY

72114		XXX	0.32	AAOS; ACR; ASNR; NASS	Total:	88,233		Feb11
Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views					NF Total	57,744	Top NF ORTHOPEDIC SURGERY	
					Fac Total	30,489	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
1	5	2	8												

0.0506

Specialty(s) Performing Procedure

53.9% DIAGNOSTIC RADIOLOGY
24.0% ORTHOPEDIC SURGERY
3.7% PHYSICAL MEDICINE AND REHABILITATION

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92025		XXX	0.35	AAO, AOA(HCPAC)	Total:	149,187		Feb06
	Computerized corneal topography, unilateral or bilateral, with interpretation and report				NF Total	144,278	Top NF OPHTHALMOLOGY	
					Fac Total	4,909	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	12		17												

0.0198

Specialty(s) Performing Procedure

87.0% OPHTHALMOLOGY
12.7% OPTOMETRY
0.1% MULTISPECIALTY CLINIC OR GROUP PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
95874		ZZZ	0.37	AAN, AANEM, AAPM&R	Total:	65,149		Apr05
	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)				NF Total	45,795	Top NF NEUROLOGY	
					Fac Total	19,354	Top Fac NEUROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	20		20												

0.0185

Specialty(s) Performing Procedure

58.1% NEUROLOGY
30.2% PHYSICAL MEDICINE AND REHABILITATION
9.0% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
29540		000	0.39	APMA	Total:	274,057		Apr10
	Strapping; ankle and/or foot				NF Total	264,379	Top NF PODIATRY	
					Fac Total	9,678	Top Fac PODIATRY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	9	2	18												

0.0209

Specialty(s) Performing Procedure

89.2% PODIATRY
5.2% PHYSICAL THERAPIST (IND.)
1.1% EMERGENCY MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92082		XXX	0.40	AAO	Total:	175,300		Apr10
	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)				NF Total	170,509	Top NF OPHTHALMOLOGY	
					Fac Total	4,791	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
3	8		11												

0.0416

Specialty(s) Performing Procedure

56.9% OPHTHALMOLOGY
41.6% OPTOMETRY
0.8% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92250		XXX	0.44	AAO, AOA (HCPAC)	Total:	2,809,509		Aug05
	Fundus photography with interpretation and report				NF Total	2,775,238	Top NF OPHTHALMOLOGY	
					Fac Total	34,271	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	9	5	14												

0.0364

Specialty(s) Performing Procedure

61.7% OPHTHALMOLOGY
38.0% OPTOMETRY
0.1% NEUROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
93923		XXX	0.45	ACR, ACC, SVS	Total:	538,216		Apr10
					NF Total	353,299	Top NF CARDIOLOGY	
					Fac Total	184,917	Top Fac VASCULAR SURGERY	

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)

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
3	10	3	16												

0.0316

Specialty(s) Performing Procedure

27.6% VASCULAR SURGERY
20.2% CARDIOLOGY
14.7% DIAGNOSTIC RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99281		XXX	0.45	ACEP	Total:	82,355		Sept05
					NF Total	1	Top NF FAMILY PRACTICE	
					Fac Total	82,354	Top Fac EMERGENCY MEDICINE	

Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	7	4	13												

0.0451

Specialty(s) Performing Procedure

50.8% EMERGENCY MEDICINE
16.5% PHYSICIANS ASSISTANT
9.4% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99212		XXX	0.48	ANA, AAN, AOA, AAFP, ACP, TES, ACRh, ASCO, SGIM	Total:	17,414,748		Feb06
					NF Total	15,680,103	Top NF PODIATRY	
					Fac Total	1,734,645	Top Fac GENERAL SURGERY	

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	10	4	16												

0.0346

Specialty(s) Performing Procedure

13.6% PODIATRY
13.3% DERMATOLOGY
9.1% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
51702		000	0.50	AUA	Total:	217,133		Apr02
					NF Total	181,655	Top NF UROLOGY	
					Fac Total	35,478	Top Fac UROLOGY	

Insertion of temporary indwelling bladder catheter; simple (eg, Foley)

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	8		8												

0.0625

Specialty(s) Performing Procedure

79.9% UROLOGY
5.1% EMERGENCY MEDICINE
5.0% PHYSICIANS ASSISTANT

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99407		XXX	0.50	ACCP/ATS, ACP	Total:	71,115		Apr07
					NF Total	62,965	Top NF INTERNAL MEDICINE	
					Fac Total	8,150	Top Fac INTERNAL MEDICINE	

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

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	15		15												

0.0333

Specialty(s) Performing Procedure

31.8% INTERNAL MEDICINE
18.4% FAMILY PRACTICE
13.1% PULMONARY DISEASE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
93224		XXX	0.52	ACC	Total:	440,828		Apr10
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					NF Total	440,598	Top NF CARDIOLOGY	
					Fac Total	230	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	15	7	24												

0.0212

Specialty(s) Performing Procedure

75.3% CARDIOLOGY
12.8% INTERNAL MEDICINE
5.4% CARDIAC ELECTROPHYSIOLOGY

76519		XXX	0.54	AAO	Total:	435,435		Aug05
Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculatior					NF Total	412,222	Top NF OPHTHALMOLOGY	
					Fac Total	23,213	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
12	5		17												

0.0542

Specialty(s) Performing Procedure

97.3% OPHTHALMOLOGY
2.5% OPTOMETRY
0.1% GENERAL SURGERY

46600		000	0.55	ASCRS, ACS	Total:	97,498		Feb07
Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)					NF Total	86,611	Top NF COLORECTAL SURGERY(FORMERLY	
					Fac Total	10,887	Top Fac COLORECTAL SURGERY(FORMERLY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	5	10	22												

0.0338

Specialty(s) Performing Procedure

50.7% COLORECTAL SURGERY(FORMERLY PROCTOLOGY)
21.8% GENERAL SURGERY
8.3% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
76536		XXX	0.56	ACR, ASNR, TES, AACE	Total:	732,876		Apr09
Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation					NF Total	395,612	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	337,264	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
4	10	4	18												

0.0381

Specialty(s) Performing Procedure

68.5% DIAGNOSTIC RADIOLOGY
15.3% ENDOCRINOLOGY
4.6% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
88112		XXX	0.56	CAP	Total:	1,032,913		Apr13
Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal					NF Total	552,191	Top NF PATHOLOGY	
					Fac Total	480,722	Top Fac PATHOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	15		15												

0.0373

Specialty(s) Performing Procedure

73.1% PATHOLOGY
22.2% CLINICAL LABORATORY (IND.
4.5% UROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
17000		010	0.61	AAD, AAFP	Total:	5,192,325		Apr13
Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion					NF Total	5,024,346	Top NF DERMATOLOGY	
					Fac Total	167,979	Top Fac DERMATOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	3	2	23									1			

0.0135

Specialty(s) Performing Procedure

79.9% DERMATOLOGY
7.4% PHYSICIANS ASSISTANT
5.1% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
76815		XXX	0.65	ACOG, ACR	Total:	16,814		Apr02
Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses					NF Total	5,171	Top NF OBSTETRICS/GYNECOLOGY	
					Fac Total	11,643	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	5.5	5	15.5												

0.0775

Specialty(s) Performing Procedure

48.2% DIAGNOSTIC RADIOLOGY
46.0% OBSTETRICS/GYNECOLOGY
2.9% EMERGENCY MEDICINE

20552		000	0.66	AAN, AAOS, APMA, AAPMR, ACRh, AOFAS	Total:	335,235		Apr02
Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)					NF Total	294,351	Top NF PHYSICAL MEDICINE AND REHABILITA	
					Fac Total	40,884	Top Fac ANESTHESIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	5	3.5	13.5												

0.0939

Specialty(s) Performing Procedure

17.5% PHYSICAL MEDICINE AND REHABILITATION
12.9% ORTHOPEDIC SURGERY
10.5% FAMILY PRACTICE

76830		XXX	0.69	ACR, ACOG	Total:	470,972		Apr12
Ultrasound, transvaginal					NF Total	278,223	Top NF OBSTETRICS/GYNECOLOGY	
					Fac Total	192,749	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	10	8	23												

0.0399

Specialty(s) Performing Procedure

58.2% DIAGNOSTIC RADIOLOGY
37.0% OBSTETRICS/GYNECOLOGY
1.6% INDEPENDENT DIAGNOSTIC TESTING FACILITY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
67820		000	0.71	AAO, AOA(HCPAC)	Total:	302,029		Aug05
Correction of trichiasis; epilation, by forceps only					NF Total	296,084	Top NF OPHTHALMOLOGY	
					Fac Total	5,945	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
8	5	2	15												

0.1001

Specialty(s) Performing Procedure

68.2% OPHTHALMOLOGY
31.5% OPTOMETRY
0.0% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
88367		XXX	0.73	CAP, ASC	Total:	164,059		Apr14
Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure					NF Total	121,576	Top NF CLINICAL LABORATORY (IND.	
					Fac Total	42,483	Top Fac PATHOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	25		25												

0.0292

Specialty(s) Performing Procedure

57.6% PATHOLOGY
40.7% CLINICAL LABORATORY (IND.
1.5% UROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
93015		XXX	0.75	ACC, ASNC	Total:	1,230,281		Apr12
Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report					NF Total	1,229,723	Top NF CARDIOLOGY	
					Fac Total	558	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	20	4	26												

0.0308

Specialty(s) Performing Procedure

88.1% CARDIOLOGY
7.0% INTERNAL MEDICINE
1.0% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
76817		XXX	0.75	ACOG, ACR	Total:	19,651		Apr02
Ultrasound, pregnant uterus, real time with image documentation, transvaginal					NF Total	8,160	Top NF OBSTETRICS/GYNECOLOGY	
					Fac Total	11,491	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	10	8	23												

0.0459

Specialty(s) Performing Procedure

50.5% OBSTETRICS/GYNECOLOGY
46.4% DIAGNOSTIC RADIOLOGY
0.5% EMERGENCY MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
20553		000	0.75	AAN, AAOS, APMA, AAPMR, ACRh, AOFAS	Total:	237,045		Apr02
Injection(s); single or multiple trigger point(s), 3 or more muscle(s)					NF Total	211,039	Top NF PHYSICAL MEDICINE AND REHABILITA	
					Fac Total	26,006	Top Fac ANESTHESIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	10	5	22												

0.0481

Specialty(s) Performing Procedure

25.1% PHYSICAL MEDICINE AND REHABILITATION
12.3% ANESTHESIOLOGY
10.3% INTERVENTIONAL PAIN MANAGEMENT

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
88305		XXX	0.75	CAP, AAD	Total:	16,981,719		Apr10
					NF Total	10,526,598	Top NF PATHOLOGY	
					Fac Total	6,455,119	Top Fac PATHOLOGY	

Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	25		25												

0.0300

Specialty(s) Performing Procedure

61.1% PATHOLOGY
24.9% CLINICAL LABORATORY (IND.
12.3% DERMATOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99231		XXX	0.76	IDSA, AAN, AOA, AAFP, ACP, TES, SGIM	Total:	10,805,487		Feb06

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.

NF Total	31	Top NF	OPTOMETRY
Fac Total	10,805,456	Top Fac	INTERNAL MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	10	5	20												

0.0536

Specialty(s) Performing Procedure

20.2% INTERNAL MEDICINE
13.3% PSYCHIATRY
7.6% PHYSICAL MEDICINE AND REHABILITATION

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
95991		XXX	0.77	AAPM, ASA, AANS, CNS	Total:	15,100		Feb03

Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional

NF Total	11,066	Top NF	ANESTHESIOLOGY
Fac Total	4,034	Top Fac	ANESTHESIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	20	7	37												

0.0195

Specialty(s) Performing Procedure

30.2% ANESTHESIOLOGY
20.2% INTERVENTIONAL PAIN MANAGEMENT
14.8% PHYSICAL MEDICINE AND REHABILITATION

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
95971		XXX	0.78	AUA, ACOG, ASA, NASS, AAPM, ISIS	Total:	11,947		Jan14
Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming					NF Total Fac Total	8,076 3,871	Top NF UROLOGY Top Fac NEUROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
8	20	5	33												

0.0244

Specialty(s) Performing Procedure

32.9% UROLOGY
14.1% NEUROLOGY
12.8% INTERVENTIONAL PAIN MANAGEMENT

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
45300		000	0.80	ASCRS, ACS	Total:	34,188		Feb07
Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)					NF Total Fac Total	27,020 7,168	Top NF COLORECTAL SURGERY(FORMERLY Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	10	10	27												

0.0419

Specialty(s) Performing Procedure

68.4% COLORECTAL SURGERY(FORMERLY PROCTOLOGY)
22.0% GENERAL SURGERY
3.4% GASTROENTEROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
51797		ZZZ	0.80	AUA	Total:	142,263		Feb07
Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)					NF Total Fac Total	124,375 17,888	Top NF UROLOGY Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	15		15												

0.0533

Specialty(s) Performing Procedure

71.2% UROLOGY
23.1% OBSTETRICS/GYNECOLOGY
2.4% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
15003		ZZZ	0.80	ABA, ACS, ASPS	Total:	39,390		Apr06
Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)					NF Total	58	Top NF PLASTIC AND RECONSTRUCTIVE SUR	
					Fac Total	39,332	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	15	1	16												

0.0518

Specialty(s) Performing Procedure

51.8% GENERAL SURGERY
43.1% PLASTIC AND RECONSTRUCTIVE SURGERY
2.1% CRITICAL CARE (INTENSIVISTS)

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
95972		XXX	0.80	AUA, ACOG, ASA, NASS, AAPM, ISIS	Total:	63,547		Jan14
Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, up to 1 hour					NF Total	39,983	Top NF UROLOGY	
					Fac Total	23,564	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
8	23	5	36												

0.0221

Specialty(s) Performing Procedure

30.8% UROLOGY
15.7% INTERVENTIONAL PAIN MANAGEMENT
12.5% ANESTHESIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11100		000	0.81	AAD	Total:	3,073,321		Aug05
Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion					NF Total	2,950,719	Top NF DERMATOLOGY	
					Fac Total	122,602	Top Fac DERMATOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	12	5	22												

0.0488

Specialty(s) Performing Procedure

81.5% DERMATOLOGY
8.3% PHYSICIANS ASSISTANT
3.3% NURSE PRACTITIONERS

76700		XXX	0.81	ACR	Total:	1,033,755		Aug05
Ultrasound, abdominal, real time with image documentation; complete					NF Total	434,722	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	599,033	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	11	5	21												

0.0533

Specialty(s) Performing Procedure

80.3% DIAGNOSTIC RADIOLOGY
6.4% INDEPENDENT DIAGNOSTIC TESTING FACILITY
5.0% INTERNAL MEDICINE

12001		000	0.84	ACEP, AAFP	Total:	184,924		Apr10
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less					NF Total	44,412	Top NF FAMILY PRACTICE	
					Fac Total	140,512	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	10	5	22												

0.0585

Specialty(s) Performing Procedure

48.2% EMERGENCY MEDICINE
18.6% PHYSICIANS ASSISTANT
14.4% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
76816		XXX	0.85	ACOG, ACR	Total:	18,849		Apr02
Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdomina approach, per fetus					NF Total	10,497	Top NF OBSTETRICS/GYNECOLOGY	
					Fac Total	8,352	Top Fac OBSTETRICS/GYNECOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
6	15	10	31												

0.0328

Specialty(s) Performing Procedure

86.1% OBSTETRICS/GYNECOLOGY
11.8% DIAGNOSTIC RADIOLOGY
0.4% EMERGENCY MEDICINE

95251		XXX	0.85	AACE	Total:	31,408		Feb05
Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous senso for a minimum of 72 hours; interpretation and report					NF Total	30,193	Top NF ENDOCRINOLOGY	
					Fac Total	1,215	Top Fac ENDOCRINOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	30		30												

0.0283

Specialty(s) Performing Procedure

60.1% ENDOCRINOLOGY
23.1% INTERNAL MEDICINE
6.8% NURSE PRACTITIONERS

78306		XXX	0.86	SNM, ACR	Total:	318,658		Aug05
Bone and/or joint imaging; whole body					NF Total	49,412	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	269,246	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	8	5	18												

0.0795

Specialty(s) Performing Procedure

84.7% DIAGNOSTIC RADIOLOGY
11.9% NUCLEAR MEDICINE
1.1% INTERVENTIONAL RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92002		XXX	0.88	AAO, AOA(HCPAC)	Total:	223,037		Feb07
Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient					NF Total	213,187	Top NF OPHTHALMOLOGY	
					Fac Total	9,850	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	15	5	25												

0.0437

Specialty(s) Performing Procedure

57.3% OPHTHALMOLOGY
42.1% OPTOMETRY
0.2% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99282		XXX	0.88	ACEP	Total:	443,242		Sept05
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.					NF Total	14	Top NF GENERAL PRACTICE	
					Fac Total	443,228	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
3	10	5	18												

0.0701

Specialty(s) Performing Procedure

60.2% EMERGENCY MEDICINE
12.4% PHYSICIANS ASSISTANT
10.3% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
51705		000	0.90	AUA	Total:	126,440		Oct10
Change of cystostomy tube; simple					NF Total	106,542	Top NF UROLOGY	
					Fac Total	19,898	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
12	10	10	32												

0.0407

Specialty(s) Performing Procedure

87.1% UROLOGY
4.8% PHYSICIANS ASSISTANT
3.8% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
43760		000	0.90	AGA, ASGE	Total:	61,711		**Apr07**
Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance					NF Total	9,513	Top NF GASTROENTEROLOGY	
					Fac Total	52,198	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
17	10	5	32												

0.0436

Specialty(s) Performing Procedure

37.2% EMERGENCY MEDICINE
29.9% GASTROENTEROLOGY
12.3% GENERAL SURGERY

11400		010	0.90	AAD	Total:	35,514		**Aug05**
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less					NF Total	31,688	Top NF DERMATOLOGY	
					Fac Total	3,826	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	10	5	36									1			

0.0196

Specialty(s) Performing Procedure

37.7% DERMATOLOGY
24.2% FAMILY PRACTICE
11.3% GENERAL SURGERY

92012		XXX	0.92	AAO, AOA(HCPAC)	Total:	6,792,544		**Feb07**
Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient					NF Total	6,623,456	Top NF OPHTHALMOLOGY	
					Fac Total	169,088	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	15	5	25												

0.0464

Specialty(s) Performing Procedure

83.1% OPHTHALMOLOGY
16.6% OPTOMETRY
0.0% MULTISPECIALTY CLINIC OR GROUP PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99202		XXX	0.93	AAD, APMA, ANA, AACE, AOA, AAFP, ACP, SGIM	Total:	3,126,033		Feb06

Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

NF Total	2,828,449	Top NF	DERMATOLOGY
Fac Total	297,584	Top Fac	DERMATOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
2	15	5	22												

0.0515

Specialty(s) Performing Procedure

24.1% DERMATOLOGY
14.5% PODIATRY
8.0% FAMILY PRACTICE

99213		XXX	0.97	ANA, ASCO, ACRh, AAN, AOA, AAFP, TES, ACP, SGIM	Total:	103,169,161		Feb06							

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

NF Total	93,490,109	Top NF	INTERNAL MEDICINE
Fac Total	9,679,052	Top Fac	FAMILY PRACTICE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
3	15	5	23												

0.0527

Specialty(s) Performing Procedure

19.6% INTERNAL MEDICINE
17.8% FAMILY PRACTICE
5.5% CARDIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
74280		XXX	0.99	ACR	Total:	19,386		Sept11
Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon					NF Total	3,175	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	16,211	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	20	7	32												

0.0361

Specialty(s) Performing Procedure

96.0% DIAGNOSTIC RADIOLOGY
1.2% INDEPENDENT DIAGNOSTIC TESTING FACILITY
1.1% INTERVENTIONAL RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
76805		XXX	0.99	ACOG, ACR	Total:	12,468		Apr02
Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation					NF Total	6,637	Top NF OBSTETRICS/GYNECOLOGY	
					Fac Total	5,831	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	15	6	26												

0.0496

Specialty(s) Performing Procedure

61.5% OBSTETRICS/GYNECOLOGY
35.2% DIAGNOSTIC RADIOLOGY
0.8% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
23350		000	1.00	ACR, AAOS	Total:	34,926		Sept11
Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography					NF Total	15,526	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	19,400	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
8	15	5	28												

0.0492

Specialty(s) Performing Procedure

79.8% DIAGNOSTIC RADIOLOGY
4.6% ORTHOPEDIC SURGERY
2.8% INDEPENDENT DIAGNOSTIC TESTING FACILITY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
64484		ZZZ	1.00	ASA, NASS, ISIS, AAPM, AAPMR, SIR, ASNR	Total:	439,261		Oct09
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)					NF Total	211,316	Top NF INTERVENTIONAL PAIN MANAGEMENT	
					Fac Total	227,945	Top Fac ANESTHESIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	10		10												

0.1000

Specialty(s) Performing Procedure

32.1% INTERVENTIONAL PAIN MANAGEMENT
25.1% ANESTHESIOLOGY
18.3% PHYSICAL MEDICINE AND REHABILITATION

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
94004		XXX	1.00	AAP, ASA, ACCP/ATS	Total:	37,462		Apr06
Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day					NF Total	4,233	Top NF PULMONARY DISEASE	
					Fac Total	33,229	Top Fac PULMONARY DISEASE	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	15	10	35												

0.0368

Specialty(s) Performing Procedure

64.5% PULMONARY DISEASE
22.7% INTERNAL MEDICINE
4.5% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11042		000	1.01	APMA, ACS	Total:	1,444,609		Feb10
Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less					NF Total	631,513	Top NF PODIATRY	
					Fac Total	813,096	Top Fac PODIATRY	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
11	15	10	36												

0.0369

Specialty(s) Performing Procedure

41.1% PODIATRY
14.7% GENERAL SURGERY
12.2% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11440		010	1.05	AAD	Total:	40,623		Aug05
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less					NF Total	34,865	Top NF OPHTHALMOLOGY	
					Fac Total	5,758	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	10	5	36									1			

0.0346

Specialty(s) Performing Procedure

33.4% OPHTHALMOLOGY
24.4% DERMATOLOGY
11.2% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
12011		000	1.07	ACEP, AAFP	Total:	89,350		Apr10
Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less					NF Total	11,050	Top NF FAMILY PRACTICE	
					Fac Total	78,300	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	12	5	24												

0.0680

Specialty(s) Performing Procedure

60.9% EMERGENCY MEDICINE
16.0% PHYSICIANS ASSISTANT
8.6% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
95819		XXX	1.08	AAN, ACNS	Total:	271,350		Oct12
Electroencephalogram (EEG); including recording awake and asleep					NF Total	74,526	Top NF NEUROLOGY	
					Fac Total	196,824	Top Fac NEUROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	15	6	26												

0.0556

Specialty(s) Performing Procedure

97.7% NEUROLOGY
0.4% INTERNAL MEDICINE
0.3% PEDIATRIC MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
30901		000	1.10	AAO-HNS	Total:	109,890		**Apr10**
Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method					NF Total	56,239	Top NF OTOLARYNGOLOGY	
					Fac Total	53,651	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
11	10	5	26												

0.0813

Specialty(s) Performing Procedure

47.4% OTOLARYNGOLOGY
35.3% EMERGENCY MEDICINE
6.3% PHYSICIANS ASSISTANT

70460		XXX	1.13	ACR, ASNR	Total:	35,553		**Oct12**
Computed tomography, head or brain; with contrast material(s)					NF Total	6,464	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	29,089	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	12	5	22												

0.0755

Specialty(s) Performing Procedure

93.7% DIAGNOSTIC RADIOLOGY
1.6% INTERVENTIONAL RADIOLOGY
1.3% INDEPENDENT DIAGNOSTIC TESTING FACILITY

12002		000	1.14	ACEP, AAFP	Total:	143,522		**Apr10**
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm					NF Total	25,497	Top NF FAMILY PRACTICE	
					Fac Total	118,025	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	15	5	27												

0.0590

Specialty(s) Performing Procedure

54.6% EMERGENCY MEDICINE
16.8% PHYSICIANS ASSISTANT
12.5% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
36620		000	1.15	ASA	Total:	566,179		Apr07
Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous					NF Total	350	Top NF PULMONARY DISEASE	
					Fac Total	565,829	Top Fac ANESTHESIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	10	5	22												

0.0924

Specialty(s) Performing Procedure

79.4% ANESTHESIOLOGY
7.7% CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)
2.9% PULMONARY DISEASE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99308		XXX	1.16	AGA	Total:	10,817,710		Feb07
Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.					NF Total	4,479,866	Top NF INTERNAL MEDICINE	
					Fac Total	6,337,844	Top Fac INTERNAL MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	15	9	31												

0.0534

Specialty(s) Performing Procedure

30.9% INTERNAL MEDICINE
22.9% NURSE PRACTITIONERS
17.8% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
88361		XXX	1.18	CAP, ASC	Total:	128,768		Oct04
Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology					NF Total	52,108	Top NF CLINICAL LABORATORY (IND.	
					Fac Total	76,660	Top Fac PATHOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	40		40												

0.0295

Specialty(s) Performing Procedure

71.4% PATHOLOGY
25.5% CLINICAL LABORATORY (IND.
2.2% HEMATOLOGY/ONCOLOGY

64480		ZZZ	1.20	ASA, NASS, ISIS, AAPM, AAPMR, SIR, ASNR	Total:	24,288		Oct09
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)					NF Total	12,942	Top NF INTERVENTIONAL PAIN MANAGEMENT	
					Fac Total	11,346	Top Fac INTERVENTIONAL PAIN MANAGEMENT	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	15		15												

0.0800

Specialty(s) Performing Procedure

31.1% INTERVENTIONAL PAIN MANAGEMENT
21.5% ANESTHESIOLOGY
21.3% PAIN MANAGEMENT

95805		XXX	1.20	AAN, AASM, ACNS, ACCP/ATS	Total:	5,387		Apr10
Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness					NF Total	3,032	Top NF NEUROLOGY	
					Fac Total	2,355	Top Fac PULMONARY DISEASE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	20	15	50												

0.0264

Specialty(s) Performing Procedure

38.3% PULMONARY DISEASE
30.8% NEUROLOGY
10.2% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
12013		000	1.22	ACEP, AAFP	Total:	51,748		Apr10
Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm					NF Total	4,581	Top NF FAMILY PRACTICE	
					Fac Total	47,167	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	15	5	27												

0.0644

Specialty(s) Performing Procedure

65.3% EMERGENCY MEDICINE
14.4% PHYSICIANS ASSISTANT
8.3% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
10060		010	1.22	APMA, ACS	Total:	485,698		Oct10
Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single					NF Total	412,909	Top NF PODIATRY	
					Fac Total	72,789	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
16	15	10	57									1			

0.0153

Specialty(s) Performing Procedure

45.4% PODIATRY
13.3% DERMATOLOGY
12.5% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92604		XXX	1.25	AAO-HNS, ASHA	Total:	15,221		Apr07
Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming					NF Total	14,770	Top NF AUDIOLOGIST (IND.)	
					Fac Total	451	Top Fac AUDIOLOGIST (IND.)	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	50	10	65												

0.0183

Specialty(s) Performing Procedure

74.4% AUDIOLOGIST (IND.)
25.1% OTOLARYNGOLOGY
0.2% NEUROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
70470		XXX	1.27	ACR, ASNR, AUR	Total:	154,377		Apr11
Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections					NF Total	33,690	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	120,687	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	15	5	25												

0.0697

Specialty(s) Performing Procedure

94.0% DIAGNOSTIC RADIOLOGY
2.3% INDEPENDENT DIAGNOSTIC TESTING FACILITY
1.3% INTERVENTIONAL RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99238		XXX	1.28	AOA, AAFP, ACP, SGIM	Total:	4,090,325		Feb06
Hospital discharge day management; 30 minutes or less					NF Total	59	Top NF FAMILY PRACTICE	
					Fac Total	4,090,266	Top Fac INTERNAL MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
8	20	10	38												

0.0438

Specialty(s) Performing Procedure

52.2% INTERNAL MEDICINE
16.3% FAMILY PRACTICE
6.1% CARDIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99283		XXX	1.34	ACEP	Total:	3,594,363		Sept05
Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.					NF Total	6	Top NF GENERAL PRACTICE	
					Fac Total	3,594,357	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	18	7	30												

0.0595

Specialty(s) Performing Procedure

65.1% EMERGENCY MEDICINE
14.7% PHYSICIANS ASSISTANT
6.9% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
73721		XXX	1.35	ACR	Total:	615,081		Jan12
Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast materia					NF Total	339,481	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	275,600	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	20	5	30												

0.0563

Specialty(s) Performing Procedure

82.4% DIAGNOSTIC RADIOLOGY
10.5% INDEPENDENT DIAGNOSTIC TESTING FACILITY
4.7% ORTHOPEDIC SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
94003		XXX	1.37	AAP, ASA, ACCP/ATS	Total:	102,915		Apr06
Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day					NF Total	2,246	Top NF FAMILY PRACTICE	
					Fac Total	100,669	Top Fac PULMONARY DISEASE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	20	10	40												

0.0461

Specialty(s) Performing Procedure

74.2% PULMONARY DISEASE
10.1% INTERNAL MEDICINE
7.3% CRITICAL CARE (INTENSIVISTS)

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99232		XXX	1.39	IDSA, AAN, AOA, AAFP, ACP, TES, SGIM,	Total:	49,694,549		Feb06
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.					NF Total	317	Top NF FAMILY PRACTICE	
					Fac Total	49,694,232	Top Fac INTERNAL MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	20	10	40												

0.0471

Specialty(s) Performing Procedure

35.6% INTERNAL MEDICINE
10.0% CARDIOLOGY
7.5% NEPHROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
74170		XXX	1.40	ACR	Total:	114,873		Apr12
Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections					NF Total	39,593	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	75,280	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	18	5	28												

0.0653

Specialty(s) Performing Procedure

91.7% DIAGNOSTIC RADIOLOGY
3.4% INDEPENDENT DIAGNOSTIC TESTING FACILITY
1.5% INTERVENTIONAL RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92014		XXX	1.42	AAO, AOA(HCPAC)	Total:	11,717,232		Feb07
Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits					NF Total	11,433,841	Top NF OPHTHALMOLOGY	
					Fac Total	283,391	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	24	8	37												

0.0470

Specialty(s) Performing Procedure

73.2% OPHTHALMOLOGY
26.7% OPTOMETRY
0.0% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99203		XXX	1.42	APMA, ANA, AACE, AOA, AAFP, ACP, SGIM	Total:	10,346,260		Feb06
Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.					NF Total	9,428,266	Top NF ORTHOPEDIC SURGERY	
					Fac Total	917,994	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
4	20	5	29												

0.0609

Specialty(s) Performing Procedure

14.6% ORTHOPEDIC SURGERY
10.9% PODIATRY
9.3% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
12004		000	1.44	ACEP, AAFP	Total:	22,078		Apr10
Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm					NF Total	3,002	Top NF FAMILY PRACTICE	
					Fac Total	19,076	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	17	5	29												

0.0697

Specialty(s) Performing Procedure

57.2% EMERGENCY MEDICINE
15.4% PHYSICIANS ASSISTANT
10.6% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11402		010	1.45	AAD	Total:	113,523		Aug05
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm					NF Total	98,400	Top NF DERMATOLOGY	
					Fac Total	15,123	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	25	5	56									1			

0.0254

Specialty(s) Performing Procedure

51.0% DERMATOLOGY
17.5% GENERAL SURGERY
11.7% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90935		000	1.48	RPA	Total:	1,248,862		Oct09
Hemodialysis procedure with single evaluation by a physician or other qualified health care professional					NF Total	8,954	Top NF NEPHROLOGY	
					Fac Total	1,239,908	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	25	10	45												

0.0413

Specialty(s) Performing Procedure

86.5% NEPHROLOGY
10.7% INTERNAL MEDICINE
1.0% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99392		XXX	1.50	AAP	Total:			Oct10
	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)				NF Total Fac Total		Top NF Top Fac	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	20	5	30												

0.0638

Specialty(s) Performing Procedure

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
57452		000	1.50	ACOG, AUGS	Total:	9,522		Apr02
	Colposcopy of the cervix including upper/adjacent vagina;				NF Total Fac Total	7,848 1,674	Top NF OBSTETRICS/GYNECOLOGY Top Fac OBSTETRICS/GYNECOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	15	10	40												

0.0627

Specialty(s) Performing Procedure

67.2% OBSTETRICS/GYNECOLOGY
12.7% GYNECOLOGY/ONCOLOGY
12.1% UROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99214		XXX	1.50	ANA, ASCO,ACRh, AAN, AOA, AAFP, TES, ACP, SGIM	Total:	88,988,410		Feb06
	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.				NF Total Fac Total	79,876,781 9,111,629	Top NF INTERNAL MEDICINE Top Fac INTERNAL MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	25	10	40												

0.0466

Specialty(s) Performing Procedure

23.8% INTERNAL MEDICINE
20.3% FAMILY PRACTICE
10.8% CARDIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11441		010	1.53	AAO-HNS, AAD	Total:	46,476		Aug05
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm					NF Total	39,362	Top NF DERMATOLOGY	
					Fac Total	7,114	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	20	5	51									1			

0.0357

Specialty(s) Performing Procedure

36.0% DERMATOLOGY
17.8% PLASTIC AND RECONSTRUCTIVE SURGERY
10.9% OPHTHALMOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
95861		XXX	1.54	AANEM, AAPMR, AAN, APTA, AAN	Total:	35,941		Apr12
Needle electromyography; 2 extremities with or without related paraspinal areas					NF Total	10,302	Top NF NEUROLOGY	
					Fac Total	25,639	Top Fac NEUROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	29	10	49												

0.0377

Specialty(s) Performing Procedure

76.5% NEUROLOGY
14.0% PHYSICAL MEDICINE AND REHABILITATION
1.6% NEUROSURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99309		XXX	1.55	AGA	Total:	8,016,001		Feb07
Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.					NF Total	3,173,452	Top NF NURSE PRACTITIONERS	
					Fac Total	4,842,549	Top Fac INTERNAL MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	25	10	45												

0.0441

Specialty(s) Performing Procedure

29.3% INTERNAL MEDICINE
29.0% NURSE PRACTITIONERS
16.4% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
77290		XXX	1.56	ASTRO	Total:	329,472		Jan13
Therapeutic radiology simulation-aided field setting; complex					NF Total	129,949	Top NF RADIATION ONCOLOGY	
					Fac Total	199,523	Top Fac RADIATION ONCOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	60	10	77												

0.0197

Specialty(s) Performing Procedure

96.1% RADIATION ONCOLOGY
2.0% DIAGNOSTIC RADIOLOGY
1.1% DERMATOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99348		XXX	1.56	AAFP, APMA, AAP	Total:	611,182		Feb07
Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.					NF Total	611,172	Top NF PODIATRY	
					Fac Total	10	Top Fac INTERNAL MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
9	25	10	44												

0.0454

Specialty(s) Performing Procedure

48.7% PODIATRY
14.5% INTERNAL MEDICINE
11.2% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90945		000	1.56	RPA	Total:	142,523		Oct09
Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional					NF Total	1,012	Top NF NEPHROLOGY	
					Fac Total	141,511	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	27	10	47												

0.0412

Specialty(s) Performing Procedure

87.4% NEPHROLOGY
9.3% INTERNAL MEDICINE
1.0% PEDIATRIC MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
46930		090	1.61	ACS, ASCRoS	Total:	13,941		Apr08
Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)					NF Total	11,629	Top NF GASTROENTEROLOGY	
					Fac Total	2,312	Top Fac GASTROENTEROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
13	5	5	46										1		

0.0474

Specialty(s) Performing Procedure

35.2% GASTROENTEROLOGY
23.1% COLORECTAL SURGERY(FORMERLY PROCTOLOGY)
12.8% GENERAL SURGERY

88321		XXX	1.63	CAP	Total:	186,232		Aug05
Consultation and report on referred slides prepared elsewhere					NF Total	90,856	Top NF CLINICAL LABORATORY (IND.	
					Fac Total	95,376	Top Fac PATHOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	50		50												

0.0326

Specialty(s) Performing Procedure

66.0% PATHOLOGY
25.1% CLINICAL LABORATORY (IND.
8.6% DERMATOLOGY

99304		XXX	1.64	AGA	Total:	381,939		Feb07
Initial nursing facility 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, 25 minutes are spent at the bedside and on the patient's facility floor or unit.					NF Total	162,363	Top NF PODIATRY	
					Fac Total	219,576	Top Fac FAMILY PRACTICE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	23	10	43												

0.0518

Specialty(s) Performing Procedure

21.3% PODIATRY
21.1% FAMILY PRACTICE
17.5% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99318		XXX	1.71	AGA	Total:	132,749		Feb07
					NF Total	74,162	Top NF	INTERNAL MEDICINE
					Fac Total	58,587	Top Fac	INTERNAL MEDICINE

Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	27	10	47												

0.0467

Specialty(s) Performing Procedure

34.7% INTERNAL MEDICINE
27.2% FAMILY PRACTICE
24.1% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99335		XXX	1.72	Home Care Medicine and Collaborators	Total:	869,717		Feb07
					NF Total	869,702	Top NF	INTERNAL MEDICINE
					Fac Total	15	Top Fac	FAMILY PRACTICE

Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
9	25	10	44												

0.0518

Specialty(s) Performing Procedure

26.0% INTERNAL MEDICINE
21.7% NURSE PRACTITIONERS
17.4% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
55876		000	1.73	AUA, ASTRO, ACR	Total:	16,495		Feb06
Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple					NF Total	11,736	Top NF UROLOGY	
					Fac Total	4,759	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
29	20	10	59												

0.0428

Specialty(s) Performing Procedure

75.2% UROLOGY
20.3% RADIATION ONCOLOGY
3.5% DIAGNOSTIC RADIOLOGY

36514		000	1.74	ASH	Total:	23,486		Sept02
Therapeutic apheresis; for plasma pheresis					NF Total	669	Top NF NEUROLOGY	
					Fac Total	22,817	Top Fac PATHOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
40	20	15	75												

0.0254

Specialty(s) Performing Procedure

42.0% PATHOLOGY
37.0% NEPHROLOGY
4.8% NEUROLOGY

74176		XXX	1.74	ACR	Total:	2,033,682		Feb10
Computed tomography, abdomen and pelvis; without contrast material					NF Total	232,267	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	1,801,415	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	22	5	32												

0.0689

Specialty(s) Performing Procedure

96.0% DIAGNOSTIC RADIOLOGY
1.4% INTERVENTIONAL RADIOLOGY
1.0% INDEPENDENT DIAGNOSTIC TESTING FACILITY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
93351		XXX	1.75	ACC	Total:	270,374		Apr08
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					NF Total	187,404	Top NF CARDIOLOGY	
					Fac Total	82,970	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	20	10	35												

0.0707

Specialty(s) Performing Procedure

92.1% CARDIOLOGY
6.0% INTERNAL MEDICINE
0.6% CARDIAC ELECTROPHYSIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11442		010	1.77	AAD	Total:	43,094		Aug05
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm					NF Total	34,981	Top NF DERMATOLOGY	
					Fac Total	8,113	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	25	5	56									1			

0.0382

Specialty(s) Performing Procedure

39.1% DERMATOLOGY
21.0% PLASTIC AND RECONSTRUCTIVE SURGERY
10.4% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
92004		XXX	1.82	AAO, AOA(HCPAC)	Total:	2,267,584		Feb07
Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits					NF Total	2,189,730	Top NF OPHTHALMOLOGY	
					Fac Total	77,854	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	25	10	40												

0.0594

Specialty(s) Performing Procedure

59.2% OPHTHALMOLOGY
40.6% OPTOMETRY
0.0% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11403		010	1.84	AAD, ACS	Total:	49,837		Aug05
Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm					NF Total	39,762	Top NF DERMATOLOGY	
					Fac Total	10,075	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
20	30	10	76									1			

0.0253

Specialty(s) Performing Procedure

40.0% DERMATOLOGY
27.9% GENERAL SURGERY
12.2% FAMILY PRACTICE

99239		XXX	1.90	ACP, AAFP, AOA, SGIM	Total:	3,953,581		Feb06
Hospital discharge day management; more than 30 minutes					NF Total	443	Top NF INTERNAL MEDICINE	
					Fac Total	3,953,138	Top Fac INTERNAL MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	30	15	55												

0.0447

Specialty(s) Performing Procedure

69.4% INTERNAL MEDICINE
11.8% FAMILY PRACTICE
3.5% PSYCHIATRY

54150		000	1.90	AAP, ACOG, AAFP, AUA	Total:	205		Apr06
Circumcision, using clamp or other device with regional dorsal penile or ring block					NF Total	13	Top NF UROLOGY	
					Fac Total	192	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
25	15	5	45												

0.0866

Specialty(s) Performing Procedure

86.8% UROLOGY
7.3% GENERAL SURGERY
2.0% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
64483		000	1.90	ASA, NASS, ISIS, AAPM, AAPMR, SIR, ASNR	Total:	878,150		Oct09
Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level					NF Total	398,008	Top NF	INTERVENTIONAL PAIN MANAGEMENT
					Fac Total	480,142	Top Fac	PHYSICAL MEDICINE AND REHABILITA

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
24	15	10	49												

0.0816

Specialty(s) Performing Procedure

27.2% INTERVENTIONAL PAIN MANAGEMENT
26.9% PHYSICAL MEDICINE AND REHABILITATION
21.9% ANESTHESIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99460		XXX	1.92	AAP	Total:	10		Oct10
Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant					NF Total	1	Top NF	GENERAL PRACTICE
					Fac Total	9	Top Fac	FAMILY PRACTICE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	30	10	50												

0.0491

Specialty(s) Performing Procedure

40.0% PEDIATRIC MEDICINE
40.0% FAMILY PRACTICE
10.0% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99221		XXX	1.92	AAN, AOA, AAFP, ACP, SGIM, SHM	Total:	1,864,570		Feb06

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.

NF Total	8	Top NF	HEMATOLOGY/ONCOLOGY
Fac Total	1,864,562	Top Fac	INTERNAL MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	30	10	50												

0.0491

Specialty(s) Performing Procedure

15.7% INTERNAL MEDICINE
10.0% CARDIOLOGY
7.9% GENERAL SURGERY

94002		XXX	1.99	AAP, ASA, ACCP/ATS	Total:	13,055		Apr06

Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day

NF Total	16	Top NF	PULMONARY DISEASE
Fac Total	13,039	Top Fac	ANESTHESIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	30	15	60												

0.0439

Specialty(s) Performing Procedure

46.9% ANESTHESIOLOGY
37.2% PULMONARY DISEASE
7.1% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99233		XXX	2.00	IDSA, AAN, AOA, AAFP, ACP, TES, SGIM	Total:	21,687,322		Feb06
	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.				NF Total	318	Top NF FAMILY PRACTICE	
					Fac Total	21,687,004	Top Fac INTERNAL MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	30	15	55												

0.0480

Specialty(s) Performing Procedure

41.1% INTERNAL MEDICINE
10.6% PULMONARY DISEASE
8.6% CARDIOLOGY

94011		XXX	2.00	ACCP, ATS, AAP	Total:	1		Apr09
	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age				NF Total	1	Top NF GENERAL PRACTICE	
					Fac Total		Top Fac	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
30	30	20	80												

0.0293

Specialty(s) Performing Procedure

100.0% GENERAL PRACTICE

74178		XXX	2.01	ACR	Total:	592,988		Feb10
	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions				NF Total	217,789	Top NF DIAGNOSTIC RADIOLOGY	
					Fac Total	375,199	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	30	5	40												

0.0595

Specialty(s) Performing Procedure

92.0% DIAGNOSTIC RADIOLOGY
3.1% INDEPENDENT DIAGNOSTIC TESTING FACILITY
1.3% INTERVENTIONAL RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11601		010	2.07	AAD	Total:	33,453		Aug05
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm					NF Total	30,620	Top NF DERMATOLOGY	
					Fac Total	2,833	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	20	5	63										1		

0.0326

Specialty(s) Performing Procedure

60.2% DERMATOLOGY
12.2% FAMILY PRACTICE
8.3% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90937		000	2.11	RPA	Total:	73,840		Oct09
Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription					NF Total	447	Top NF INTERNAL MEDICINE	
					Fac Total	73,393	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	40	10	60												

0.0415

Specialty(s) Performing Procedure

79.9% NEPHROLOGY
17.6% INTERNAL MEDICINE
0.8% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99215		XXX	2.11	ANA, ACRh, AAN, AOA, AAFP, TES, ACP	Total:	9,456,050		Feb06
Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 4(minutes are spent face-to-face with the patient and/or family.					NF Total	7,967,858	Top NF INTERNAL MEDICINE	
					Fac Total	1,488,192	Top Fac HEMATOLOGY/ONCOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits			Post Operative Visits				Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	35	15	55												

0.0475

Specialty(s) Performing Procedure

22.3% INTERNAL MEDICINE
12.5% FAMILY PRACTICE
11.0% CARDIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11641		010	2.17	AAD	Total:	54,877		Aug05
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm					NF Total	47,596	Top NF DERMATOLOGY	
					Fac Total	7,281	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	20	5	63										1		

0.0376

Specialty(s) Performing Procedure

57.4% DERMATOLOGY
14.8% PLASTIC AND RECONSTRUCTIVE SURGERY
7.0% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
52000		000	2.23	AUA	Total:	928,183		Aug05
Cystourethroscopy (separate procedure)					NF Total	717,262	Top NF UROLOGY	
					Fac Total	210,921	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
17	15	10	42												

0.1131

Specialty(s) Performing Procedure

96.4% UROLOGY
2.7% OBSTETRICS/GYNECOLOGY
0.3% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99292		ZZZ	2.25	ACCP, ATS, SCCM, ASCO, ASA, ASH	Total:	455,682		Aug05
Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)					NF Total	1,136	Top NF CARDIOLOGY	
					Fac Total	454,546	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	30		30												

0.0750

Specialty(s) Performing Procedure

25.2% EMERGENCY MEDICINE
18.3% PULMONARY DISEASE
16.5% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
72158		XXX	2.29	ACR, ASNR	Total:	262,462		Apr13
Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar					NF Total	92,046	Top NF	DIAGNOSTIC RADIOLOGY
					Fac Total	170,416	Top Fac	DIAGNOSTIC RADIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	25	5	35												

0.0826

Specialty(s) Performing Procedure

89.8% DIAGNOSTIC RADIOLOGY
6.3% INDEPENDENT DIAGNOSTIC TESTING FACILITY
1.0% INTERVENTIONAL RADIOLOGY

64479		000	2.29	ASA, NASS, ISIS, AAPM, AAPMR, SIR, ASNR	Total:	40,535		Oct09
Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level					NF Total	18,687	Top NF	INTERVENTIONAL PAIN MANAGEMENT
					Fac Total	21,848	Top Fac	ANESTHESIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
24	15	10	49												

0.1076

Specialty(s) Performing Procedure

25.8% INTERVENTIONAL PAIN MANAGEMENT
21.5% ANESTHESIOLOGY
20.6% PHYSICAL MEDICINE AND REHABILITATION

99349		XXX	2.33	AAFP, APMA, AAP	Total:	1,086,779		Feb07
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.					NF Total	1,086,729	Top NF	INTERNAL MEDICINE
					Fac Total	50	Top Fac	INTERNAL MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	40	15	65												

0.0442

Specialty(s) Performing Procedure

25.7% INTERNAL MEDICINE
22.7% FAMILY PRACTICE
21.4% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
31500		000	2.33	ASA, ACEP	Total:	290,377		**Apr07**
Intubation, endotracheal, emergency procedure					NF Total	165	Top NF PULMONARY DISEASE	
					Fac Total	290,212	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
4	5	10	19												

0.4061

Specialty(s) Performing Procedure

46.0% EMERGENCY MEDICINE
15.7% ANESTHESIOLOGY
12.9% PULMONARY DISEASE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11443		010	2.34	AAO-HNS, ASPS, AAD	Total:	12,361		**Aug05**
Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm					NF Total	9,184	Top NF DERMATOLOGY	
					Fac Total	3,177	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
20	30	10	76									1			

0.0420

Specialty(s) Performing Procedure

32.2% DERMATOLOGY
21.9% PLASTIC AND RECONSTRUCTIVE SURGERY
13.5% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99310		XXX	2.35	AGA	Total:	1,130,964		**Feb07**
Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.					NF Total	410,440	Top NF NURSE PRACTITIONERS	
					Fac Total	720,524	Top Fac NURSE PRACTITIONERS	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	35	20	70												

0.0447

Specialty(s) Performing Procedure

32.7% NURSE PRACTITIONERS
27.0% INTERNAL MEDICINE
13.9% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99204		XXX	2.43	APMA, ANA, AACE, AOA, AAFP, ACP, SGIM	Total:	8,970,103		Feb06

Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

NF Total	7,948,860	Top NF	INTERNAL MEDICINE
Fac Total	1,021,243	Top Fac	CARDIOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	30	10	45												

0.0698

Specialty(s) Performing Procedure

8.9% CARDIOLOGY
8.9% INTERNAL MEDICINE
7.9% OPHTHALMOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99336		XXX	2.46	Home Care Medicine and Collaborators	Total:	999,768		Feb07

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.

NF Total	999,761	Top NF	NURSE PRACTITIONERS
Fac Total	7	Top Fac	INTERNAL MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
10	40	15	65												

0.0475

Specialty(s) Performing Procedure

30.3% NURSE PRACTITIONERS
24.7% INTERNAL MEDICINE
20.3% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
36556		000	2.50	ACR, ASA, SIR	Total:	496,633		Apr03
Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older					NF Total	1,409	Top NF VASCULAR SURGERY	
					Fac Total	495,224	Top Fac ANESTHESIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
25	15	10	50												

0.1192

Specialty(s) Performing Procedure

28.7% ANESTHESIOLOGY
16.1% EMERGENCY MEDICINE
10.2% DIAGNOSTIC RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
95810		XXX	2.50	AAN, AASM, ACNS, ACCP/ATS	Total:	306,589		Apr10
Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist					NF Total	150,214	Top NF PULMONARY DISEASE	
					Fac Total	156,375	Top Fac PULMONARY DISEASE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	36.5	15	66.5												

0.0501

Specialty(s) Performing Procedure

49.3% PULMONARY DISEASE
19.0% NEUROLOGY
10.4% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99343		XXX	2.53	AAFP, APMA, AAP	Total:	60,737		Feb07
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 face-to-face with the patient and/or family.					NF Total	60,736	Top NF PODIATRY	
					Fac Total	1	Top Fac PSYCHIATRY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	45	17	77												

0.0403

Specialty(s) Performing Procedure

59.8% PODIATRY
9.7% NURSE PRACTITIONERS
9.0% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99284		XXX	2.56	ACEP	Total:	5,767,460		Sept05
					NF Total	3	Top NF	FAMILY PRACTICE
					Fac Total	5,767,457	Top Fac	EMERGENCY MEDICINE

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 physicians, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
5	25	10	40												

0.0890

Specialty(s) Performing Procedure

75.7% EMERGENCY MEDICINE
9.1% PHYSICIANS ASSISTANT
5.5% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99222		XXX	2.61	AAN, AOA, AAFP, ACP, SGIM, SHM	Total:	7,154,998		Feb06
					NF Total	241	Top NF	CARDIOLOGY
					Fac Total	7,154,757	Top Fac	INTERNAL MEDICINE

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.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	40	20	75												

0.0456

Specialty(s) Performing Procedure

24.2% INTERNAL MEDICINE
12.7% CARDIOLOGY
7.2% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11642		010	2.62	AAD, AAO-HNS	Total:	124,607		Aug05
Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm					NF Total	105,036	Top NF DERMATOLOGY	
					Fac Total	19,571	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	25	5	68										1		

0.0481

Specialty(s) Performing Procedure

62.8% DERMATOLOGY
16.3% PLASTIC AND RECONSTRUCTIVE SURGERY
6.9% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99326		XXX	2.63	Home Care Medicine and Collaborators	Total:	48,340		Feb07
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.					NF Total	48,340	Top NF PODIATRY	
					Fac Total		Top Fac	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	45	17	77												

0.0425

Specialty(s) Performing Procedure

22.1% PODIATRY
19.2% NURSE PRACTITIONERS
18.5% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11043		000	2.70	APMA, ACS	Total:	224,156		Apr10
Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less					NF Total	89,641	Top NF PODIATRY	
					Fac Total	134,515	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
41	30	15	86												

0.0506

Specialty(s) Performing Procedure

24.7% GENERAL SURGERY
22.5% PODIATRY
16.3% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
51102		000	2.70	AUA	Total:	13,944		Apr08
Aspiration of bladder; with insertion of suprapubic catheter					NF Total	2,263	Top NF UROLOGY	
					Fac Total	11,681	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
25	20	15	60												

0.0938

Specialty(s) Performing Procedure

73.0% UROLOGY
14.2% DIAGNOSTIC RADIOLOGY
5.0% OBSTETRICS/GYNECOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
31622		000	2.78	ACCP/ATS	Total:	75,546		Aug05
Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)					NF Total	1,046	Top NF OTOLARYNGOLOGY	
					Fac Total	74,500	Top Fac PULMONARY DISEASE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
20	30	15	65												

0.0689

Specialty(s) Performing Procedure

50.1% PULMONARY DISEASE
16.7% THORACIC SURGERY
7.1% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
52332		000	2.82	AUA	Total:	172,055		Apr13
Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)					NF Total	1,301	Top NF UROLOGY	
					Fac Total	170,754	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
21	25	10	56												

0.0879

Specialty(s) Performing Procedure

99.2% UROLOGY
0.3% GENERAL SURGERY
0.1% GYNECOLOGY/ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
12052		010	2.87	ADA, ASPS, AAO-HNS, ACEP	Total:	77,659		Oct10
Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm					NF Total	61,140	Top NF DERMATOLOGY	
					Fac Total	16,519	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
14	30	10	70										1		

0.0641

Specialty(s) Performing Procedure

67.5% DERMATOLOGY
9.9% PLASTIC AND RECONSTRUCTIVE SURGERY
6.9% EMERGENCY MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99306		XXX	3.06	AGA	Total:	1,339,609		Feb07
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.					NF Total	396,458	Top NF INTERNAL MEDICINE	
					Fac Total	943,151	Top Fac INTERNAL MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	45	20	80												

0.0506

Specialty(s) Performing Procedure

46.6% INTERNAL MEDICINE
21.6% FAMILY PRACTICE
6.0% GERIATRIC MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11623		010	3.11	AAO-HNS, ASPS, AAD	Total:	26,634		Aug05
Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm					NF Total	21,354	Top NF DERMATOLOGY	
					Fac Total	5,280	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
30	30	10	93										1		

0.0438

Specialty(s) Performing Procedure

58.9% DERMATOLOGY
15.2% PLASTIC AND RECONSTRUCTIVE SURGERY
9.1% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90962		XXX	3.15	RPA	Total:	191,460		Feb08
	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				NF Total	175,048	Top NF NEPHROLOGY	
					Fac Total	16,412	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	63		63												

0.0500

Specialty(s) Performing Procedure

82.8% NEPHROLOGY
10.8% INTERNAL MEDICINE
4.5% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99205		XXX	3.17	APMS, ANA, AACE, AOA, AAFP, ACP, SGIM	Total:	2,930,433		Feb06
	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.				NF Total	2,380,542	Top NF NEUROLOGY	
					Fac Total	549,891	Top Fac RADIATION ONCOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
7	45	15	67												

0.0595

Specialty(s) Performing Procedure

13.3% NEUROLOGY
10.3% CARDIOLOGY
9.7% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11604		010	3.17	ACS, AAD	Total:	34,771		Aug05
Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm					NF Total	27,476	Top NF DERMATOLOGY	
					Fac Total	7,295	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
30	40	10	103										1		

0.0344

Specialty(s) Performing Procedure

57.9% DERMATOLOGY
14.2% GENERAL SURGERY
13.2% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99350		XXX	3.28	AAFP, AAP	Total:	497,866		Feb07
Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other 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. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 6(minutes are spent face-to-face with the patient and/or family.					NF Total	497,866	Top NF NURSE PRACTITIONERS	
					Fac Total		Top Fac	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	75	20	110												

0.0333

Specialty(s) Performing Procedure

34.8% NURSE PRACTITIONERS
21.0% INTERNAL MEDICINE
17.0% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99344		XXX	3.38	AAFP, AAP	Total:	73,508		Feb07
					NF Total	73,507	Top NF NURSE PRACTITIONERS	
					Fac Total	1	Top Fac FAMILY PRACTICE	

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 face-to-face with the patient and/or family.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	60	25	100												

0.0414

Specialty(s) Performing Procedure

28.5% NURSE PRACTITIONERS
18.9% INTERNAL MEDICINE
18.9% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11643		010	3.42	AAD, ASPS	Total:	43,786		Aug05
					NF Total	31,968	Top NF DERMATOLOGY	
					Fac Total	11,818	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
30	30	10	93										1		

0.0542

Specialty(s) Performing Procedure

48.2% DERMATOLOGY
23.7% PLASTIC AND RECONSTRUCTIVE SURGERY
11.3% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99327		XXX	3.46	Home Care Medicine and Collaborators	Total:	48,368		Feb07

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.

NF Total	48,368	Top NF NURSE PRACTITIONERS
Fac Total		Top Fac

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	60	25	100												

0.0427

Specialty(s) Performing Procedure

27.9% NURSE PRACTITIONERS
24.3% INTERNAL MEDICINE
18.5% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
52214		000	3.50	AUA	Total:	21,204		Jan12

Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands

NF Total	7,478	Top NF UROLOGY
Fac Total	13,726	Top Fac UROLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
29	30	20	79												

0.0825

Specialty(s) Performing Procedure

99.2% UROLOGY
0.6% GENERAL SURGERY
0.1% OBSTETRICS/GYNECOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99337		XXX	3.58	Home Care Medicine and Collaborators	Total:	287,115		Feb07

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 comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.

NF Total	287,114	Top NF	NURSE PRACTITIONERS
Fac Total	1	Top Fac	GERIATRIC MEDICINE

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	60	20	95												

0.0466

Specialty(s) Performing Procedure

31.7%	NURSE PRACTITIONERS
23.2%	FAMILY PRACTICE
22.8%	INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
15002		000	3.65	ABA, ACS, ASPS	Total:	19,158		Apr06

Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children

NF Total	1,935	Top NF	PLASTIC AND RECONSTRUCTIVE SUR
Fac Total	17,223	Top Fac	PLASTIC AND RECONSTRUCTIVE SUR

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
75	20	20	115												

0.0868

Specialty(s) Performing Procedure

49.1%	PLASTIC AND RECONSTRUCTIVE SURGERY
23.9%	GENERAL SURGERY
7.6%	PODIATRY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
31628		000	3.80	ACCP/ATS, ACEP	Total:	37,336		Apr03
Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe					NF Total	206	Top NF PULMONARY DISEASE	
					Fac Total	37,130	Top Fac PULMONARY DISEASE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
30	40	20	90												

0.0706

Specialty(s) Performing Procedure

81.0% PULMONARY DISEASE
9.5% INTERNAL MEDICINE
6.0% CRITICAL CARE (INTENSIVISTS)

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99285		XXX	3.80	ACEP	Total:	10,541,936		Sept05
Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.					NF Total	3	Top NF MULTISPECIALTY CLINIC OR GROUP P	
					Fac Total	10,541,933	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
8	40	15	63												

0.0821

Specialty(s) Performing Procedure

85.9% EMERGENCY MEDICINE
4.3% PHYSICIANS ASSISTANT
3.8% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99223		XXX	3.86	AAN, AOA, AAFP, ACP, SGIM, SHM	Total:	11,123,463		Feb06
					NF Total	129	Top NF FAMILY PRACTICE	
					Fac Total	11,123,334	Top Fac INTERNAL MEDICINE	

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.

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	55	20	90												

0.0559

Specialty(s) Performing Procedure

37.5% INTERNAL MEDICINE
11.4% CARDIOLOGY
6.4% FAMILY PRACTICE

13121		010	4.00	AAO-HNS, ASPS, AAD	Total:	125,047		Apr12	
					NF Total	105,671	Top NF DERMATOLOGY		
					Fac Total	19,376	Top Fac DERMATOLOGY		

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

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
14	45	10	85									1			

0.0679

Specialty(s) Performing Procedure

79.0% DERMATOLOGY
10.1% PLASTIC AND RECONSTRUCTIVE SURGERY
2.7% PHYSICIANS ASSISTANT

52224		000	4.05	AUA	Total:	48,946		Jan12	
					NF Total	27,362	Top NF UROLOGY		
					Fac Total	21,584	Top Fac UROLOGY		

Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
29	30	20	79												

0.1008

Specialty(s) Performing Procedure

99.2% UROLOGY
0.4% OBSTETRICS/GYNECOLOGY
0.3% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99345		XXX	4.09	AAFP, AAP	Total:	62,050		Feb07
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 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 new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.					NF Total Fac Total	62,050	Top NF INTERNAL MEDICINE Top Fac	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	75	30	120												

0.0411

Specialty(s) Performing Procedure

25.7% INTERNAL MEDICINE
25.4% NURSE PRACTITIONERS
19.2% FAMILY PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
11044		000	4.10	APMA, ACS	Total:	59,878		Apr10
Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less					NF Total Fac Total	17,214 42,664	Top NF PODIATRY Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
51	45	20	116												

0.0605

Specialty(s) Performing Procedure

27.6% GENERAL SURGERY
24.0% PODIATRY
11.1% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
49440		010	4.18	ACR, SIR	Total:	17,938		Sept07
Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report					NF Total Fac Total	178 17,760	Top NF DIAGNOSTIC RADIOLOGY Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	38	20	126	1											

0.0529

Specialty(s) Performing Procedure

70.6% DIAGNOSTIC RADIOLOGY
18.6% INTERVENTIONAL RADIOLOGY
6.4% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90966		XXX	4.26	RPA	Total:	287,008		**Feb08**
End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older					NF Total	269,717	Top NF NEPHROLOGY	
					Fac Total	17,291	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	75		75												

0.0568

Specialty(s) Performing Procedure

88.2% NEPHROLOGY
9.3% INTERNAL MEDICINE
0.8% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90961		XXX	4.26	RPA	Total:	673,035		**Feb08**
End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month					NF Total	626,436	Top NF NEPHROLOGY	
					Fac Total	46,599	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	113		113												

0.0377

Specialty(s) Performing Procedure

84.8% NEPHROLOGY
10.3% INTERNAL MEDICINE
2.8% NURSE PRACTITIONERS

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
62264		010	4.42	ASA, AAPMR and ASIPP	Total:	13,142		**Apr02**
Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day					NF Total	5,150	Top NF ANESTHESIOLOGY	
					Fac Total	7,992	Top Fac ANESTHESIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
40	30	20	109						0.5						

0.0812

Specialty(s) Performing Procedure

47.2% ANESTHESIOLOGY
31.2% INTERVENTIONAL PAIN MANAGEMENT
13.6% PAIN MANAGEMENT

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
99291		XXX	4.50	ACCP, ATS, SCCM, ASCO, ASA, ASH	Total:	5,227,641		Aug05
Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes					NF Total	5,723	Top NF INTERNAL MEDICINE	
					Fac Total	5,221,918	Top Fac EMERGENCY MEDICINE	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
15	40	15	70												

0.0957

Specialty(s) Performing Procedure

25.3% EMERGENCY MEDICINE
23.9% PULMONARY DISEASE
19.6% INTERNAL MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
15004		000	4.58	ABA, ACS, ASPS	Total:	22,688		Apr06
Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children					NF Total	6,746	Top NF PODIATRY	
					Fac Total	15,942	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
75	45	30	150												

0.0543

Specialty(s) Performing Procedure

36.6% PLASTIC AND RECONSTRUCTIVE SURGERY
27.2% PODIATRY
8.5% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
37191		000	4.71	SIR, ACR and SVS	Total:	52,369		Apr11
Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed					NF Total	641	Top NF VASCULAR SURGERY	
					Fac Total	51,728	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
38	30	15	83												

0.1198

Specialty(s) Performing Procedure

48.5% DIAGNOSTIC RADIOLOGY
18.7% VASCULAR SURGERY
10.9% INTERVENTIONAL RADIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
57267		ZZZ	4.88	ACOG, AUGS	Total:	9,806		Apr04
	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)				NF Total	44	Top NF OBSTETRICS/GYNECOLOGY	
					Fac Total	9,762	Top Fac OBSTETRICS/GYNECOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	45		45												

0.1084

Specialty(s) Performing Procedure

66.1% OBSTETRICS/GYNECOLOGY
31.9% UROLOGY
1.3% GYNECOLOGY/ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
63661		010	5.08	ISIS, NASS, AANS/CNS, ASA, AAPM	Total:	3,682		Apr09
	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed				NF Total	724	Top NF INTERVENTIONAL PAIN MANAGEMENT	
					Fac Total	2,958	Top Fac INTERVENTIONAL PAIN MANAGEMENT	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	55	20	165						0.5				1		

0.0367

Specialty(s) Performing Procedure

26.2% INTERVENTIONAL PAIN MANAGEMENT
21.9% ANESTHESIOLOGY
18.9% NEUROSURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
90960		XXX	5.18	RPA	Total:	2,230,167		Feb08
	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month				NF Total	2,088,336	Top NF NEPHROLOGY	
					Fac Total	141,831	Top Fac NEPHROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
	128		128												

0.0405

Specialty(s) Performing Procedure

86.9% NEPHROLOGY
11.0% INTERNAL MEDICINE
0.8% NEUROLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
63685		010	5.19	AAPM, AAPM&R, AANS, AANS, CNS, ASA, ISIS, NASS, AAPM&R, ISIS, NASS	Total:	15,269		Feb08
Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling					NF Total	320	Top NF INTERVENTIONAL PAIN MANAGEMENT	
					Fac Total	14,949	Top Fac NEUROSURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	60	20	170						0.5				1		

0.0355

Specialty(s) Performing Procedure

36.6% NEUROSURGERY
18.0% INTERVENTIONAL PAIN MANAGEMENT
15.2% ANESTHESIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
63688		010	5.30	AAPM, AAPM&R, AANS, AANS, CNS, ASA, ISIS, NASS, AAPM&R, ISIS, NASS	Total:	6,154		Feb08
Revision or removal of implanted spinal neurostimulator pulse generator or receiver					NF Total	121	Top NF ANESTHESIOLOGY	
					Fac Total	6,033	Top Fac NEUROSURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	55	20	165						0.5				1		

0.0407

Specialty(s) Performing Procedure

37.6% NEUROSURGERY
16.7% ORTHOPEDIC SURGERY
16.3% INTERVENTIONAL PAIN MANAGEMENT

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
52235		000	5.44	AUA	Total:	32,153		Sept11
Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)					NF Total	414	Top NF UROLOGY	
					Fac Total	31,739	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
29	45	20	94												

0.0981

Specialty(s) Performing Procedure

99.4% UROLOGY
0.4% GENERAL SURGERY
0.0% GENERAL PRACTICE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
33213		090	5.53	ACC, HRS	Total:	4,555		Sept11
Insertion of pacemaker pulse generator only; with existing dual leads					NF Total	66	Top NF CARDIOLOGY	
					Fac Total	4,489	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
22	46	20	130						0.5				1		

0.0666

Specialty(s) Performing Procedure

63.1% CARDIOLOGY
10.1% CARDIAC ELECTROPHYSIOLOGY
9.6% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
62362		010	5.60	AAPM, AAPM&R, AANS, CNS, ASA, ISIS, NASS	Total:	7,701		Feb08
Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming					NF Total	74	Top NF INTERVENTIONAL PAIN MANAGEMENT	
					Fac Total	7,627	Top Fac NEUROSURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	60	20	170						0.5				1		

0.0423

Specialty(s) Performing Procedure

38.1% NEUROSURGERY
23.1% INTERVENTIONAL PAIN MANAGEMENT
18.1% ANESTHESIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
26765		090	5.86	ASSH, AAOS	Total:	1,378		Feb07
Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each					NF Total	148	Top NF ORTHOPEDIC SURGERY	
					Fac Total	1,230	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
55	45	20	217						0.5			2	2		

0.0174

Specialty(s) Performing Procedure

47.0% ORTHOPEDIC SURGERY
25.1% PLASTIC AND RECONSTRUCTIVE SURGERY
22.3% HAND SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
25071		090	5.91	AAOS, ACS, AOFAS, ASPS, ASSH, APMA, AAO-HNS	Total:	1,415		Feb09
Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater					NF Total	272	Top NF GENERAL SURGERY	
					Fac Total	1,143	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	45	15	178						0.5			1	1		

0.0523

Specialty(s) Performing Procedure

54.7% GENERAL SURGERY
14.6% ORTHOPEDIC SURGERY
11.5% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
33240		090	6.05	ACC, HRS	Total:	1,232		Sept11
Insertion of implantable defibrillator pulse generator only; with existing single lead					NF Total	4	Top NF CARDIOLOGY	
					Fac Total	1,228	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
33	45	20	140						0.5				1		

0.0771

Specialty(s) Performing Procedure

66.9% CARDIOLOGY
21.2% CARDIAC ELECTROPHYSIOLOGY
4.9% CARDIAC SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
62350		010	6.05	AAPM, AAPM&R, AANS, AANS, CNS, ASA, ISIS, NASS, AAPM&R, ISIS, NASS	Total:	6,458		Feb08
Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy					NF Total	123	Top NF INTERVENTIONAL PAIN MANAGEMENT	
					Fac Total	6,335	Top Fac NEUROSURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	60	20	170						0.5				1		

0.0498

Specialty(s) Performing Procedure

29.7% NEUROSURGERY
26.9% INTERVENTIONAL PAIN MANAGEMENT
20.9% ANESTHESIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
55706		010	6.28	AUA	Total:	1,339		**Apr08**
Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance					NF Total	88	Top NF UROLOGY	
					Fac Total	1,251	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
53	45	15	195						0.5				1	1	

0.0414

Specialty(s) Performing Procedure

94.0% UROLOGY
5.0% RADIATION ONCOLOGY
0.6% NEUROLOGY

64708		090	6.36	AAOS, ASPS, ASSH, and AOFAS	Total:	3,387		**Apr08**
Neuroplasty, major peripheral nerve, arm or leg, open; other than specified					NF Total	61	Top NF ORTHOPEDIC SURGERY	
					Fac Total	3,326	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
55	60	15	220						0.5			3	1		

0.0314

Specialty(s) Performing Procedure

40.9% ORTHOPEDIC SURGERY
17.5% HAND SURGERY
13.9% PLASTIC AND RECONSTRUCTIVE SURGERY

14000		090	6.37	AAD, AAO-HNS, ACS, ASPS	Total:	9,334		**Oct08**
Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less					NF Total	5,035	Top NF DERMATOLOGY	
					Fac Total	4,299	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
25	64	22	192										3.5		

0.0300

Specialty(s) Performing Procedure

37.5% DERMATOLOGY
30.7% PLASTIC AND RECONSTRUCTIVE SURGERY
20.5% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
26116		090	6.74	AAOS, ACS, AOFAS, APMA, ASPS, ASSH, AAO-HNS	Total:	3,956		Feb09
Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm					NF Total	244	Top NF HAND SURGERY	
					Fac Total	3,712	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	45	15	201						0.5			1	2		

0.0492

Specialty(s) Performing Procedure

48.2% ORTHOPEDIC SURGERY
38.5% HAND SURGERY
10.0% PLASTIC AND RECONSTRUCTIVE SURGERY

25076		090	6.74	AAOS, ACS, AOFAS, APMA, ASPS, ASSH, AAO-HNS	Total:	982		Feb09
Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm					NF Total	98	Top NF GENERAL SURGERY	
					Fac Total	884	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	45	20	206						0.5			1	2		

0.0467

Specialty(s) Performing Procedure

43.0% ORTHOPEDIC SURGERY
23.9% HAND SURGERY
17.6% GENERAL SURGERY

52352		000	6.75	AUA	Total:	20,477		Sept11
Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)					NF Total	139	Top NF UROLOGY	
					Fac Total	20,338	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
53	45	20	118												

0.1184

Specialty(s) Performing Procedure

99.6% UROLOGY
0.2% GENERAL SURGERY
0.1% EMERGENCY MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
15823		090	6.81	AOA	Total:	101,202		Apr10
Blepharoplasty, upper eyelid; with excessive skin weighting down lid					NF Total	13,153	Top NF OPHTHALMOLOGY	
					Fac Total	88,049	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
16	45	10	161						0.5			3	1		

0.0722

Specialty(s) Performing Procedure

89.8% OPHTHALMOLOGY
8.3% PLASTIC AND RECONSTRUCTIVE SURGERY
1.5% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
26615		090	7.07	ASSH, AAOS	Total:	1,877		Feb07
Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone					NF Total	31	Top NF ORTHOPEDIC SURGERY	
					Fac Total	1,846	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
55	45	20	217						0.5			2	2		

0.0443

Specialty(s) Performing Procedure

59.5% ORTHOPEDIC SURGERY
25.8% HAND SURGERY
12.6% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
26113		090	7.13	AAOS, ACS, AOFAS, APMA, ASPS, ASSH, AAO-HNS	Total:	1,585		Feb09
Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater					NF Total	91	Top NF PLASTIC AND RECONSTRUCTIVE SUR	
					Fac Total	1,494	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	58	15	214						0.5			1	2		

0.0449

Specialty(s) Performing Procedure

43.9% ORTHOPEDIC SURGERY
34.1% HAND SURGERY
16.5% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
14020		090	7.22	AAD, AAO-HNS, ACS, ASPS	Total:	21,411		Oct08
Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less					NF Total	14,183	Top NF	DERMATOLOGY
					Fac Total	7,228	Top Fac	PLASTIC AND RECONSTRUCTIVE SUR

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
29	78	24	223										4		

0.0276

Specialty(s) Performing Procedure

48.6% DERMATOLOGY
32.6% PLASTIC AND RECONSTRUCTIVE SURGERY
6.2% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
24076		090	7.41	AAOS, ACS, AOFAS, APMA, ASPS, ASSH, AAO-HNS	Total:	988		Feb09
Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm					NF Total	116	Top NF	GENERAL SURGERY
					Fac Total	872	Top Fac	ORTHOPEDIC SURGERY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
68	60	20	229						0.5			1	2		

0.0432

Specialty(s) Performing Procedure

37.4% GENERAL SURGERY
33.0% ORTHOPEDIC SURGERY
11.2% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
26735		090	7.42	ASSH, AAOS	Total:	1,585		Feb07
Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each					NF Total	38	Top NF	PLASTIC AND RECONSTRUCTIVE SUR
					Fac Total	1,547	Top Fac	ORTHOPEDIC SURGERY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	60	20	237						0.5			2	2		

0.0372

Specialty(s) Performing Procedure

53.0% ORTHOPEDIC SURGERY
23.4% HAND SURGERY
21.5% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
52353		000	7.50	AUA	Total:	50,345		Apr13
Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)					NF Total	259	Top NF UROLOGY	
					Fac Total	50,086	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
53	60	20	133												

0.1013

Specialty(s) Performing Procedure

99.5% UROLOGY
0.2% GENERAL SURGERY
0.1% EMERGENCY MEDICINE

25116		090	7.56	AAOS, ASSH	Total:	980		Apr08
Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum					NF Total	6	Top NF ORTHOPEDIC SURGERY	
					Fac Total	974	Top Fac ORTHOPEDIC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
65	60	20	249						0.5			1	3		

0.0307

Specialty(s) Performing Procedure

54.4% ORTHOPEDIC SURGERY
33.2% HAND SURGERY
10.9% PLASTIC AND RECONSTRUCTIVE SURGERY

21556		090	7.66	AAOS, ACS, AOFAS, APMA, ASPS, ASSH, AAO-HNS	Total:	3,009		Feb09
Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm					NF Total	304	Top NF GENERAL SURGERY	
					Fac Total	2,705	Top Fac OTOLARYNGOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
68	60	25	234						0.5			1	2		

0.0455

Specialty(s) Performing Procedure

40.3% OTOLARYNGOLOGY
39.7% GENERAL SURGERY
10.0% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
49505		090	7.96	ACS	Total:	74,776		**Aug05**
Repair initial inguinal hernia, age 5 years or older; reducible					NF Total	383	Top NF GENERAL SURGERY	
					Fac Total	74,393	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
50	70	20	198						0.5			1	1		

0.0645

Specialty(s) Performing Procedure

93.0% GENERAL SURGERY
1.9% VASCULAR SURGERY
1.4% UROLOGY

67904		090	7.97	AAO	Total:	50,906		**Aug05**
Repair of blepharoptosis; (tarso) levator resection or advancement, external approach					NF Total	5,683	Top NF OPHTHALMOLOGY	
					Fac Total	45,223	Top Fac OPHTHALMOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
35	45	15	185						0.5			3	1		

0.0892

Specialty(s) Performing Procedure

93.0% OPHTHALMOLOGY
5.7% PLASTIC AND RECONSTRUCTIVE SURGERY
0.8% OTOLARYNGOLOGY

33207		090	8.05	ACC	Total:	22,159		**Apr07**
Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular					NF Total	37	Top NF CARDIOLOGY	
					Fac Total	22,122	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	60	30	239		1				1				1		

0.0493

Specialty(s) Performing Procedure

58.4% CARDIOLOGY
29.4% CARDIAC ELECTROPHYSIOLOGY
3.3% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
54530		090	8.46	AUA	Total:	1,262		Feb08
Orchiectomy, radical, for tumor; inguinal approach					NF Total	3	Top NF UROLOGY	
					Fac Total	1,259	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
83	60	30	247						0.5			2	1		

0.0597

Specialty(s) Performing Procedure

96.0% UROLOGY
3.2% GENERAL SURGERY
0.4% SURGICAL ONCOLOGY

14001		090	8.78	AAD, AAO-HNS, ACS, ASPS	Total:	9,142		Oct08
Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm					NF Total	4,307	Top NF DERMATOLOGY	
					Fac Total	4,835	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
49	105	26	291						0.5				4		

0.0266

Specialty(s) Performing Procedure

34.4% DERMATOLOGY
30.0% PLASTIC AND RECONSTRUCTIVE SURGERY
22.0% GENERAL SURGERY

28003		090	9.06	AAOS, APMA	Total:	4,275		Oct10
Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas					NF Total	734	Top NF PODIATRY	
					Fac Total	3,541	Top Fac PODIATRY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
51	53	20	323	1	1				1			2	3		

0.0072

Specialty(s) Performing Procedure

74.0% PODIATRY
11.2% ORTHOPEDIC SURGERY
7.9% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
49507		090	9.09	ACS	Total:	12,202		Feb11
Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated					NF Total	51	Top NF GENERAL SURGERY	
					Fac Total	12,151	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
63	70	40	231						0.5			1	1		

0.0711

Specialty(s) Performing Procedure

92.4% GENERAL SURGERY
2.2% VASCULAR SURGERY
1.5% COLORECTAL SURGERY(FORMERLY PROCTOLOGY)

50593		010	9.13	SIR, ACR, AUA	Total:	1,786		Apr07
Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy					NF Total	8	Top NF INTERVENTIONAL RADIOLOGY	
					Fac Total	1,778	Top Fac DIAGNOSTIC RADIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
65	90	20	217						0.5				1		

0.0640

Specialty(s) Performing Procedure

72.6% DIAGNOSTIC RADIOLOGY
17.0% INTERVENTIONAL RADIOLOGY
10.1% UROLOGY

14060		090	9.23	AAD, AAO-HNS, ACS, ASPS	Total:	94,991		Aug05
Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less					NF Total	61,750	Top NF DERMATOLOGY	
					Fac Total	33,241	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
30	60	15	183									2	2		

0.0899

Specialty(s) Performing Procedure

55.9% DERMATOLOGY
21.2% PLASTIC AND RECONSTRUCTIVE SURGERY
10.8% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
15576		090	9.37	AAO_HNS, ACS, ASPS	Total:	3,804		Oct08
Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral					NF Total	1,515	Top NF DERMATOLOGY	
					Fac Total	2,289	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
70	90	30	271						0.5			1	2		

0.0484

Specialty(s) Performing Procedure

36.0% DERMATOLOGY
33.1% PLASTIC AND RECONSTRUCTIVE SURGERY
14.8% OPHTHALMOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
50590		090	9.77	AUA	Total:	59,171		Apr12
Lithotripsy, extracorporeal shock wave					NF Total	725	Top NF UROLOGY	
					Fac Total	58,446	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
51	60	15	207						0.5			1	2		

0.0908

Specialty(s) Performing Procedure

99.7% UROLOGY
0.1% GENERAL SURGERY
0.1% EMERGENCY MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
21015		090	9.89	AAOS, AAO-HNS, ACS, AOFAS, APMA, ASPS, ASSH	Total:	1,294		Feb09
Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm					NF Total	289	Top NF PLASTIC AND RECONSTRUCTIVE SUR	
					Fac Total	1,005	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
68	75	30	277						0.5			1	3		

0.0527

Specialty(s) Performing Procedure

52.0% PLASTIC AND RECONSTRUCTIVE SURGERY
15.9% GENERAL SURGERY
14.8% OTOLARYNGOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
21025		090	10.03	AAOMS, ADA	Total:	1,596		Feb08
Excision of bone (eg, for osteomyelitis or bone abscess); mandible					NF Total	810	Top NF ORAL SURGERY	
					Fac Total	786	Top Fac MAXILLOFACIAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
85	90	30	283									2	2		

0.0530

Specialty(s) Performing Procedure

40.7% ORAL SURGERY
39.6% MAXILLOFACIAL SURGERY
15.4% OTOLARYNGOLOGY

47562		090	10.47	ACS, ASGS	Total:	114,008		Aug05
Laparoscopy, surgical; cholecystectomy					NF Total	336	Top NF GENERAL SURGERY	
					Fac Total	113,672	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
65	80	25	251						0.5			1	2		

0.0701

Specialty(s) Performing Procedure

93.8% GENERAL SURGERY
1.7% VASCULAR SURGERY
1.2% COLORECTAL SURGERY(FORMERLY PROCTOLOGY)

60220		090	11.19	ACS, AAO-HNS	Total:	8,225		Oct10
Total thyroid lobectomy, unilateral; with or without isthmusectomy					NF Total	34	Top NF OTOLARYNGOLOGY	
					Fac Total	8,191	Top Fac OTOLARYNGOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
72	90	40	267						0.5				2		

0.0710

Specialty(s) Performing Procedure

54.7% OTOLARYNGOLOGY
39.5% GENERAL SURGERY
2.6% SURGICAL ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
58660		090	11.59	ACOG	Total:	1,588		Apr97
Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)					NF Total	17	Top NF	OBSTETRICS/GYNECOLOGY
					Fac Total	1,571	Top Fac	OBSTETRICS/GYNECOLOGY

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
48	90	30	210						0.5				1		

0.0916

Specialty(s) Performing Procedure

75.7% OBSTETRICS/GYNECOLOGY
12.1% GENERAL SURGERY
6.3% GYNECOLOGY/ONCOLOGY

57288		090	12.13	AUA, ACOG	Total:	29,371		Oct10	
Sling operation for stress incontinence (eg, fascia or synthetic)					NF Total	165	Top NF	OBSTETRICS/GYNECOLOGY	
					Fac Total	29,206	Top Fac	OBSTETRICS/GYNECOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
55	60	27	246						0.5			1	3		

0.1080

Specialty(s) Performing Procedure

56.4% OBSTETRICS/GYNECOLOGY
42.4% UROLOGY
0.7% GYNECOLOGY/ONCOLOGY

58720		090	12.16	ACOG	Total:	3,377		Sept05	
Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)					NF Total	10	Top NF	OBSTETRICS/GYNECOLOGY	
					Fac Total	3,367	Top Fac	OBSTETRICS/GYNECOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
52	90	30	309	1	1				1			1	1		

0.0621

Specialty(s) Performing Procedure

50.6% OBSTETRICS/GYNECOLOGY
24.6% GYNECOLOGY/ONCOLOGY
16.7% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
53445		090	13.00	AUA	Total:	1,971		Feb08
Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff					NF Total	7	Top NF UROLOGY	
					Fac Total	1,964	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
85	90	35	314						0.5			1	3		

0.0730

Specialty(s) Performing Procedure

99.6% UROLOGY
0.3% GENERAL SURGERY
0.1% PLASTIC AND RECONSTRUCTIVE SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
52649		090	14.56	AUA	Total:	3,227		Oct10
Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)					NF Total	60	Top NF UROLOGY	
					Fac Total	3,167	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
53	120	25	279						0.5			1	2		

0.0831

Specialty(s) Performing Procedure

99.9% UROLOGY
0.1% PHYSICIANS ASSISTANT
0.0% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
38571		010	14.76	AUA	Total:	9,912		Aug95
Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy					NF Total	19	Top NF UROLOGY	
					Fac Total	9,893	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	180		272									2			

0.0692

Specialty(s) Performing Procedure

80.0% UROLOGY
15.1% GYNECOLOGY/ONCOLOGY
4.2% OBSTETRICS/GYNECOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
33249		090	15.17	ACC	Total:	50,871		May99
Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber					NF Total	97	Top NF CARDIOLOGY	
					Fac Total	50,774	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	120		249										3		

0.0910

Specialty(s) Performing Procedure

51.3% CARDIOLOGY
43.5% CARDIAC ELECTROPHYSIOLOGY
2.6% INTERNAL MEDICINE

52601		090	15.26	AUA	Total:	48,179		Aug05
Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)					NF Total	237	Top NF UROLOGY	
					Fac Total	47,942	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	75	40	355	2	1				1			1	2		

0.0883

Specialty(s) Performing Procedure

99.5% UROLOGY
0.3% GENERAL SURGERY
0.1% GENERAL PRACTICE

60500		090	15.60	AAOS, ACS	Total:	14,905		Oct10
Parathyroidectomy or exploration of parathyroid(s);					NF Total	39	Top NF GENERAL SURGERY	
					Fac Total	14,866	Top Fac GENERAL SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
72	120	40	313						0.5			1	2		

0.0860

Specialty(s) Performing Procedure

58.9% GENERAL SURGERY
30.0% OTOLARYNGOLOGY
5.2% SURGICAL ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
58150		090	17.31	ACOG	Total:	9,107		Sept05
Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);					NF Total	44	Top NF OBSTETRICS/GYNECOLOGY	
					Fac Total	9,063	Top Fac OBSTETRICS/GYNECOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	120	30	394	3	1				1				2		

0.0712

Specialty(s) Performing Procedure

66.8% OBSTETRICS/GYNECOLOGY
27.6% GYNECOLOGY/ONCOLOGY
2.5% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
50220		090	18.68	AUA	Total:	1,502		Aug95
Nephrectomy, including partial ureterectomy, any open approach including rib resection;					NF Total	6	Top NF UROLOGY	
					Fac Total	1,496	Top Fac UROLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	120	45	432	5					1				3		

0.0695

Specialty(s) Performing Procedure

77.0% UROLOGY
17.8% GENERAL SURGERY
2.6% SURGICAL ONCOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
15738		090	19.04	ASPS	Total:	5,819		Aug95
Muscle, myocutaneous, or fasciocutaneous flap; lower extremity					NF Total	180	Top NF PLASTIC AND RECONSTRUCTIVE SUR	
					Fac Total	5,639	Top Fac PLASTIC AND RECONSTRUCTIVE SUR	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	150	30	460	6					1		1	2	1		

0.0605

Specialty(s) Performing Procedure

68.7% PLASTIC AND RECONSTRUCTIVE SURGERY
10.3% VASCULAR SURGERY
7.9% GENERAL SURGERY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
37215		090	19.68	AAN, AANS, ACC, ACR ASITN, SCAI, SIR, SVS	Total:	8,068		Apr04
Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection					NF Total	4	Top NF CARDIOLOGY	
					Fac Total	8,064	Top Fac CARDIOLOGY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
90	103	30	347		1				1				2		

0.1223

Specialty(s) Performing Procedure

48.3% CARDIOLOGY
22.2% VASCULAR SURGERY
7.2% DIAGNOSTIC RADIOLOGY

50546		090	21.87	AUA	Total:	1,903		May99	
Laparoscopy, surgical; nephrectomy, including partial ureterectomy					NF Total	4	Top NF UROLOGY		
					Fac Total	1,899	Top Fac UROLOGY		

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
60	205	18	467	3					1				2	1	

0.0641

Specialty(s) Performing Procedure

91.3% UROLOGY
7.7% GENERAL SURGERY
0.6% PEDIATRIC MEDICINE

55866		090	32.06	AUA	Total:	13,161		Oct09	
Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed					NF Total	30	Top NF UROLOGY		
					Fac Total	13,131	Top Fac UROLOGY		

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
68	210	30	512		1				1				2	2	

0.1070

Specialty(s) Performing Procedure

99.3% UROLOGY
0.3% SURGICAL ONCOLOGY
0.2% EMERGENCY MEDICINE

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
33533		090	33.75	STS	Total:	65,044		Apr12
Coronary artery bypass, using arterial graft(s); single arterial graft					NF Total	79	Top NF THORACIC SURGERY	
					Fac Total	64,965	Top Fac CARDIAC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
95	158	40	682	1	1	3	1		1			1		1	

0.0956

Specialty(s) Performing Procedure

53.3% CARDIAC SURGERY
39.5% THORACIC SURGERY
3.1% CARDIOLOGY

33426		090	43.28	STS	Total:	5,816		Aug05							
Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring					NF Total	9	Top NF THORACIC SURGERY								
					Fac Total	5,807	Top Fac CARDIAC SURGERY								

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
95	205	40	776	1	2	3	1		1				1	1	

0.1110

Specialty(s) Performing Procedure

54.2% CARDIAC SURGERY
38.3% THORACIC SURGERY
2.8% CARDIOLOGY

33512		090	43.98	STS	Total:	1,896		Aug05							
Coronary artery bypass, vein only; 3 coronary venous grafts					NF Total	2	Top NF CARDIAC SURGERY								
					Fac Total	1,894	Top Fac CARDIAC SURGERY								

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
95	213	40	832	1	2	4	1		1			1		1	

0.1030

Specialty(s) Performing Procedure

55.3% CARDIAC SURGERY
37.9% THORACIC SURGERY
3.2% CARDIOLOGY

CPT Code	Description	Global Period	Work RVU	Specialty Society(s) Who Submitted Code	2013 Medicare Utilization Data			Reviewed by RUC?
33863		090	58.79	STS	Total:	1,773		Aug05
Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)					NF Total	0	Top NF CARDIOLOGY	
					Fac Total	1,773	Top Fac CARDIAC SURGERY	

RUC Time Elements

Service Period Time				Hospital Visits				Post Operative Visits			Office Visits				
Pre	Intra	Post	Total	99231	99232	99233	99291	99292	99238	99239	99211	99212	99213	99214	99215
95	287	40	905	1	2	3	2		1					1	

0.1210

Specialty(s) Performing Procedure

55.2% CARDIAC SURGERY
37.3% THORACIC SURGERY
3.3% GENERAL SURGERY

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request Final Rule for 2014

April 2014

Duplex Scans

In 2011, CMS identified CPT code 93880 as potentially misvalued through the CMS High Expenditure Procedural Codes screen. The specialty societies added CPT code 93882 to be reviewed as part of this family of services. The RUC submitted recommendations for codes 93880 and 93882 for CY 2014. In the 2013 PFS Final Rule with comment period, CMS reviewed 93925 and 93926, which were identified through the CMS-Other - Utilization over 500,000 screen. CMS disagreed with the respective AMA RUC recommended work RVUs of 0.90 and 0.70 and established interim final values of 0.80 and 0.50 instead. CMS believes the AMA RUC recommended values for these two sets of codes do not maintain the appropriate relative values within the family of duplex scans. In addition to these four codes, there are several other duplex scan codes that may fit within this family, including CPT codes: 93930, 93970, 93971, 93975, 93976 and 93979. CMS is concerned that the AMA RUC recommended values for 93880 and 93882, as well as the interim final values for 93925 and 93926, do not maintain the appropriate relativity within this family and CMS requested that the AMA RUC assess relativity among the entire family of codes and then recommend appropriate work RVUs. CMS also requests that the AMA RUC consider CPT codes 93886 and 93888 in conjunction with the duplex scan codes in order to assess the relativity between and among these codes. Therefore, CMS will maintain the CY 2013 RVUs for CPT codes 93880 and 93882 on an interim final basis until they receive further recommendations from the AMA RUC.

DUPLEX SCANS

Compelling Evidence

The specialty societies presented compelling evidence that these codes are currently misvalued. First, there has been a change in the physician work, technique and provider since the last valuation as part of the First Five-Year Review in 1995. There are much more complex, detailed practice guidelines established for these procedures that were not in existence when the first Medicare Physician Payment Schedule was created in 1992 or during the first Five-Year Review. The Intersocietal Commission for Accreditation of Vascular Laboratories (ICAVL) has published an extensive list of B-mode, color Doppler and Doppler waveform analysis and the exams must evaluate sites of endovascular interventions that were essentially never performed in any significant volume 25 years ago, but are common now. In addition, previously colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate arterial wall characteristics and plaque morphology. Compared to review of static images printed on x-ray film, new video archiving technology provides for the interpretation of more images, more sophisticated velocity waveforms, and more post-processing of the acquired data. Finally, the dominant specialty has changed. In 1995, Radiology presented this code to the RUC. At that time the dominant provider was radiology, accounting for 40% of the total Medicare

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

claims for this service (global + -26), and neither Cardiology nor Vascular Surgery were involved in presenting this code during the first Five-Year Review. In 2013, Cardiology and Vascular Surgery are the dominant providers of these services, with Radiology representing a substantially smaller percentage of the claims.

Additionally, there are rank order anomalies within the family of vascular duplex codes. Surveying all codes together has highlighted several anomalies within the current database. Specifically, 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). **The RUC agreed that there is compelling evidence that codes 93880, 93882, 93925, 93926, 93930, 93931, 93978 and 93979 are potentially misvalued.**

93880 *Duplex scan of extracranial arteries; complete bilateral study*
The RUC reviewed the survey results from79 radiologists, cardiologists and vascular surgeons and agreed that the survey 25th percentile work RVU of 0.80 for CPT code 93880 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC noted that the intra-service time was slightly higher than the 2012 survey. The specialties noted that the current survey is from a larger sample and the 15 minutes of intra-service time is consistent and appropriate in relation to the family of services. The RUC compared 93880 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab codes, however, there is a difference in the body area and type of blood vessels imaged. CPT code 93880 is an arterial examination which is more intense and complex than a venous examination. Additionally, 93880 is a study of a complete carotid duplex which is more intense, there are more images to review and interpret and complications are more severe than a study of the extremities as in 93970, therefore 93880 is appropriately valued higher than 93970. The RUC compared the surveyed code to MPC code 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient,* (work RVU= 0.76) and noted that 93880 requires more physician work and time and should be valued slightly higher. The RUC also compared the surveyed code to MPC code76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81) and agreed that both services require similar physician work and time and should thus be valued similarly. The RUC also noted that this service requires the same time as 93925 and 93930 (total time of 25 minutes) and therefore the RUC is recommending the same work RVU for these three services. **The RUC recommends a work RVU of 0.80 for CPT code 93880.**

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

93882 ***Duplex scan of extracranial arteries; unilateral or limited study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and agreed that the survey 25th percentile work RVU of 0.50 for CPT code 93882 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC reviewed the key reference service CPT code 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* (work RVU= 0.45) and agreed that both codes have identical intra-service time of 10 minutes, with analogous physician work. Therefore, the recommended work value of 0.50 accurately values 93882 in comparison to this reference code. Additionally, the RUC compared the surveyed code to MPC code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56) and agreed that both services have identical intra-service time of 10 minutes and should be valued similarly. Finally, the RUC reviewed MPC code 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.48) and noted that this reference code should be valued slightly lower than 93882 because it requires slightly less physician work and time, 16 versus 20 minutes total time, to perform. **The RUC recommends a work RVU of 0.50 for CPT code 93882.**

93925 ***Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study***
The RUC reviewed the survey results from 57 radiologists, cardiologists and vascular surgeons and determined that the survey 25th percentile work RVU of 0.80 for CPT code 93925 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93925 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab studies performed on lower extremities, however, there is a difference in the body area and type of blood vessels imaged. CPT code 93925 is an arterial examination which is more intense and complex than a venous examination and therefore is appropriately valued higher than 93970. The RUC compared the surveyed code to MPC code 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient* (work RVU= 0.76) and noted that 93925 requires more physician work and physician time and should be valued slightly higher. The RUC also compared the surveyed code to MPC code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81) and agreed that both services require similar physician work and time and should thus be valued similarly. The RUC also noted that this service requires the same time as 93880 and 93930 (total time of 25 minutes) and therefore the RUC is recommending the same work RVU for these three services. **The RUC recommends a work RVU of 0.80 for CPT code 93925.**

93926 ***Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study***
The RUC reviewed the survey results from 57 radiologists, cardiologists and vascular surgeons and agreed that the survey 25th percentile work RVU of 0.60 for CPT code 93926 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC reviewed the key reference service CPT code 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* (work RVU= 0.45) and agreed that both codes have identical intra-service time, 10 minutes, however 93926 is an arterial examination which is more intense and complex than a venous examination. Therefore, the recommended work value of 0.60 accurately values 93926 in comparison

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

to this reference code. Additionally, the RUC compared the surveyed code to MPC codes 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.48) and noted that this reference code should be valued slightly lower than 93926 because it requires slightly less physician work and time, 16 versus 20 minutes total time, to perform and 76817 *Ultrasound, pregnant uterus, real time with image documentation, transvaginal* (work RVU = 0.75) and noted that 76817 requires more physician work and time to perform and is appropriately valued higher. The RUC noted that this service is appropriately valued higher than the extracranial and upper extremity arteries duplex scans services and it requires more work to perform on a larger and more complex area. **The RUC recommends a work RVU of 0.60 for CPT code 93926.**

93930 ***Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and determined that the survey median work RVU of 0.80 for CPT code 93930 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93930 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab studies performed on lower extremities. However, there is a difference in the body area and type of blood vessels imaged. CPT code 93930 is an arterial examination which is more intense and complex than a venous examination and therefore is appropriately valued higher than 93970. The RUC compared the surveyed code to MPC code 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient,* (work RVU= 0.76) and noted that 93880 requires more physician work and more physician time have similar and should be valued slightly higher. The RUC also compared the surveyed code to MPC code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81) and agreed that both codes have similar physician work and time and should thus be valued similarly. The RUC also noted that this service requires the same time as 93880 and 93925 (total time of 25 minutes) and therefore the RUC is recommending the same work RVU for these three services. **The RUC recommends a work RVU of 0.80 for CPT code 93930.**

93931 ***Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and agreed that the survey 25th percentile work RVU of 0.50 for CPT code 93931 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC reviewed the key reference service CPT code 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* (work RVU= 0.45) and agreed that both codes have identical intra-service time, 10 minutes, with analogous physician work. However, 93931 is a limited scan on the upper extremities and the key reference service is a venous study. Therefore, the recommended work value of 0.50 accurately values 93931 in comparison to this reference code. Additionally, the RUC compared the surveyed code to MPC code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56) and agreed that both services have identical intra-service time of 10 minutes and should be valued similarly. Finally, the RUC reviewed MPC codes 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.48) and noted that this reference code

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

should be valued slightly lower than 93931 because it requires slightly less physician work and time, 16 versus 20 minutes total time, to perform. **The RUC recommends a work RVU of 0.50 for CPT code 93931.**

93970 ***Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study***
The specialty societies did not survey CPT code 93970, as it was recently surveyed, reviewed by the RUC and a recommendation was submitted and accepted by CMS for CPT 2013. The physician work has remained the same for the last 20 years for this service. Therefore, the specialty societies determined it did not warrant another survey and would serve appropriately as anchor references for this family of services. The RUC agreed that reaffirming the current work value from CPT 2013 is appropriate. **The RUC recommends maintaining the work RVU of 0.70 for CPT code 93970.**

93971 ***Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study***
The specialty societies did not resurvey CPT code 93971, as it was recently surveyed, reviewed by the RUC and a recommendation was submitted and accepted by CMS for CPT 2012. The physician work has remained the same for the last 20 years for this service. Therefore, the specialty societies determined it did not warrant another survey and would serve appropriately as anchor references for this family of services. The RUC agreed that reaffirming the current work value from CPT 2013 is appropriate. **The RUC recommends maintaining the work RVU of 0.45 for CPT code 93971.**

93975 ***Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study***
The RUC reviewed the survey results from 54 radiologists, cardiologists and vascular surgeons and determined that the survey median work RVU of 1.30 for CPT code 93975, a decrease from the current value, appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 20 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93975 to the key reference service 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* (work RVU= 1.30) and agreed that both services have analogous physician work and time and should be valued the same. The RUC also referenced MPC codes 99238 *Hospital discharge day management; 30 minutes or less* (work RVU= 1.28) and 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU= 1.40) and determined that the recommended work RVU of 1.30 places this service relative to other similar services. **The RUC recommends a work RVU of 1.30 for CPT code 93975.**

93976 ***Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study***
The RUC reviewed the survey results from 53 radiologists, cardiologists and vascular surgeons and determined that the survey median work RVU of 1.00 for CPT code 93976, a decrease from the current value, appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93976 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab studies. However, there is a difference in

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

the body area and type of blood vessels imaged. CPT code 93976 is a limited study that involves both arterial inflow and venous outflow examination of an organ and is therefore more intense. Likewise, 93976 is more intense than 93880, 93925 and 93930 because it includes both a study of arterial inflow and venous outflow of organ systems and is appropriately valued higher. CPT code 93976 relies more on the interpretation of Doppler wave forms which are non-numerical and use deep Doppler which is more complex; therefore there is an increased complexity to interpret the Doppler spectrum. The RUC also referenced MPC codes 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.97) and 95805 *Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness* (work RVU= 1.20) and determined that the recommended work RVU of 1.00 places this service relative to other similar services. **The RUC recommends a work RVU of 1.00 for CPT code 93976.**

93978 ***Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and determined that the survey median work RVU of 0.97 for CPT code 93978 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93978 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab studies, however, there is a difference in the body area and type of blood vessels imaged. CPT code 93978 is an abdominal duplex evaluation that is complicated by visual obstruction from overlying bowel and adipose tissue making imaging more difficult, intense and complex to perform compared to the key reference service. The RUC also referenced MPC codes 78306 *Bone and/or joint imaging; whole body* (work RVU= 0.86) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.97) and determined that the recommended work RVU of 0.97 places this service relative to other similar services. **The RUC recommends a work RVU of 0.97 for CPT code 93978.**

93979 ***Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and determined that the survey 25th percentile work RVU of 0.70 for CPT code 93979 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC noted that 93979 requires slightly less work than the complete studies (93880, 93925 and 93930) and is appropriately valued lower. The RUC compared 93979 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are analogous and should be valued the same. The RUC also referenced MPC codes 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.48) and 78306 *Bone and/or joint imaging; whole body* (work RVU= 0.86) and determined that the recommended work RVU of 0.70 places this service relative to other similar services. **The RUC recommends a work RVU of 0.70 for CPT code 93979.**

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

TRANSCRANIAL DOPPLER STUDIES

The specialty societies indicated that the valuation source for these services is CMS/Other and these services were never previously surveyed, therefore it is not apparent how a valuation was developed. Additionally, the dominant providers are neurology and radiology, different than the duplex scan codes. However, CMS requested that these services be surveyed and reviewed with the duplex scan codes. The RUC agreed that there is compelling evidence that codes 93886 and 93888 are potentially misvalued.

93886 ***Transcranial Doppler study of the intracranial arteries; complete study***
The RUC reviewed the survey results from 44 neurologists and radiologists and determined that the survey median work RVU of 1.00 for CPT code 93886 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 17 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93886 to the key reference service 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU= 1.08) and agreed that both services are analogous and should be valued similarly. The RUC also referenced MPC codes 94004 *Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day* (work RVU= 1.00) and 95805 *Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness* (work RVU= 1.20) and determined that the recommended work RVU of 1.00 places this service relative to other similar services. Lastly, the RUC noted that this service is appropriately valued higher than the duplex scan codes, as the typical patient is critically ill, possibly in a coma, therefore it is more challenging to identify the arteries and more difficult to complete the measurements. **The RUC recommends a work RVU of 1.00 for CPT code 93886.**

93888 ***Transcranial Doppler study of the intracranial arteries; limited study***
The RUC reviewed the survey results from 32 neurologists and radiologists and determined that the survey median work RVU of 0.70 for CPT code 93888 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93888 to the key reference service 76821 *Doppler velocimetry, fetal; middle cerebral artery* (work RVU= 0.70) and agreed that both services require the same physician work and time should be valued the same. The RUC also referenced MPC codes76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.97) and determined that the recommended work RVU of 0.70 places this service relative to other similar services. Lastly, the RUC noted that this service is appropriately valued higher than the duplex scan codes, as the typical patient is critically ill, possibly in a coma, therefore it is more challenging to identify the arteries and more difficult to complete the measurements. **The RUC recommends a work RVU of 0.70 for CPT code 93888.**

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

Practice Expense
The Practice Expense Subcommittee made minor modifications to the direct practice expense inputs. The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
93880	Duplex scan of extracranial arteries; complete bilateral study	XXX	0.80
93882	Duplex scan of extracranial arteries; unilateral or limited study	XXX	0.50
93886	Transcranial Doppler study of the intracranial arteries; complete study	XXX	1.00
93888	Transcranial Doppler study of the intracranial arteries; limited study	XXX	0.70
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	XXX	0.80
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	XXX	0.60

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

93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	XXX	0.80
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	XXX	0.50
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	XXX	0.70 (No Change)
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	XXX	0.45 (No Change)
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	XXX	1.30
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	XXX	1.00
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	XXX	0.97
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	XXX	0.70

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

SVS®
Society for Vascular Surgery

633 North Saint Clair Street, 22nd Floor • Chicago, Illinois 60611 • Phone 800-258-7188 • Fax 312-334-2320 • Web www.VascularWeb.org

April 1, 2014

Barbara Levy, MD
Chair, AMA RUC
AMA Chicago Headquarters
515 N. State Street
Chicago, IL 60654

Re: Tabs 33 and 40 Duplex Scans and Doppler Flow Testing

Dear Dr. Levy:

Tabs 33 (and 40) represent a complete review of the vascular lab duplex family. This review was requested as a result of the survey and recommendations for 93880 and 93882. CPT Code 93880 was identified through two screens for review: 1) Identified by the RAW as a code with source "CMS/Other" and Medicare utilization 500,000 or more; and 2) Identified by CMS in the 2011 proposed rule for CY 2012 as one of 70 high expenditure procedures. A multispecialty survey was performed and the results presented to the RUC in October 2012. Compelling evidence requirements were met. The RUC approved the median survey value of 0.80 RVW for 93880, an increase in value. When reviewing the RUC recommendation, CMS raised concerns about relativity within the family of duplex vascular lab codes. They kept the current value as interim and requested that the entire family be reviewed for the current cycle.

In the Medicare Fee Schedule final rule, CMS defined the family of "Duplex Scans" as CPT Codes 93880, 93882, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978 and 93979. They also request that the AMA RUC consider CPT codes 93886 and 93888 in conjunction with the duplex scan codes in order to assess the relativity between and among these codes. CPT code 93990 (Tab 40) was on the agenda for the April RUC meeting and we included it in our duplex family. CPT Codes 93886 and 93888 are being presented by the dominant specialty, neurology.

Methodology

Of the 13 codes in the family, 6 have been surveyed and presented to the RUC within the past three years. CPT Code 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* was presented at the April 2011 RUC meeting. The survey data confirmed the existing value in the database as correct as it was almost identical to the median survey values. A recommendation was made to maintain the current value of 0.45 RVW that has been constant since 1996. This recommendation was accepted by CMS. CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was presented at the April 2012 RUC meeting. The survey data showed a slight increase in work from the previous value.

Compelling evidence was presented and accepted by the RUC. The median survey value of 0.70 RVW was recommended and agreed upon by the RUC. This recommendation was accepted by CMS. The fact that this pair of codes have been recently surveyed, vetted by the RUC, and approved by CMS in combination with the fact that the RVWs have remained essentially stable for over 20 years led us to the conclusion that the values for these codes are correct, that they did not warrant repeat survey, and that they could serve appropriately as anchor references for the family.

Compelling Evidence

Compelling evidence has been previously presented and accepted by the RUC for CPT Codes 93880, 93882, 93925, and 93926. This was based on change in physician work and flawed methodology. The change in physician work is due to advances in technology and technique, as well as increased rigor in reporting standards. The flawed methodology is from lack of RUC survey inputs in the database and change in dominant provider. These arguments also apply to CPT Codes 93930, 93931, 93978, 93979, and 93990. CMS raised concerns about relativity within the family. Upon closer examination, we have found that they were indeed correct. Surveying all 11 codes together has highlighted several anomalies within the current database. Specifically, 93970 (Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study) is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 (Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study) is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). We believe that all of these reasons combine to provide compelling evidence for the family as a whole to be revalued.

We look forward to presenting Tabs 33 and 40 at the upcoming April RUC meeting. If you have any questions please contact trishacrishock@gmail.com.

Regards,

Matthew Sideman, MD
SVS RUC Advisor

cc: Zeke Silva, MD
Richard Wright, MD
Sherry Smith

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93880 Tracking Number

Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
RUC Recommended RVU: **0.80**

Global Period: XXX

CPT Descriptor: Duplex scan of extracranial arteries; complete bilateral study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old hypertensive, hyperlipidemic female with a 50 pack-year history of smoking has a carotid bruit. A complete bilateral extracranial duplex ultrasound exam is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: The noninvasive diagnostic test requisition form is reviewed, noting the patient's medical history, risk factors, and clinical history providing the indication for the examination. Previous diagnostic studies that may be used for comparative surveillance or to diagnose disease progression are reviewed..

Description of Intra-Service Work: The technologist's identification of the arterial structures of both sides of the neck is supervised, including the common carotid, internal carotid, external carotid, and vertebral arteries. The recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations is examined, per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from prestenotic, intrastenotic, and poststenotic regions of the affected arteries. It is ensured that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis is estimated based on angiographically determined grading scales. The final interpretation is synthesized, taking into account all available data to estimate severity of stenosis, plaque morphology, calcification, and hemodynamic significance. An interpretation is rendered indicating the severity, location, hemodynamic significance, and length of the arterial disease. Comparison to previous studies is provided, when prior results are available.

Description of Post-Service Work: A report of findings is dictated. The report is reviewed and signed. A copy of the report is sent to the referring physician and/or primary care provider. The images are archived. A verbal report of critical results is provided directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93880		
Sample Size:	5848	**Resp N:** 79	**Response:** 1.3 %
Description of Sample:	SVS - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	63.00	**120.00**	300.00	1250.00
Survey RVW:	0.25	0.80	**0.85**	1.25	2.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	93880	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

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

XXX Global Code

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

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

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
99231	XXX	0.76	**RUC Time**	11,494,690

CPT Descriptor 1 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.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 2 Bone imaging whole body

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 37 **% of respondents:** 46.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 93880**	**Key Reference CPT Code: 93970**	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**23.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.00	2.68
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.86	2.65
Urgency of medical decision making	3.14	3.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.35	3.08
Physical effort required	2.54	2.51
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.86	2.65
Outcome depends on the skill and judgment of physician	3.38	3.08
Estimated risk of malpractice suit with poor outcome	2.95	2.81

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.22	2.14
Intra-Service intensity/complexity	3.41	3.14

Post-Service intensity/complexity	2.51	2.38

Additional Rationale and Comments

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

Background

CPT Code 93880 was identified through two screens for review: 1) Identified by the RAW as a code with source "CMS/Other" and Medicare utilization 500,000 or more; and 2) Identified by CMS in the 2011 proposed rule for CY 2012 as one of 70 high expenditure procedures. A multispecialty survey was performed and the results presented to the RUC in October 2012. Compelling evidence requirements were met. The RUC approved the median survey value of 0.80 RVW for 93880, an increase in value. When reviewing the RUC recommendation, CMS raised concerns about relativity within the family of duplex vascular lab codes. They kept the current value as interim and requested that the entire family be reviewed for the current cycle.

Compelling Evidence (approved at October 2012 RUC)

We believe 93880 meets compelling evidence thresholds in three separate ways. First, accrediting bodies have established detailed practice guidelines for this procedure that were not in existence when the first fee schedule was created in 1992 and the value for this code was established nor during the First Five-Year Review. The oldest and most recognized multi-specialty noninvasive vascular diagnostic accrediting body is the Intersocietal Commission for Accreditation of Vascular Laboratories (ICAVL). While ICAVL did publish guidelines for extracranial cerebrovascular duplex exams in 1995, there was only minimal information regarding required documentation. Currently, ICAVL mandates an extensive list of B-mode, color Doppler and Doppler waveform analysis. An excerpt from the 2011 ICAVL guidelines states:

"Each examination performed in the laboratory must provide documentation as required by the protocol that is sufficient to allow proper interpretation, including but not limited to:
Gray scale images
Color Doppler images
Doppler waveforms
Velocity measurements
Other images and waveforms as required by the protocol
Other measurements as required by the protocol

For imaging equipment, abnormalities require additional images and waveforms that demonstrate the severity, location, extent and whenever possible etiology of the abnormality present. Documentation of areas of suspected stenosis or obstruction must include representative Doppler waveforms and velocity measurements recorded at and distal to the stenosis or obstruction. Documentation of sites of peripheral vascular intervention, including but not limited to sites of stenting, must include representative Doppler waveforms and velocity measurements recorded from the proximal, mid and distal site.

Extracranial Cerebrovascular Documentation
Long axis gray scale images must be documented as required by the protocol and must include as a minimum:
Common carotid artery
Carotid artery bifurcation
Internal carotid artery
Spectral Doppler waveforms and velocity measurements must be documented as required by the protocol and must include at a minimum:
Proximal common carotid artery
Mid/distal common carotid artery

Proximal internal carotid artery
Distal internal carotid artery as distal as possible
One site in the external carotid artery
One site in the vertebral carotid artery
Abnormalities require additional images, waveforms and velocity measurements"

While some of this work may have been performed for 93880 in 1995 when the RUC was considering compelling evidence, there were no minimum standards. The 93880 exam must now evaluate sites of endovascular interventions that were essentially never done in any significant volume 25 years ago, but are common now. Surgeons ordering these exams require accurate anatomic delineation of the carotid bifurcation vessels because carotid duplex ultrasound is oftentimes the only exam performed prior to carotid endarterectomy surgery. In 1995, colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate arterial wall characteristics and plaque morphology. Compared to review of static images printed on x-ray film, new video archiving technology provides for the interpretation of more images, more sophisticated velocity waveforms, and more post-processing of the acquired data. To summarize, while some subset of this information was collected in 1995 when 93880 was performed, accrediting agencies such as ICAVL now present standards that require a significantly more detailed and complex study. We provide this as the first line of compelling evidence, that the physician work of this procedure has changed since 1995 when 93880 was last (and superficially) evaluated.

Second, while lack of a RUC survey has not, in itself, been fully accepted as an independent criterion for compelling evidence, this service which is claimed over 3,000,000 times per year in Medicare has never undergone a RUC survey, and during the 1995 First Five-Year Review, no typical patient vignette was established. We believe lack of RUC survey is a strong supporting argument for compelling evidence threshold.

Finally, the dominant specialty has changed. In 1995 Radiology presented this code to the RUC (SCVIR now SIR). At that time the dominant provider was radiology, accounting for 40% of the total Medicare claims for this service (global + -26), and neither Cardiology or Vascular Surgery were involved in presenting this code during the First Five-Year Review. In 2012, Radiology represents a substantially smaller percentage of the global claims, and the combination of all non-radiological specialties accounted for more than 85% of these services. Cardiology is the dominant provider in the office setting, having provided 45% of office-based global 93880 services in 2012, while Vascular Surgery performed 15% of both office-based and facility based 93880 procedures.

In conclusion, we believe 93880 meets the compelling evidence threshold based on three separate lines of reasoning, any one of which could potentially suffice.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

We are recommending the 25th percentile survey value of 0.80 RVW for 93880.

Comparison with Key Reference Service

CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was chosen as the key reference service by 53% of the survey respondents. This code was surveyed and presented to the RUC in April 2012 after it was identified as a CMS/other code with over 500,000 utilization by the RAW in 2011. Compelling evidence was presented and the RUC approved the median survey value of 0.70 RVW. This value has been accepted by CMS. 93880 and 93970 are similar in that they are both vascular lab codes; however, they differ in the body area and type of blood vessels imaged.

An arterial examination is more intense than a venous examination justifying the slightly higher RVW of 0.80 for 93880 compared to 93970.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
93970	0.70	0.035	23	3	15	5
93880	0.80	0.038	25	5	15	5

Comparison to MPC codes

Comparison with E&M service code 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.

CPT 99231 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.76. Total physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93880 differs by five minutes. Code 99231 has identical pre and post-service time compared to 93880; however, 93880 has an additional 5 minutes of intra-service time. Given the comparison of similar times, the median survey value of 0.80 for 93880 is appropriate.

Comparison with Bone scan code 78306

Bone and/or joint imaging; whole body

CPT Code 78306 is an MPC code that was presented at the Third Five Year Review in August 2005 where a work RVU of 0.86 was reaffirmed. 78306 and 93880 have identical pre- and post-service times. Importantly, 93880 has seven more minutes of intra time, and despite this **additional** intra time difference, the recommended median survey RVW of 0.80 for 93880 is very similar to 0.86 RVUs for the MPC comparison. Thus, the comparison with MPC code 78306 fully supports the median survey value of 0.80 for code 93880.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99231	0.76	0.054	20	5	10	5
93880	0.80	0.038	25	5	15	5
78306	0.86	0.080	18	5	8	5

Additional Rationale

Comparison with Kidney Duplex Ultrasound 76776

Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation

The RVW of 76776 is 0.76 with a total RUC survey time of 20 minutes. CPT code 76776 was presented at the RUC in September 2005 and represents another form of diagnostic imaging using duplex Doppler. The physician intra-service time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93880 is 5 minutes more than the time allocated in 76776.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
76776	0.76	0.054	20	5	10	5

93880	0.80	0.038	25	5	15	5

Comparison of 93880 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified potentially misvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	**Duplex scan of extracranial arteries; complete bilateral study**	**0.80**	**0.038**	**25**	**5**	**15**	**5**
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

CPT Code 93880 was surveyed for the October 2012 RUC meeting with a median survey RVW of 0.80. This value was approved and recommended by the RUC but not accepted by CMS. A completely new survey done two years later of all vascular lab codes reaffirms the previous recommendation of 0.80 RVW for 93880. We have provided multiple points of comparison to support this recommendation. The first relates 93880 to the key reference service of 93970, another vascular lab study. They have similar times but the increased intensity of performing an arterial examination justifies the higher RVW for 93880. Comparison to two MPC codes, one below and one above, anchor our recommended value for 93880. An additional comparison relates 93880 to a duplex study of a transplant kidney. In this comparison, Code 93880 has five minutes more intra-time but a lower intensity making the RVWs similar. In each case, the time and intensity relationships support the 25th percentile survey work RVU of 0.80 for this complete bilateral extracranial arterial duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.80 appropriately places 93880 with other complete studies and near the top consistent with its intensity. We believe all of these comparisons convincingly justify our recommendation.

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) 93880

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 vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,813,755 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 1266190 Percentage 45.00 %

Specialty cardiology Frequency 422065 Percentage 15.00 %

Specialty radiology Frequency 253240 Percentage 9.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
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 93880

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:93882 Tracking Number

Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
RUC Recommended RVU: **0.50**

Global Period: XXX

CPT Descriptor: Duplex scan of extracranial arteries; unilateral or limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old hypertensive, hyperlipidemic female with a 50 pack-year history of smoking has a known total occlusion of her right internal carotid artery and a 70% stenosis in her left internal carotid artery based on a diagnostic study performed several months ago. She suffers a left hemispheric transient ischemic attack (TIA). A unilateral extracranial duplex ultrasound exam is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: The noninvasive diagnostic test requisition form is reviewed, noting the patient's medical history, risk factors, and clinical history providing the indication for the examination. Previous diagnostic studies that may be used for comparative surveillance or to diagnose disease progression are reviewed.

Description of Intra-Service Work: The technologist's identification of the arterial structures of one side of the neck or a limited examination of both sides is supervised. A complete examination of one side would include the common carotid, internal carotid, external carotid, and vertebral arteries. The recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined, per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are examined, including data from prestenotic, intrastenotic, and poststenotic regions of the affected arteries. It is ensured that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis is estimated based on angiographically determined grading scales. The final interpretation is synthesized, taking into account all available data to estimate severity of stenosis, plaque morphology, calcification, and hemodynamic significance. An interpretation is rendered indicating the severity, location, hemodynamic significance, and length of the arterial disease. Comparison to previous studies is provided, when prior results are available.

Description of Post-Service Work: A report of findings is dictated. The report is reviewed and signed. A copy of the report is sent to the referring physician and/or primary care provider. The images are archived. A verbal report of critical results is provided directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Micheal Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93882		
Sample Size:	5148	**Resp N:** 56	**Response:** 1.0 %
Description of Sample:	SVS - All SVS Membership - 3898 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	50.00	500.00
Survey RVW:	0.20	0.50	**0.60**	0.85	2.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	7.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	93882	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

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

XXX Global Code

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

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93971	XXX	0.45	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

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

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99407	XXX	0.50	**RUC Time**	71,030

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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	685,376

CPT Descriptor 2 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 21 **% of respondents:** 37.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 93882**	**Key Reference CPT Code:** 93971	**Source of Time** RUC Time

Median Pre-Service Time	5.00	3.00
Median Intra-Service Time	10.00	10.00
Median Immediate Post-service Time	5.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**20.00**	**18.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.76	2.48
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.67	2.43
Urgency of medical decision making	2.90	2.76
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.38	2.76
Physical effort required	2.43	2.43
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.90	2.62
Outcome depends on the skill and judgment of physician	3.43	3.05
Estimated risk of malpractice suit with poor outcome	2.95	2.76

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.81	1.71
Intra-Service intensity/complexity	3.05	2.67
Post-Service intensity/complexity	2.24	2.10

Additional Rationale and Comments

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

Background

CPT Code 93882 was submitted as a family member with CPT 93880 to the RUC in October 2012. Code 93880 was identified through two screens for review: 1) Identified by the RAW as a code with source "CMS/Other" and Medicare utilization 500,000 or more; and 2) Identified by CMS in the 2011 proposed rule for CY 2012 as one of 70 high expenditure procedures. A multispecialty survey was performed and the results presented to the RUC in October 2012. Compelling evidence requirements were met. The RUC approved the median survey value of 0.50 RVW for 93882, an increase in value. When reviewing the RUC recommendation, CMS raised concerns about relativity within the family of duplex vascular lab codes. They kept the current value as interim and requested that the entire family be reviewed for the current cycle.

Compelling Evidence (approved at October 2012 RUC)

We believe 93882 meets compelling evidence thresholds by three separate lines of evidence. First, accrediting bodies have established detailed practice guidelines for this procedure that were not in existence when 93882 was evaluated during the First Five-Year Review. The oldest and most recognized multi-specialty noninvasive vascular diagnostic accrediting body is the Intersocietal Commission for Accreditation of Vascular Laboratories (ICAVL). While ICAVL did publish guidelines for 93882 in 1995, an extensive list of mandatory images and Doppler spectra has been added. There was nothing like this in 1995. The 2011 ICAVL guidelines state:

"Each examination performed in the laboratory must provide documentation as required by the protocol that is sufficient to allow proper interpretation, including but not limited to:
Gray scale images
Color Doppler images
Doppler waveforms
Velocity measurements
Other images and waveforms as required by the protocol
Other measurements as required by the protocol

For imaging equipment, abnormalities require additional images and waveforms that demonstrate the severity, location, extent and whenever possible etiology of the abnormality present. Documentation of areas of suspected stenosis or obstruction must include representative Doppler waveforms and velocity measurements recorded at and distal the stenosis or obstruction. Documentation of sites of peripheral vascular intervention, including but not limited to sites of stenting, must include representative Doppler waveforms and velocity measurements recorded from the proximal, mid and distal site.

Extracranial Cerebrovascular Documentation
Long axis gray scale images must be documented as required by the protocol and must include as a minimum:
Common carotid artery
Carotid artery bifurcation
Internal carotid artery
Spectral Doppler waveforms and velocity measurements must be documented as required by the protocol and must include at a minimum:
Proximal common carotid artery
Mid/distal common carotid artery
Proximal internal carotid artery
Distal internal carotid artery as distal as possible
One site in the external carotid artery
One site in the vertebral carotid artery
Abnormalities require additional images, waveforms and velocity measurements"

While some of this work would have been performed for 93882 in 1995, there were no minimum standards. The 93882 exam must now evaluate sites of endovascular interventions that were essentially never done in any significant volume 25 years ago but are common now. Surgeons ordering these exams demand accurate anatomic delineation of the carotid bifurcation vessels because the carotid duplex ultrasound is oftentimes the only exam performed prior to carotid endarterectomy surgery. In 1995, colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate arterial wall characteristics and plaque morphology. Compared to review of static images printed on x-ray film, new video archiving technology provides for the interpretation of more images, more sophisticated velocity waveforms, and more post-processing of the acquired data. To summarize, while some subset of this information was collected when 93882 was performed in 1995, accrediting agencies such as ICAVL now present standards that require a significantly more detailed and complex study. We provide this as the first line of compelling evidence, namely that the physician work of this procedure has changed since 1995 when it was last evaluated.

Second, while lack of a RUC survey has not, in itself, been fully accepted as an independent criterion for compelling evidence, this service has never undergone a RUC survey, and during the 1995 First Five-Year Review, no typical patient vignette was established. We believe lack of RUC survey is a strong supporting argument for compelling evidence threshold.

Finally, the dominant specialty has changed. In 2012, vascular surgery is the plurality provider of this service with 35% of global claims and 43% of -26 claims. Cardiology provided 10% of the globals and 9% of the -26 claims in 2012. However, Radiology provided only 3% of global claims and 28% of -26 claims. In 1995 Radiology presented this code to the RUC (SCVIR now SIR) and neither vascular surgery nor cardiology participated. We believe this information is sufficient for 93882 to meet compelling evidence requirements based on the dominant specialty criterion.

In conclusion, we believe 93882 meets the compelling evidence threshold based on three separate lines of reasoning, any one of which could potentially suffice.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

We are recommending the 25th percentile survey value of 0.50 RVW for 93882.

Comparison with Key Reference Service

CPT Code 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* was chosen by 38% of the survey respondents as the key reference service. This code was presented at the RUC in April 2011 with an RVU of 0.45. Code 93971 represents B-mode ultrasound and colorflow diagnostics of the lower extremity venous system. 93882 uses much of the same technology as 93971, but 93882 includes more Doppler ultrasound waveform analysis. Survey respondents assigned 5 pre-time minutes to 93882 compared to 3 pre-service time minutes for 93971. 93971 and 93882 both have 10 minutes intra-service time, and both have 5 minutes immediate post-service times. With 2 minutes more time and greater complexity, this comparison with key reference 93971 supports the 25th percentile survey value of 0.50 for 93882.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
93971	0.45	0.027	18	3	10	5
93882	0.50	0.028	20	5	10	5

Comparison to MPC codes

Comparison with E&M service code 99212

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

CPT 99212 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.48. Total physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93882 is 4 minutes longer than the 16-minute physician time of 99212, while intra-service times are identical at 10 minutes. Based on this comparison, the median survey value of 0.50 for 93882 is appropriate.

Comparison with Ultrasound code 76536

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

CPT 76536 is an MPC code that was reviewed at the RUC in April 2009 where a work RVU of 0.56 was reaffirmed. Survey respondents assigned 5 pre-time minutes to 93882 compared to 4 pre-service minutes for 76536. Code 93882 has 1 additional minute of immediate post-service time, compared to 76536. Importantly, 93882 has identical intra-service time, and the recommended 25th percentile survey RVW of 0.50 for 93882 is very similar to the 0.56 RVUs for MPC code 76536. Thus, the comparison with MPC code 76536 fully supports the 25th percentile survey value of 0.50 for code 93882.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99212	0.48	0.035	16	2	10	4
93882	0.50	0.028	20	5	10	5
76536	0.56	0.038	18	4	10	4

Additional Rationale

Comparison of 93882 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial	0.80	0.038	25	5	15	5

	bypass grafts; complete bilateral study						
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	**Duplex scan of extracranial arteries; unilateral or limited study**	**0.50**	**0.028**	**20**	**5**	**10**	**5**
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

CPT Code 93882 was surveyed for the October 2012 RUC meeting with a median survey RVW of 0.50. This value was approved and recommended by the RUC but not accepted by CMS. A completely new survey done two years later embedded in an 11 code survey of the entire vascular lab reaffirms the previous recommendation of 0.50 RVW for 93882. We have provided multiple points of comparison to support this recommendation. The first relates 93882 to the key reference service of 93971, another vascular lab study. They have similar times but the increased intensity of performing an arterial examination justifies the higher RVW for 93882. Comparison to two MPC codes, one below and one above, anchor our recommended value for 93882. In each case, the time and intensity relationships support the 25th percentile survey work RVU of 0.50 for this unilateral or limited extracranial arterial duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.50 appropriately places 93882 with other unilateral or limited duplex codes. We believe all of these comparisons convincingly justify our recommendation.

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) 93882

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 vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
46,394 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 16240 Percentage 35.00 %

Specialty cardiology Frequency 4640 Percentage 10.00 %

Specialty radiology Frequency 1400 Percentage 3.01 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
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 93882

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:93925 Tracking Number

Original Specialty Recommended RVU: **0.90**
Presented Recommended RVU: **0.90**
RUC Recommended RVU: **0.80**

Global Period: XXX

CPT Descriptor: Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old diabetic smoker has bilateral lifestyle-limiting lower extremity intermittent claudication unresponsive to maximal medical therapy. A duplex scan is ordered to determine if percutaneous intervention is possible. A complete bilateral duplex scan of the femoral, popliteal, and tibial arteries is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the arterial structures of both lower extremities, including the common femoral, profunda femoris, superficial femoral, popliteal, tibial-peroneal trunk, anterior tibial, posterior tibial, and peroneal arteries. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s arterial disease is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93925		
Sample Size:	5148	**Resp N:** 57	**Response:** 1.1 %
Description of Sample:	SVS - All US MD Membership (3898) ACR - 750 US MD members ACC - 500 US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	25.00	**50.00**	100.00	500.00
Survey RVW:	0.25	0.80	**1.00**	1.25	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	93925	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

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

XXX Global Code

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

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

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
99231	XXX	0.76	**RUC Time**	11,494,690

CPT Descriptor 1 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.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	1,043,298

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 31 **% of respondents:** 54.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 93925**	**Key Reference CPT Code: 93970**	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**23.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	2.87	2.65
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.10	2.71
Urgency of medical decision making	2.87	2.77
Technical Skill/Physical Effort (Mean)	
Technical skill required	3.16	2.90
Physical effort required	2.71	2.58
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	2.71	2.52
Outcome depends on the skill and judgment of physician	3.23	3.00
Estimated risk of malpractice suit with poor outcome	3.06	2.90

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.10	2.10
Intra-Service intensity/complexity	3.39	3.06

Post-Service intensity/complexity	2.55	2.45

Additional Rationale and Comments

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

Background

CPT Code 93925 was among 24 codes identified by CMS and for which review by the RUC was requested based on low RVUs and utilization greater than 500,000. At the February 2011 RUC meeting, survey was requested by the RAW since the code had "CMS/Other" inputs. A multispecialty survey was performed and the results presented to the RUC in April 2012. Compelling evidence requirements were met. The RUC approved the median survey value of 0.90 RVW for 93925, an increase in value. CMS did not accept the RUC recommendation and instead assigned the 25th percentile value of 0.80 RVW. This decision was appealed through the refinement panel process but upheld by CMS. After CPT codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Code 93925 was specifically named by CMS in the federal registry to be part of this review.

Compelling Evidence (approved at April 2012 RUC)

There is compelling evidence that the work of 93925 has changed since this code was presented at the First Five-Year Review in 1995. Accrediting bodies have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. Additional work now includes extensive colorflow ultrasound assessment of below-knee popliteal, tibioperoneal trunk, and tibial arteries searching for angioplasty, atherectomy and endovascular stent sites. These are interventions that were essentially never done in any significant volume 25 years ago but are very common now, and providers ordering these exams expect accurate anatomic delineation of their status. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate tibial arteries when 93925 was initially created. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms, and the post-processing of the acquired data.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

The previously RUC approved median survey value of 0.90 RVW for 92925 falls between the 25th percentile and the median survey values of the current survey. We are therefore recommending a direct crosswalk to CPT code 78227 for a recommended value of 0.90 RVW for 93925.

Comparison to Crosswalk Reference Service

CPT code 78227 *(Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed)* was recently reviewed at the February 2011 RUC and value of 0.90 RVW was assigned. Both 93925 and 78227 are imaging services but of different body areas and with different modalities. They have identical intra- and post-service times and nearly identical pre-service times and intensities. We therefore believe that 78227 is an appropriate crosswalk for 93925 to re-affirm the previously RUC recommended value of 0.90 RVW.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
78227	0.90	0.044	26	6	15	5
93925	0.90	0.045	25	5	15	5

Comparison with Key Reference Service

CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was chosen as the key reference service by 54% of the survey respondents. This code was surveyed and presented to the RUC in April 2012 after it was identified as a CMS/other code with over 500,000 utilization by the RAW in 2011. Compelling evidence was presented and the RUC approved the median survey value of 0.70 RVW. This value has been accepted by CMS. 93925 and 93970 are similar in that they are both vascular lab studies performed on the lower extremities; however, they differ in the type of blood vessels imaged. An arterial examination is more intense than a venous examination justifying the higher RVW of 0.90 for 93925 compared to 93970.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
93970	0.70	0.035	23	3	15	5
93925	0.90	0.045	25	5	15	5

Comparison to MPC codes

Comparison with Bone scan code 78306

Bone and/or joint imaging; whole body

CPT Code 78306 is an MPC code that was presented at the Third Five Year Review in August 2005 where a work RVU of 0.86 was reaffirmed. Code 93925 has the same pre-and post-service time as 78306. Importantly, 93925 has seven more minutes of intra time, justifying the recommended crosswalk RVW of 0.90 for 93925. Thus, the comparison with MPC code 78306 fully supports 0.90 RVW for code 93925.

Comparison with E&M service code 99213

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

CPT 99213 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.97. The physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93925 differ only by two minutes of pre time compared to the time involved in 99213. Both codes have identical intra-times of 15 minutes. Based on this comparison, the crosswalk value of 0.90 for 93925 is appropriate.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
78306	0.86	0.080	18	5	8	5
93925	0.90	0.045	25	5	15	5
99213	0.97	0.053	23	3	15	5

Additional Rationale

Comparison with Extremity CT scan 73700
Computed tomography, lower extremity; without contrast material

73700 was presented at the RUC in October 2009 and has a work RVU of 1.00. Comparison of the clinical services indicates that 73700 represents an examination of one lower extremity while 93925 is a complete bilateral exam. The physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93925 are exactly the same as the time involved in the CT code 73700. Both codes have identical physician work intra times of 15 minutes. Based on this comparison, the crosswalk value of 0.90 for 93925 is justified.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
73700	1.00	0.052	25	5	15	5
93925	0.90	0.045	25	5	15	5

Comparison of 93925 to Family of Vascular Lab Duplex Codes
Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	**Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**	**0.90**	**0.045**	**25**	**5**	**15**	**5**
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

CPT Code 93925 was surveyed for the April 2012 RUC meeting with a median survey RVW of 0.90. This value was approved and recommended by the RUC but not accepted by CMS. A completely new survey done two years later embedded in an 11 code survey of the entire vascular lab more than reaffirms the previous recommendation of 0.90 RVW for 93925 as this value falls between our 25th percentile and median survey values. We have provided multiple points of comparison to support this recommendation. The first crosswalks 93925 to a very similar imaging service, 78227. The second relates 93925 to the key reference service of 93970, another vascular lab study. They have similar times but the increased intensity of performing an arterial examination justifies the higher RVW for 93925. Comparison to two MPC codes, one below and one above, anchor our recommended value for 93925. An additional comparison relates 93925 to a CT scan of the extremity. In this comparison, Code 93925 has the same intra-time but a lower intensity making the RVWs similar. In each case, the time and intensity relationships support our recommended work for this complete bilateral lower extremity arterial duplex exam

---

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) 93925

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 vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 583,943 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 192750 Percentage 33.00 %

Specialty cardiology Frequency 192705 Percentage 33.00 %

Specialty radiology Frequency 52560 Percentage 9.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
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 93925

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:93926 Tracking Number Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.60**
Global Period: XXX RUC Recommended RVU: **0.60**

CPT Descriptor: Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old diabetic smoker has left lower extremity intermittent claudication unresponsive to maximal medical therapy. A duplex scan is ordered to determine if percutaneous intervention is possible. A unilateral duplex scan of the femoral, popliteal, and tibial arteries is performed.

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

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the arterial structures of either one lower extremity or a limited study of both lower extremities. These could include the common femoral, profunda femoris, superficial femoral, popliteal, tibial-peroneal trunk, anterior tibial, posterior tibial, and/or peroneal arteries. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s arterial disease is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD, and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93926		
Sample Size:	5148	**Resp N:** 57	**Response:** 1.1 %
Description of Sample:	SVS - All US MD mebership (3898) ACR - 750 random US MD members ACC - 599 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	30.00	**50.00**	100.00	400.00
Survey RVW:	0.20	0.60	**0.70**	1.00	2.25
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	8.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	93926	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

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

XXX Global Code

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

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93971	XXX	0.45	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

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**	685,376

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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76815	XXX	0.65	**RUC Time**	16,503

CPT Descriptor 2 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 23 **% of respondents:** 40.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 93926**	**Key Reference CPT Code: 93971**	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	10.00	10.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**20.00**	**18.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.74	2.48
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	2.43
Urgency of medical decision making	2.70	2.65
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.22	2.78
Physical effort required	2.48	2.39
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.65	2.39
Outcome depends on the skill and judgment of physician	3.30	3.00
Estimated risk of malpractice suit with poor outcome	3.00	2.78

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.87	1.87
Intra-Service intensity/complexity	3.13	2.65

Post-Service intensity/complexity	2.26	2.13

Additional Rationale and Comments

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

Background

CPT Code 93926 was among 24 codes identified by CMS and for which review by the RUC was requested based on low RVUs and utilization greater than 500,000. At the February 2011 RUC meeting, survey was requested by the RAW since the code had "CMS/Other" inputs. A multispecialty survey was performed and the results presented to the RUC in April 2012. Compelling evidence requirements were met. The RUC approved the median survey value of 0.70 RVW for 93926, an increase in value. CMS did not accept the RUC recommendation and instead assigned the 25th percentile value of 0.50 RVW. This decision was appealed through the refinement panel process but upheld by CMS. After CPT codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Code 93926 was specifically named by CMS in the federal registry to be part of this review.

Compelling Evidence (approved at April 2012 RUC)

There is compelling evidence that the work of 93926 has changed since this code was presented at the First Five-Year Review in 1995. Accrediting bodies have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. Additional work now includes extensive colorflow ultrasound assessment of below-knee popliteal, tibioperoneal trunk, and tibial arteries searching for angioplasty, atherectomy and endovascular stent sites. These are interventions that were essentially never done in any significant volume 25 years ago but are very common now, and providers ordering these exams expect accurate anatomic delineation of their status. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate tibial arteries when 93926 was initially created. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms, and the post-processing of the acquired data.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

The previously RUC approved median survey value of 0.70 RVW for 92926 falls between the 25th percentile and the median survey values of the current survey. We are recommending the 25th percentile value of 0.60 RVW for 93926 as this value and intensity fit the family more appropriately than the previously RUC approved value.

Comparison with Key Reference Service

CPT Code 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* was chosen as the key reference service by 40% of the survey respondents. was presented at the RUC in April 2011 with an RVU of 0.45. Code 93971 represents B-mode ultrasound and colorflow diagnostics of the lower extremity venous system. 93926 uses much of the same technology as 93971, but 93926 includes more Doppler ultrasound waveform analysis. Survey respondents assigned 5 pre-time minutes to 93926 compared to 3 pre-service time minutes for 93971. 93971 and 93926 both have 10

minutes intra-service time, and both have 5 minutes immediate post-service times. With 2 minutes more time and greater complexity, this comparison with key reference 93971 supports the 25th percentile survey value of 0.60 for 93926.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
93971	0.45	0.027	18	3	10	5
93926	0.60	0.038	20	5	10	5

Comparison to MPC codes

Comparison with E&M Service 99212

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

CPT 99212 is an MPC code that was presented at the Third Five-Year Review in February of 2006 and has a work RVU of 0.48. The physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93926 is exactly the same as that involved in E&M code 99212. Both codes have a physician intra time of 10 minutes. Based on this comparison, the 25th percentile survey value of 0.60 for 93926 is justified.

Comparison with Blood flow ultrasound code 76817

Ultrasound, pregnant uterus, real time with image documentation, transvaginal

CPT 76817 is an MPC code that was presented at the RUC in April 2002 and has a work RVU of 0.75. 76817 employs the same technology as 93926, albeit with a different ultrasound transducer than 93926. 76817 and 93926 have the same pre-service time of 5 minutes, and exactly the same intra-service time of 10 minutes. 76817 has three more minutes of immediate post-service time (8 minutes vs. 5 minutes). Overall, this comprises an excellent relativity comparison and serves to justify the 25th percentile survey value of 0.60 for 93926.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99212	0.48	0.035	16	2	10	4
93926	0.60	0.038	20	5	10	5
76817	0.75	0.046	23	5	10	8

Additional Rationale

Comparison of 93926 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of	1.30	0.054	30	5	20	5

	abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study						
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	**Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**	**0.60**	**0.038**	**20**	**5**	**10**	**5**
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

CPT Code 93926 was surveyed for the April 2012 RUC meeting with a median survey RVW of 0.70. This value was approved and recommended by the RUC but not accepted by CMS. A completely new survey done two years later embedded in an 11 code survey of the entire vascular lab more than reaffirms the previous recommendation of 0.70 RVW for 93926 as this value falls between our 25th percentile and median survey values. We are recommending the 25th percentile RVW of 0.60 for 93926 and have provided multiple points of comparison to support this recommendation. The first relates 93926 to the key reference service of 93971, another vascular lab study. They have similar times but the increased intensity of performing an arterial examination justifies the higher RVW for 93926. Comparison to two MPC codes, one below and one above, anchor our recommended value for 93926. In each case, the time and intensity relationships support the 25th percentile survey value of 0.60 for this unilateral or limited lower extremity arterial duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.60 appropriately places 93926 with other unilateral or limited studies and consistent with its intensity. We believe all of these comparisons convincingly justify our recommendation.

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) 93926

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 vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
219,610 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 123000 Percentage 56.00 %

Specialty cardiology Frequency 30800 Percentage 14.02 %

Specialty radiology Frequency 11000 Percentage 5.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
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 93926

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:93930 Tracking Number Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: XXX RUC Recommended RVU: **0.80**

CPT Descriptor: Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old hypertensive, hyperlipidemic female with a 50 pack-year history of smoking complains of cold, painful fingers on both hands. She has no radial pulses. A complete bilateral upper arterial duplex scan is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the arterial structures of both upper extremities, including the distal innominate, subclavian, axillary, brachial, radial and ulnar arteries. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s arterial disease is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93930		
Sample Size:	5148	**Resp N:** 56	**Response:** 1.0 %
Description of Sample:	SVA - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**25.00**	50.00	240.00
Survey RVW:	0.25	0.70	**0.80**	1.26	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	10.00	**15.00**	17.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	93930	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

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

XXX Global Code

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

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

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
99231	XXX	0.76	**RUC Time**	11,494,690

CPT Descriptor 1 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.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 2 Bone imaging whole body

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 31 **% of respondents:** 55.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 93930**	**Key Reference CPT Code: 93970**	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**23.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.87	2.65
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.97	2.68
Urgency of medical decision making	2.87	2.84
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.26	3.00
Physical effort required	2.58	2.58
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.81	2.65
Outcome depends on the skill and judgment of physician	3.35	3.13
Estimated risk of malpractice suit with poor outcome	3.06	2.87

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.06	2.00
Intra-Service intensity/complexity	3.39	3.10

Post-Service intensity/complexity	2.65	2.48

Additional Rationale and Comments

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

Background

After CPT Codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Code 93930 was specifically named by CMS in the federal registry to be part of this review.

Compelling Evidence

There is compelling evidence that the work of 93930 has changed since this code was presented at the First Five-Year Review in 1995. Accrediting bodies have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. Additional work now includes extensive colorflow ultrasound assessment of distal innominate, subclavian, axillary, brachial, radial, and ulnar arteries searching for angioplasty and endovascular stent sites. These are interventions that were essentially never done in any significant volume 20 years ago but are common now, and providers ordering these exams expect accurate anatomic delineation of their status. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate radial and ulnar arteries when 93930 was initially created. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms, and the post-processing of the acquired data.

Additional compelling evidence is rank order anomalies within the family of vascular duplex codes. Surveying all 11 codes together has highlighted several anomalies within the current database. Specifically, 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). These discrepancies support the need for RVU changes to correct the anomalies.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

We are recommending the median survey value of 0.80 RVW for 93930.

Comparison with Key Reference Service

CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was chosen as the key reference service by 55% of the survey respondents. This code was surveyed and presented to the RUC in April 2012 after it was identified as a CMS/other code with over 500,000 utilization by the RAW in 2011. Compelling evidence was presented and the RUC approved the

median survey value of 0.70 RVW. This value has been accepted by CMS. 93930 and 93970 are similar in that they are both vascular lab studies performed; however, they differ in the type of blood vessels imaged on in the extremities examined. An arterial examination is more intense than a venous examination justifying the higher RVW of 0.80 for 93930 compared to 93970.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
93970	0.70	0.035	23	3	15	5
93930	0.80	0.038	25	5	15	5

Comparison to MPC codes

Comparison with E&M service code 99213

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.

CPT Code 99231 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.76. Total physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93930 differs by five minutes. Code 99231 has identical pre and post-service time compared to 93930; however, 93930 has an additional 5 minutes of intra-service time. Given the comparison of similar times, the median survey value of 0.80 for 93930 is appropriate.

Comparison with Bone scan code 78306

Bone and/or joint imaging; whole body

CPT Code 78306 is an MPC code that was presented at the Third Five Year Review in August 2005 where a work RVU of 0.86 was reaffirmed. 78306 and 93930 have identical pre- and post-service times. Importantly, 93930 has seven more minutes of intra time, and despite this **additional** intra time difference, the recommended median survey RVW of 0.80 for 93930 is very similar to 0.86 RVUs for the MPC comparison. Thus, the comparison with MPC code 78306 fully supports the median survey value of 0.80 for code 93930.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99231	0.76	0.054	20	5	10	5
93930	0.80	0.038	25	5	15	5
78306	0.86	0.080	18	5	8	5

Additional Rationale

Comparison of 93930 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5

93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	**Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**	**0.80**	**0.038**	**25**	**5**	**15**	**5**
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

We have provided multiple points of comparison to support this recommendation. The first relates 93930 to the key reference service of 93970, another vascular lab study. They have similar times but the increased intensity of performing an arterial examination justifies the higher RVW for 93930. Comparison to two MPC codes, one below and one above, anchors our recommended value for 93930. In each case, the time and intensity relationships support our median survey work RVU of 0.80 for this complete bilateral upper extremity arterial duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.80 appropriately places 93930 with other complete studies and with an appropriate intensity. We believe all of these comparisons convincingly justify our recommendation.

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) 93930

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 vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
22,144 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 3545 Percentage 16.00 %

Specialty cardiology Frequency 4210 Percentage 19.01 %

Specialty radiology Frequency 2215 Percentage 10.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
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 93930

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:93931 Tracking Number

Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
RUC Recommended RVU: **0.50**

Global Period: XXX

CPT Descriptor: Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old hypertensive, hyperlipidemic female with a 50 pack-year history of smoking complains of cold, painful fingers on her left hand. She has no left radial pulse. A unilateral arterial duplex scan is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the arterial structures of either one lower extremity or a limited study of both upper extremities. These could include the distal innominate, subclavian, axillary, brachial, radial and/or ulnar arteries. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s arterial disease is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93931		
Sample Size:	5148	**Resp N:** 56	**Response:** 1.0 %
Description of Sample:	SVA - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	50.00	200.00
Survey RVW:	0.20	0.50	**0.70**	0.89	2.25
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	6.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	93931	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

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

XXX Global Code

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

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93971	XXX	0.45	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

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**	

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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.48	**RUC Time**	

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 26 **% of respondents:** 46.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 93931**	**Key Reference CPT Code:** 93971	**Source of Time** RUC Time

Median Pre-Service Time	5.00	3.00
Median Intra-Service Time	10.00	10.00
Median Immediate Post-service Time	5.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**20.00**	**18.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.81	2.50
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.81	2.50
Urgency of medical decision making	2.77	2.73
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.19	2.77
Physical effort required	2.42	2.42
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.73	2.54
Outcome depends on the skill and judgment of physician	3.27	3.00
Estimated risk of malpractice suit with poor outcome	3.04	2.81

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.00	2.00
Intra-Service intensity/complexity	2.90	2.65
Post-Service intensity/complexity	2.38	2.35

Additional Rationale and Comments

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

Background

After CPT Codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Code 93931 was specifically named by CMS in the federal registry to be part of this review.

Compelling Evidence

There is compelling evidence that the work of 93931 has changed since this code was presented at the First Five-Year Review in 1995. Accrediting bodies have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. Additional work now includes extensive colorflow ultrasound assessment of distal innominate, subclavian, axillary, brachial, radial, and ulnar arteries searching for angioplasty and endovascular stent sites. These are interventions that were essentially never done in any significant volume 20 years ago but are common now, and providers ordering these exams expect accurate anatomic delineation of their status. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate radial and ulnar arteries when 93931 was initially created. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms, and the post-processing of the acquired data.

Additional compelling evidence is rank order anomalies within the family of vascular duplex codes. Surveying all 11 codes together has highlighted several anomalies within the current database. Specifically, 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). These discrepancies support the need for RVU changes to correct the anomalies.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

We are recommending the 25th percentile survey value of 0.50 RVW for 93931.

Comparison with Key Reference Service

CPT Code 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* was chosen by 46% of the survey respondents as the key reference service. This code was presented at the RUC in April 2011 with an RVU of 0.45. Code 93971 represents B-mode ultrasound and colorflow diagnostics of the lower extremity venous system. 93931 uses much of the same technology as 93971, but 93931 includes more Doppler ultrasound waveform analysis. Survey respondents assigned 5 pre-time minutes to 93931 compared to 3 pre-service time minutes for 93971. 93971 and 93931 both have 10 minutes intra-service time, and both have 5 minutes immediate post-service times. With 2 minutes more time and greater complexity, this comparison with key reference 93971 supports the 25th percentile survey value of 0.50 for 93931.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
93971	0.45	0.027	18	3	10	5
93931	0.50	0.028	20	5	10	5

Comparison to MPC codes

Comparison with E&M service code 99212

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

CPT 99212 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.48. Total physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93931 is 4 minutes longer than the 16-minute physician time of 99212, while intra-service times are identical at 10 minutes. Based on this comparison, the median survey value of 0.50 for 93931 is appropriate.

Comparison with Ultrasound code 76536

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

CPT 76536 is an MPC code that was reviewed at the RUC in April 2009 where a work RVU of 0.56 was reaffirmed. Survey respondents assigned 5 pre-time minutes to 93931 compared to 4 pre-service minutes for 76536. Code 93931 has 1 additional minute of immediate post-service time, compared to 76536. Importantly, 93931 has identical intra-service time, and the recommended median survey RVW of 0.50 for 93931 is very similar to the 0.56 RVUs for MPC code 76536. Thus, the comparison with MPC code 76536 fully supports the median survey value of 0.50 for code 93931.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99212	0.48	0.035	16	2	10	4
93931	0.50	0.028	20	5	10	5
76536	0.56	0.038	18	4	10	4

Additional Rationale

Comparison of 93931 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5

93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	**Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**	**0.50**	**0.028**	**20**	**5**	**10**	**5**
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

We have provided multiple points of comparison to support this recommendation. The first relates 93931 to the key reference service of 93971, another vascular lab study. They have similar times but the increased intensity of performing an arterial examination justifies the higher RVW for 93931. Comparison to two MPC codes, one below and one above, anchors our recommended value for 93931. In each case, the time and intensity relationships support our median survey work RVU of 0.50 for this unilateral or limited upper extremity arterial duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.50 appropriately places 93931 with other unilateral or limited studies and with an appropriate intensity. We believe all of these comparisons convincingly justify our recommendation.

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) 93931

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 vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
40,490 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 11750 Percentage 29.01 %

Specialty cardiology Frequency 10950 Percentage 27.04 %

Specialty radiology Frequency 2025 Percentage 5.00 %

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

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
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 93931

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:93975 Tracking Number

Original Specialty Recommended RVU: **1.30**
Presented Recommended RVU: **1.30**
RUC Recommended RVU: **1.30**

Global Period: XXX

CPT Descriptor: Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male smoker presents with poorly controlled diastolic hypertension, despite medical management. A complete bilateral renal duplex scan is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the vascular structures of the abdominal, pelvic, scrotal, and/or retroperitoneal organs to be examined. A complete exam is performed. This includes both the arterial inflow and venous outflow of the organ(s) of interest including the aorta, inflow artery (renal, mesenteric, gonadal, etc), parenchymal flow, venous drainage (renal, mesenteric, gonadal) and vena cava or portal vein. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s vascular disease is identified. A report is dictated..

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93975		
Sample Size:	5148	**Resp N:** 54	**Response:** 1.0 %
Description of Sample:	SVA - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**50.00**	100.00	600.00
Survey RVW:	0.25	1.16	**1.30**	1.88	2.50
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	93975	**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:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

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

XXX Global Code

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

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93306	XXX	1.30	**RUC Time**

CPT Descriptor 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

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
99308	XXX	1.16	**RUC Time**	9,919,789

CPT Descriptor 1 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73721	XXX	1.35	**RUC Time**	614,800

CPT Descriptor 2 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 24 **% of respondents:** 44.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 93975**	**Key Reference CPT Code: 93306**	**Source of Time RUC Time**
Median Pre-Service Time	5.00	5.00	
Median Intra-Service Time	20.00	20.00	
Median Immediate Post-service Time	5.00	6.50	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**30.00**	**31.50**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.25	2.96
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.08	2.71
Urgency of medical decision making	2.88	2.75
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.75	3.38
Physical effort required	3.04	2.88
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.42	2.25
Outcome depends on the skill and judgment of physician	3.50	3.29
Estimated risk of malpractice suit with poor outcome	2.83	2.75

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.33	2.38
Intra-Service intensity/complexity	3.75	3.33

Post-Service intensity/complexity	2.50	2.50

Additional Rationale and Comments

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

Background

After CPT codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Code 93975 was specifically named by CMS in the federal registry to be part of this review.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

We are recommending the median survey value of 1.30 RVW for 93975, a ***decrease*** from current value of 1.80 RVW.

Comparison with Key Reference Service

CPT Code 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)* was chosen as the key reference service by 44% of the survey respondents. This code was surveyed and presented to the RUC in September 2007 and a value of 1.30 RVW was recommended and approved by CMS. 93975 and 93306 are similar in that they are both duplex codes; however, they differ in the body area and organ systems imaged. They have identical intra-service times and very similar intensities justifying the median survey value of 1.30 RVW for 93975.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
93306	1.30	0.052	31.5	5	20	6.5
93975	1.30	0.054	30	5	20	5

Comparison to MPC codes

Comparison with E&M service 99238

Hospital discharge day management; 30 minutes or less

CPT 99238 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 1.28. Total physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93975 differs by eight minutes. Code 99238 has identical intra-service time compared to 93975 but more pre- and post-service time. Given the comparison of similar times, the median survey value of 1.30 for 93975 is appropriate.

Comparison with CT scan abdomen code 74170

Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

CPT 74170 is an MPC code was presented to the RUC in April 2012 where a work RVU of 1.40 was reaffirmed. Code 93975 has 2 additional minutes of intra-service time compared to 74170 and identical pre- and post-service times. The intensity for 93975 is less than 74170 accounting for the difference in RVW. Thus, the comparison with MPC code 74170 fully supports the median survey value of 1.30 for code 93975.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99238	1.28	0.044	38	8	20	10
93975	1.30	0.054	30	5	20	5
74170	1.40	0.065	28	5	18	5

Additional Rationale

Comparison of 93975 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	**Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**	**1.30**	**0.054**	**30**	**5**	**20**	**5**
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

CPT Code 93975 has never been presented to the RUC. Current database inputs are "CMS/other". We present multispecialty survey data in the broad picture of the entire vascular lab family and are recommending

a decrease in value. We have provided multiple points of comparison to support this recommendation. The first relates 93975 to the key reference service of 93306, another organ ultrasound study. They have similar times and intensities justifying the RVW for 93975. Comparison to two MPC codes, one below and one above, anchors our recommended value for 93975. In each case, the time and intensity relationships support the median survey work RVU of 1.30 for this complete organ duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 1.30 appropriately places 93975 with other complete studies and at the top consistent with its complexity and intensity. We believe all of these comparisons convincingly justify our recommendation.

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) 93975

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

Specialty vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

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

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 195,738 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty vascular surgery	Frequency 29375	Percentage 15.00 %
Specialty cardiology	Frequency 50900	Percentage 26.00 %
Specialty radiology	Frequency 36000	Percentage 18.39 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
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 93975

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:93976 Tracking Number

Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
RUC Recommended RVU: **1.00**

Global Period: XXX

CPT Descriptor: Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male smoker with a known mild right renal artery stenosis has increasingly severe hypertension. A unilateral renal duplex study is performed.

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

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the vascular structures of the abdominal, pelvic, scrotal, and/or retroperitoneal organs to be examined. A limited exam is performed. This can include both the arterial inflow and venous outflow of the organ of interest including the aorta, inflow artery (renal, mesenteric, gonadal, etc), parenchymal flow, venous drainage (renal, mesenteric, gonadal) and vena cava or portal vein. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s vascular disease is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93976		
Sample Size:	5148	**Resp N:** 53	**Response:** 1.0 %
Description of Sample:	SVA - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	80.00	300.00
Survey RVW:	0.25	0.80	**1.00**	1.30	2.25
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	93976	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

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

XXX Global Code

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

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

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

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,902,210

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99308	XXX	1.16	**RUC Time**	9,919,789

CPT Descriptor 2 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

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

Number of respondents who choose Key Reference Code: 17 **% of respondents:** 32.0 **%**

TIME ESTIMATES (Median)	**CPT Code: 93976**	**Key Reference CPT Code:** 93970	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**23.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.82	2.59
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.00	2.71
Urgency of medical decision making	2.76	2.71
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.13	3.07
Physical effort required	2.71	2.65
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.60	2.60
Outcome depends on the skill and judgment of physician	2.94	2.76
Estimated risk of malpractice suit with poor outcome	2.71	2.65

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.41	2.35
Intra-Service intensity/complexity	3.12	2.88
Post-Service intensity/complexity	2.47	2.41

Additional Rationale and Comments

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

Background

After CPT codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Code 93976 was specifically named by CMS in the federal registry to be part of this review.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

We are recommending the median survey value of 1.00 RVW for 93976, a ***decrease*** from current value of 1.21 RVW.

Comparison with Key Reference Service

CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was chosen as the key reference service by 32% of the survey respondents. This code was surveyed and presented to the RUC in April 2012 after it was identified as a CMS/other code with over 500,000 utilization by the RAW in 2011. Compelling evidence was presented and the RUC approved the median survey value of 0.70 RVW. This value has been accepted by CMS. 93976 and 93970 are similar in that they are both vascular lab codes; however, they differ in the body area and type of blood vessels imaged. Even though 93976 is a limited study, it involves both arterial inflow and venous outflow evaluation of an organ justifying the increase intensity. An estimated RVW for 93976 can be made by accounting for this difference in intensity (15 minutes x (0.052-0.035) = 0.26) or 0.70 + 0.26 = 0.96. This comparison supports our median survey recommendation of 1.00 RVW for 93976.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
93970	0.70	0.035	23	3	15	5
93976	1.00	0.052	25	5	15	5

Comparison to MPC codes

Comparison with E&M service 99213

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

CPT 99213 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.97. Total physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93976 is identical to the intra-service time for 99213. Pre-and post-service times are similar between the two codes and they have identical intensities. Given this comparison, the median survey value of 1.00 for 93976 is appropriate.

Comparison with Sleep study code 95805

Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

CPT 95805 is an MPC code that was presented to the RUC in April 2010 where a work RVU of 1.20 was recommended. This value was approved by CMS. Code 93976 has 5 less minutes of intra-service time compared to 95805 and 20 minutes less of pre-and post-service times. The intensity for 93976 is twice that of 95805 accounting for the difference in times and RVW. Thus, comparison with MPC code 95805 supports the median survey value of 1.00 for code 93976.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99213	0.97	0.052	23	3	15	5
93976	1.00	0.052	25	5	15	5
95805	1.20	0.026	50	15	20	15

Additional Rationale

Comparison of 93976 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5
93976	**Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**	**1.00**	**0.052**	**25**	**5**	**15**	**5**
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac	0.70	0.048	20	5	10	5

	vasculature, or bypass grafts; unilateral or limited study						
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

CPT Code 93976 has never been presented to the RUC. Current database inputs are "CMS/other". It was identified by CMS as "Fastest growing." We present multispecialty survey data in the broad picture of the entire vascular lab family and are recommending a decrease in value. We have provided multiple points of comparison to support this recommendation. The first relates 93976 to the key reference service of 93970, another vascular lab duplex study. They have similar times and intensity adjustment justifies the RVW of 1.00 for 93976. Comparison to two MPC codes, one below and one above, anchors our recommended value for 93976. In each case, the time and intensity relationships support the median survey work RVU of 1.00 for this limited organ duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 1.00 appropriately places 93976 with other limit studies and but at the top consistent with its complexity and intensity. We believe all of these comparisons convincingly justify our recommendation.

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) 93976

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

Specialty vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
128,787 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 12900 Percentage 10.01 %

Specialty cardiology Frequency 12900 Percentage 10.01 %

Specialty radiology Frequency 49000 Percentage 38.04 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
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 93976

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:93978 Tracking Number Original Specialty Recommended RVU: **0.97**
Presented Recommended RVU: **0.97**
Global Period: XXX RUC Recommended RVU: **0.97**

CPT Descriptor: Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year old male smoker has a known aortic aneurysm extending into both iliac arteries. A complete aorta-iliac duplex study is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the abdominal vascular structures to be examined. This can include the complete abdominal aorta, the inferior vena cava, the bilateral iliac vasculature, and/or intra-abdominal bypass grafts. A complete study of the desired vascular structures is performed. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s vascular disease is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93978		
Sample Size:	5148	**Resp N:** 56	**Response:** 1.0 %
Description of Sample:	SVA - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**70.00**	113.00	400.00
Survey RVW:	0.20	0.80	**0.97**	1.25	2.75
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	93978	**Recommended Physician Work RVU: 0.97**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

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

XXX Global Code

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

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

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
99202	XXX	0.93	**RUC Time**	3,114,690

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,902,210

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

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

Number of respondents who choose Key Reference Code: 26 **% of respondents:** 46.4 **%**

TIME ESTIMATES (Median)	**CPT Code: 93978**	**Key Reference CPT Code:** 93970	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	
Median Intra-Service Time	15.00	15.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**25.00**	**23.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.15	2.77
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.12	2.88
Urgency of medical decision making	3.00	2.88
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.42	3.08
Physical effort required	2.76	2.72
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.73	2.62
Outcome depends on the skill and judgment of physician	3.42	3.15
Estimated risk of malpractice suit with poor outcome	3.08	3.00

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	2.38	2.77
Intra-Service intensity/complexity	3.46	3.12
Post-Service intensity/complexity	2.69	2.58

Additional Rationale and Comments

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

Background

CPT Code 93978 was identified by the RAW in the "CMS-Other, Utilization over 250,00" screen in April 2013 as potentially misvalued. A multispecialty survey along with the limited code, CPT 93979 was planned. After CPT Codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Codes 93978 and 93979 were surveyed as part of the entire vascular lab family.

Compelling Evidence

There is compelling evidence that the work of 93978 has changed since this code was initially valued in 1992. The code has never been surveyed and no data exists for the code in the database. Accrediting bodies have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. The most common diagnosis from utilization data is aortic aneurysm or dissection and our typical patient in the vignette is evaluation after an endovascular aneurysm repair. These procedures did not exist in 1992 when the code was created. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate iliac arteries at that time. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms, and the post-processing of the acquired data.

Additional compelling evidence is rank order anomalies within the family of vascular duplex codes. Surveying all 11 codes together has highlighted several anomalies within the current database. Specifically, 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). These discrepancies support the need for RVU changes to correct the anomalies.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation
We are recommending median survey value of 0.97 RVW for 93978.

Comparison with Key Reference Service
CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was chosen as the key reference service by 46% of the survey respondents. This code was surveyed and presented to the RUC in April 2012 after it was identified as a CMS/other code with over 500,000 utilization by the RAW in 2011. Compelling evidence was presented and the RUC approved the median survey value of 0.70 RVW. This value has been accepted by CMS. 93978 and 93970 are similar in that they are both vascular lab studies; however, they differ in the type of blood vessels and area of the body imaged. Abdominal duplex evaluation is complicated by visual obstruction from overlying bowel and adipose tissue making imaging more difficult justifying the higher RVW of 0.97 for 93978 compared to 93970.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
93970	0.70	0.035	23	3	15	5
93978	0.97	0.050	25	5	15	5

Comparison to MPC codes

Comparison with Bone scan code 78306
Bone and/or joint imaging; whole body

CPT Code 78306 is an MPC code that was presented at the Third Five Year Review in August 2005 where a work RVU of 0.86 was reaffirmed. 78306 and 93978 have identical pre- and post-service times. Importantly, 93978 has seven more minutes of intra time, and despite this **additional** intra time difference, the recommended median survey RVW of 0.97 for 93978 is very similar to 0.86 RVUs for the MPC comparison. Thus, the comparison with MPC code 78306 fully supports the median survey value of 0.97 for code 938978.

Comparison with E&M service code 99213
Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

CPT 99213 is an MPC code that was presented at the Third Five-Year Review in February 2006. It has a work RVU of 0.97. The physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93978 differ only by two minutes of pre time compared to the time involved in 99213. Both codes have identical intra-times of 15 minutes. Based on this comparison, the median survey value of 0.97 for 93978 is appropriate.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
78306	0.86	0.080	18	5	8	5
93978	0.97	0.050	25	5	15	5
99213	0.97	0.053	23	3	15	5

Additional Rationale

Comparison of 93978 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	**Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study**	**0.97**	**0.050**	**25**	**5**	**15**	**5**
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	0.70	0.048	20	5	10	5
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

We have provided multiple points of comparison to support our recommendation of the median survey value of 0.97 RVW for 93978. The first relates 93978 to the key reference service of 93970, another vascular lab study. They have similar times but the increased intensity of performing an abdominal vascular examination justifies the higher RVW for 93978. Comparison to two MPC codes, one below and one above, anchors our recommended value for 93978. In each case, the time and intensity relationships support our recommended work RVU of 0.97 for this complete abdominal vascular duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.97 appropriately places 93978 with other complete studies and near the top consistent with its intensity. We believe all of these comparisons convincingly justify our recommendation.

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) 93978

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 vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
295,429 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 85675 Percentage 29.00 %

Specialty cardiology Frequency 100500 Percentage 34.01 %

Specialty radiology Frequency 14800 Percentage 5.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
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 93978

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:93979 Tracking Number

Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
RUC Recommended RVU: **0.70**

Global Period: XXX

CPT Descriptor: Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year old male smoker has a known aneurysm limited to the infrarenal aorta. A limited aortic duplex study is performed.

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

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: The physician supervises the technologist in identifying the abdominal vascular structures to be examined. This can include the complete abdominal aorta, the inferior vena cava, the bilateral iliac vasculature, and/or intra-abdominal bypass grafts. A limited study of the desired vascular structures is performed. Recordings of B-mode images, angle-corrected Doppler velocity spectra, and colorflow imaging in all standard locations are examined per protocol. Additional specific Doppler velocities, B-mode images, and colorflow data provided from identified areas of stenosis are evaluated, including data from pre-stenotic, intra-stenotic, and post-stenotic regions of the affected arteries. The physician confirms that all Doppler velocity spectra have been accurately angle-corrected. The severity of stenosis based on angiographically-determined grading scales is estimated, and a final interpretation, taking into account all available data to estimate severity of stenosis, impact of sequential stenoses, calcification, and collateralization, is synthesized. An interpretation indicating the severity, location, and length of the arterial occlusive disease, and/or insufficiency in the involved segments is made. Results are compared to previous studies, when prior results are available. The etiology of the patient’s vascular disease is identified. A report is dictated.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Matthew Sideman, MD, Robert Zwolak, MD, Michael Sutherland, MD, David Han, MD, Gary Seabrook, MD, Zeke Silva, MD, Kurt Schoppe, MD and Richard Wright, MD		
Specialty(s):	vascular surgery, cardiology, radiology		
CPT Code:	93979		
Sample Size:	5148	**Resp N:** 56	**Response:** 1.0 %
Description of Sample:	SVA - All US MD membership/3989 ACR - 750 random US MD members ACC - 500 random US MD members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	14.00	**50.00**	100.00	300.00
Survey RVW:	0.20	0.70	**0.80**	1.00	2.25
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	8.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	93979	**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:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

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

XXX Global Code

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

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

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
99212	XXX	0.48	**RUC Time**	17,770,987

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 2 Bone and/or joint imaging; whole body

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 20 **% of respondents:** 35.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 93979**	**Key Reference CPT Code:** 93970	**Source of Time RUC Time**
Median Pre-Service Time	5.00	3.00	

Median Intra-Service Time	10.00	15.00
Median Immediate Post-service Time	5.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**20.00**	**23.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.80	2.55
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.75	2.65
Urgency of medical decision making	2.65	2.50
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.05	2.95
Physical effort required	2.60	2.45
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.55	2.55
Outcome depends on the skill and judgment of physician	2.95	2.75
Estimated risk of malpractice suit with poor outcome	2.70	2.60

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.25	2.20
Intra-Service intensity/complexity	2.85	2.85
Post-Service intensity/complexity	2.40	2.35

Additional Rationale and Comments

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

Background

CPT Code 93978 was identified by the RAW in the "CMS-Other, Utilization over 250,000" screen in April 2013 as potentially misvalued. A multispecialty survey along with the limited code, CPT 93979 was planned. After CPT Codes 93880 and 93882 were presented to the October 2012 RUC and increases recommended, CMS raised concerns about relativity within the family of duplex vascular lab codes and requested that the entire family be reviewed for the current cycle. CPT Codes 93978 and 93979 were surveyed as part of the entire vascular lab family.

Compelling Evidence

There is compelling evidence that the work of 93979 has changed since this code was initially valued in 1992. The code has never been surveyed and no data exists for the code in the database. Accrediting bodies have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. The most common diagnosis from utilization data is aortic aneurysm or dissection. The management of this disease process has dramatically changed since 1992 when the code was created changing the needed information from this exam. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate iliac arteries at that time. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms, and the post-processing of the acquired data.

Additional compelling evidence is rank order anomalies within the family of vascular duplex codes. Surveying all 11 codes together has highlighted several anomalies within the current database. Specifically, 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 *(Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study)* is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). These discrepancies support the need for RVU changes to correct the anomalies.

Methodology

A multispecialty RUC survey was sent to all members of the Society of Vascular Surgery (SVS) through an email list-service and to random samples of members from the American College of Radiology (ACR), and the American College of Cardiology (ACC).

Work RVU Recommendation

We are recommending 25th percentile survey value of 0.70 RVW for 93979.

Comparison with Key Reference Service

CPT Code 93970 *(Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study)* was chosen as the key reference service by 36% of the survey respondents. This code was surveyed and presented to the RUC in April 2012 after it was identified as a CMS/other code with over 500,000 utilization by the RAW in 2011. Compelling evidence was presented and the RUC approved the median survey value of 0.70 RVW. This value has been accepted by CMS. 93979 and 93970 are similar in that they are both vascular lab studies; however, they differ in the type of blood vessels and area of the body imaged. Abdominal duplex evaluation is complicated by visual obstruction from overlying bowel and adipose tissue making imaging more difficult justifying the same RVW of 0.70 for 93979 compared to 93970.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
93970	0.70	0.035	23	3	15	5
93979	0.70	0.048	20	5	10	5

Comparison to MPC codes

Comparison with E&M Service 99212

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

CPT 99212 is an MPC code that was presented at the Third Five-Year Review in February of 2006 and has a work RVU of 0.48. The physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93979 is exactly the same as that involved in E&M code 99212. Both codes have a physician intra time of 10 minutes but 93979 has a higher intensity supporting the higher RVW. Based on this comparison, the 25th percentile survey value of 0.70 for 93979 is justified.

Comparison with Bone scan code 78306

Bone and/or joint imaging; whole body

CPT Code 78306 is an MPC code that was presented at the Third Five Year Review in August 2005 where a work RVU of 0.86 was reaffirmed. 78306 and 93979 have identical pre- and post-service times. Importantly, 93979 has two more minutes of intra time, and despite this **additional** intra time difference, the recommended 25th percentile survey RVW of 0.7097 for 93978 is less than the 0.86 RVUs for the MPC comparison. Thus, the comparison with MPC code 78306 fully supports the 25th percentile survey value of 0.70 for code 938979.

	RVW	IWPUT	Total Time	Eval	Intra	IM-post
99212	0.48	0.035	16	2	10	4
93979	0.70	0.048	20	5	10	5
78306	0.86	0.080	18	5	8	5

Additional Rationale

Comparison of 93979 to Family of Vascular Lab Duplex Codes

Surveying the family of vascular lab duplex codes as a group has identified both undervalued and overvalued services. Rank order anomalies, inconsistencies in time data, and CMS/other inputs have all been corrected and standardized. We feel that our recommendation for this family of 13 codes places them in appropriate relativity within the family and across the database.

CPT	Description	RVW	IWPUT	Total	Pre	Intra	Post
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	1.30	0.054	30	5	20	5
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	1.00	0.052	25	5	15	5
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	0.97	0.050	25	5	15	5

93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	0.90	0.045	25	5	15	5
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	0.038	25	5	15	5
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	0.80	0.038	25	5	15	5
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	0.70	0.035	23	3	15	5
93979	**Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study**	**0.70**	**0.048**	**20**	**5**	**10**	**5**
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	0.60	0.038	20	5	10	5
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	0.60	0.034	21	5	11	5
93882	Duplex scan of extracranial arteries; unilateral or limited study	0.50	0.028	20	5	10	5
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	0.50	0.028	20	5	10	5
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	0.035	18	3	10	5

Conclusion

We have provided multiple points of comparison to support our recommendation of the 25th percentile survey value of 0.70 RVW for 93979. The first relates 93979 to the key reference service of 93970, another vascular lab study. They have similar times but the increased intensity of performing an abdominal vascular examination justifies the higher RVW for 93979. Comparison to two MPC codes, one below and one above, anchors our recommended value for 93979. In each case, the time and intensity relationships support our recommended work RVU of 0.70 for this limited abdominal vascular duplex exam. Finally, when looking at the entire vascular lab duplex family of codes as a whole, our recommended RVW of 0.70 appropriately places 93979 with other limited studies and near the top consistent with its intensity. We believe all of these comparisons convincingly justify our recommendation.

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) 93979

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 vascular surgery How often? Commonly

Specialty cardiology How often? Commonly

Specialty radiology How often? Commonly

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
63,082 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database

Specialty vascular surgery Frequency 22750 Percentage 36.06 %

Specialty cardiology Frequency 21500 Percentage 34.08 %

Specialty radiology Frequency 3800 Percentage 6.02 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
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 93979

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

SS Rec Summary

REVISED 4-22-14

ISSUE: Duplex Scans and Dopper Flow Testing

TAB: 33 & 40

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-EVAL	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
REF	93970	Duplex scan of extremity veins including responses	37	0.035			0.70			23	3			15			5					
2012	93880	Duplex scan of extracranial arteries; complete bilat		0.031			0.60			22	5			12			5					
SVY	93880	Extracranial complete bilateral	79	0.042	0.25	0.80	0.85	1.25	2.00	25	5	2	10	15	20	60	5	0	63	120	300	1250
REC	93880			0.038			0.80			25	5			15			5					
REF	93971	Duplex scan of extremity veins including responses	21	0.027			0.45			18	3			10			5					
2012	93882	Duplex scan of extracranial arteries; unilateral or lir		0.018			0.40			20	5			10			5					
SVY	93882	Extracranial unilateral / limited	56	0.038	0.20	0.50	0.60	0.85	2.00	20	5	1	7	10	15	60	5	0	10	25	50	500
REC	93882			0.028			0.50			20	5			10			5					
REF	93970	Duplex scan of extremity veins including responses	31	0.035			0.70			23	3			15			5					
2012	93925	Duplex scan of lower extremity arteries or arterial b		0.044			0.80			21	3			15			3					
SVY	93925	Lower extremity complete bilateral	57	0.052	0.25	0.80	1.00	1.25	2.50	25	5	3	10	15	20	60	5	0	25	50	100	500
REC	93925			0.038			0.80			25	5			15			5					
REF	93971	Duplex scan of extremity veins including responses	23	0.027			0.45			18	3			10			5					
2012	93926	Duplex scan of lower extremity arteries or arterial b		0.037			0.50			16	3			10			3					
SVY	93926	Lower extremity unilateral / limited	57	0.048	0.20	0.60	0.70	1.00	2.25	20	5	2	8	10	15	60	5	0	30	50	100	400
REC	93926			0.038			0.60			20	5			10			5					
REF	93970	Duplex scan of extremity veins including responses	31	0.035			0.70			23	3			15			5					
1995	93930	Duplex scan of upper extremity arteries or arterial b		n/a			0.46			16												
SVY	93930	Upper extremity complete bilateral	56	0.038	0.25	0.70	0.80	1.26	2.50	25	5	3	10	15	17	60	5	0	12	25	50	240
REC	93930			0.038			0.80			25	5			15			5					
REF	93971	Duplex scan of extremity veins including responses	26	0.027			0.45			18	3			10			5					
1995	93931	Duplex scan of upper extremity arteries or arterial b		n/a			0.31			13												
SVY	93931	Upper extremity unilateral / limited	56	0.048	0.20	0.50	0.70	0.89	2.25	20	5	2	6	10	15	60	5	0	10	20	50	200
REC	93931			0.028			0.50			20	5			10			5					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
6						RVW					Total	PRE-	INTRA-TIME						SURVEY EXPERIENCE				
7	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
38	REF	93306	Echocardiography, transthoracic, real-time with ima	24	0.052			1.30			31.5	5			20			7					
39	CMS/oth	93975	Duplex scan of arterial inflow and venous outflow o		n/a			1.80			41												
40	SVY	93975	Organ inflow/outflow complete	54	0.054	0.25	1.16	1.30	1.88	2.50	30	5	5	15	20	30	60	5	0	20	50	100	600
41	REC	93975			0.054			1.30			30	5			20			5					
42																							
43	REF	93970	Duplex scan of extremity veins including responses	17	0.035			0.70			23	3			15			5					
44	CMS/oth	93976	Duplex scan of arterial inflow and venous outflow o		n/a			1.21			30												
45	SVY	93976	Organ inflow/outflow limited	53	0.052	0.25	0.80	1.00	1.30	2.25	25	5	4	10	15	20	60	5	0	10	25	80	300
46	REC	93976			0.052			1.00			25	5			15			5					
47																							
48	REF	93970	Duplex scan of extremity veins including responses	26	0.035			0.70			23	3			15			5					
49	CMS/oth	93978	Duplex scan of aorta, inferior vena cava, iliac vascu		n/a			0.65			19												
50	SVY	93978	Aorta / iliac complete	56	0.050	0.20	0.80	0.97	1.25	2.75	25	5	4	10	15	20	60	5	0	20	70	113	400
51	REC	93978			0.050			0.97			25	5			15			5					
52																							
53	REF	93970	Duplex scan of extremity veins including responses	20	0.035			0.70			23	3			15			5					
54	CMS/oth	93979	Duplex scan of aorta, inferior vena cava, iliac vascu		n/a			0.44			15												
55	SVY	93979	Aorta limited	56	0.058	0.20	0.70	0.80	1.00	2.25	20	5	3	8	10	15	60	5	0	14	50	100	300
56	REC	93979			0.048			0.70			20	5			10			5					

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93886 Tracking Number

Original Specialty Recommended RVU: **1.00**
Presented Recommended RVU: **1.00**
RUC Recommended RVU: **1.00**

Global Period: XXX

CPT Descriptor: Transcranial Doppler study of the intracranial arteries; complete study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Patient with recent subarachnoid hemorrhage develops worsening encephalopathy and mild right-sided weakness. Vasospasm is suspected and a complete transcranial ultrasound study is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

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

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

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

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 2%

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

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history. Review any prior applicable examinations including prior transcranial Doppler examinations, brain MR and brain CT examinations.

Description of Intra-Service Work: Supervise patient preparation and performance of the test by the vascular technologist. Review the recorded data, including demographics, vital signs, blood gases. Scan the right and left anterior circulation territories and the posterior circulation territory to include vertebral arteries and basilar arteries. Compare with findings from prior examinations. Document the normal and abnormal findings. Interpret the findings, and provide clinical correlation of the findings based on the patient's history.

Description of Post-Service Work: Dictate report for the medical record including recommendations for further testing. Review and sign the report. Communicate and discuss the findings with the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Marianna Spanaki MD, PhD, MBA; Charles Tegeler, MD; Kurt Schoppe, MD; Zeke Silva MD		
Specialty(s):	American Academy of Neurology, American College of Radiology		
CPT Code:	93886		
Sample Size:	1250	**Resp N:** 44	**Response:** 3.5 %
Description of Sample:	A random sample of 500 members from the stroke section of the AAN and a random sample of 750 from the American College of Radiology (ACR).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**23.00**	100.00	1500.00
Survey RVW:	0.35	0.75	**1.00**	1.20	3.09
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	10.00	**17.00**	30.00	40.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	93886	**Recommended Physician Work RVU: 1.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**17.00**		

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

XXX Global Code

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

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95819	XXX	1.08	**RUC Time**

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

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**	685,376

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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95805	XXX	1.20	**RUC Time**	5,219

CPT Descriptor 2 Multiple sleep latency or maintenance of wakefullness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 14 **% of respondents:** 31.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 93886**	**Key Reference CPT Code:** 95819	**Source of Time** RUC Time

Median Pre-Service Time	5.00	5.00
Median Intra-Service Time	17.00	15.00
Median Immediate Post-service Time	5.00	6.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**27.00**	**26.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.14	4.07
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.07	3.64
Urgency of medical decision making	4.57	3.93
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.71	4.21
Physical effort required	3.50	2.57
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.29	3.79
Outcome depends on the skill and judgment of physician	4.64	4.29
Estimated risk of malpractice suit with poor outcome	4.14	3.57

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.71	3.21
Intra-Service intensity/complexity	4.43	4.29
Post-Service intensity/complexity	3.57	3.14

Additional Rationale and Comments

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

As part of the 2013 Final Rule CMS requested the AMA RUC assess relativity among the entire family of Duplex codes and then recommend appropriate work RVUs. CMS also requests that the AMA RUC consider CPT code 93886 in conjunction with the duplex scan codes in order to assess the relativity between and among these codes.
The Research Subcommittee approved the survey sample with the understanding that data from both surveying societies and aggregate data be available. An expert consensus panel composed of members of the participating societies familiar with the code in question and the RUC process reviewed the results. The panel confirmed the reliability of the survey and recommends the median work RVU of 1.00 with 5 minutes pre service time, 17 minutes intra time and 5 minutes post service time. The panel agreed a reduction of 2 minutes from the survey post time was appropriate to maintain consistency within the duplex code family.
Compelling evidence:
The specialty societies are recommending an increase in work RVU over the current value. The RUC database indicates a time source for 93886 as "CMS/Other", indicating that this code was not Harvard valued and has never been surveyed. We believe that the requirement for compelling evidence is met since 93886 meets the criterion, "a flawed mechanism or methodology used in the previous valuation".

SERVICES REPORTED WITH MULTIPLE CPT CODES

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

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

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Code 93886 is for interrogating the intracranial cerebral circulation. 93880 code is for complete carotid duplex, an exam interrogating the extracranial cerebral circulation. The two tests are intended to interrogate different circulations, different parts of the body and vascular system, and are looking for different abnormalities. The separate tests are often performed on the same patient on the same date of service to investigate those with stroke or transient ischemic attack (TIA). Lesions resulting in stroke or TIA can occur in the extracranial cerebral circulation, or in the intracranial circulation, and disease in one location actually increases the chances of finding disease in the other.

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) 93886

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? Sometimes

Specialty Diagnostic Radiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 204720
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This number is three times the 2012 medicare claims reporting data for 93886, which we feel accurately represents the national reporting of this code for one year.

Specialty Neurology Frequency 118740 Percentage 58.00 %

Specialty Diagnostic Radiology Frequency 22520 Percentage 11.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 68,240 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We used 2012 Medicare claims data for 93886 to develop the following estimates, taking into consideration the global and professional utilization of the code.

Specialty Neurology Frequency 39580 Percentage 58.00 %

Specialty Diagnostic Radiology Frequency 7510 Percentage 11.00 %

Specialty Frequency 0 Percentage 0.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93886

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:93888 Tracking Number Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Transcranial Doppler study of the intracranial arteries; limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Patient with recent subarachnoid hemorrhage develops worsening encephalopathy and mild right-sided weakness due to left middle cerebral artery (MCA) vasospasm. Intra-arterial infusion of a vasodilatory agent results in improvement of the vasospasm during the procedure. A limited transcranial ultrasound study of the left MCA and adjacent vessels is ordered to evaluate for recurrent vasospasm.

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%

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 3%

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

Description of Pre-Service Work: Review the reason for the exam and any pertinent clinical history. Review any prior applicable examinations including prior transcranial Doppler examinations, brain MR and brain CT examinations.

Description of Intra-Service Work: Supervise patient preparation and performance of the test by the vascular technologist. Review the recorded data, including demographics, vital signs, blood gases. Scan two or fewer of the following territories: the right anterior circulation territory, the left anterior circulation territory, or the posterior circulation territory to include vertebral arteries and basilar arteries. Compare with findings from prior examinations. Document the normal and abnormal findings. Interpret the findings, and provide clinical correlation of the findings based on the patient's history.

Description of Post-Service Work: Dictate report for the medical record including recommendations for further testing. Review and sign the report. Communicate and discuss the findings with the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	Marianna Spanaki, MD, PhD, MBA; Charles Tegeler, MD; Kurt Schoppe MD; Zeke Silva, MD				
Specialty(s):	American Academy of Neurology, American College of Radiology				
CPT Code:	93888				
Sample Size:	1250	**Resp N:**	32	**Response:** 2.5 %	
Description of Sample:	A random sample of 500 members from the stroke section of the AAN and a random sample of 750 from the American College of Radiology (ACR).				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**20.00**	63.00	500.00
Survey RVW:	0.49	0.62	**0.70**	0.86	2.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	7.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	93888	**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:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

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

XXX Global Code

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

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76821	XXX	0.70	**RUC Time**

CPT Descriptor Doppler velocimetry, fetal; middle cerebral artery

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**	685,376

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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	99,902,210

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 7 **% of respondents:** 21.8 **%**

TIME ESTIMATES (Median)

CPT Code: 93888	Key Reference CPT Code: 76821	Source of Time RUC Time

Median Pre-Service Time	5.00	5.00
Median Intra-Service Time	10.00	10.00
Median Immediate Post-service Time	5.00	5.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**20.00**	**20.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.57	2.57
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.71	3.14
Urgency of medical decision making	4.14	3.14
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.29	2.86
Physical effort required	3.00	2.71
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.57	2.43
Outcome depends on the skill and judgment of physician	3.57	3.29
Estimated risk of malpractice suit with poor outcome	3.00	2.86

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.14	2.57
Intra-Service intensity/complexity	3.71	3.14
Post-Service intensity/complexity	2.86	2.71

Additional Rationale and Comments

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

As part of the 2013 Final Rule CMS requested the AMA RUC assess relativity among the entire family of Duplex codes and then recommend appropriate work RVUs. CMS also requests that the AMA RUC consider CPT codes 93888 in conjunction with the Duplex scan codes in order to assess the relativity between and among these codes.
The Research Subcommittee approved the survey sample with the understanding that data from both surveying societies and aggregate data be available. An expert consensus panel composed of members of the participating societies familiar with the code in question and the RUC process reviewed the results. The panel confirmed the reliability of the survey and recommends the median RVU of 0.70 with 5 minutes of pre service time, 10 minutes intra time and 5 minutes post service time.
Compelling evidence:
The specialty societies are recommending an increase in work RVU over the current value. The RUC database indicates a time source for 93888 as "CMS/Other", indicating that this code was not Harvard valued and has never been surveyed. We believe that the requirement for compelling evidence is met since 93888 meets the criterion, "a flawed mechanism or methodology used in the previous valuation".

SERVICES REPORTED WITH MULTIPLE CPT CODES

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

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

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) Code 93888 is for interrogating the intracranial cerebral circulation. 93880 code is for complete carotid duplex, an exam interrogating the extracranial cerebral circulation. The two tests are intended to interrogate different circulations, different parts of the body and vascular system, and are looking for different abnormalities. The separate tests are often performed on the same patient on the same date of service to investigate those with stroke or transient ischemic attack (TIA). Lesions resulting in stroke or TIA can occur in the extracranial cerebral circulation, or in the intracranial circulation, and disease in one location actually increases the chances of finding disease in the other.

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) 93888

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? Sometimes

Specialty Radiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 54933
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This number is three times the 2012 medicare claims reporting data for 93888, which we feel accurately represents the national reporting of this code for one year

Specialty Neurology Frequency 12090 Percentage 22.00 %

Specialty Diagnostic Radiology Frequency 8241 Percentage 15.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 18,311 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We used 2012 Medicare claims data for 93888 to develop the following estimates, taking into consideration the global and professional utilization of the code..

Specialty Neurology Frequency 4030 Percentage 22.00 %

Specialty Diagnostic Radiology Frequency 2747 Percentage 15.00 %

Specialty Frequency 0 Percentage 0.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93888

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

SS Rec Summary

ISSUE: Duplex Scans (Transcranial Doppler 93886, 93888 only)

TAB: 33

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	95819	EEG awake and asleep	14	0.056			1.08			26	5					15			6
CURRENT	93886	Intracranial complete study		#DIV/0!			0.94			25									
SVY	93886	Intracranial complete study	44	0.043	0.35	0.75	1.00	1.20	3.09	29	5			0	10	17	30	40	7
REC	93886			0.046			1.00			27	5					17			5

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
REF	76821	Middle Cerebral artery echo	7	0.048			0.70			20	5					10			5
CURRENT	93888	Intracranial limited study		#DIV/0!			0.62			19									
SVY	93888	Intracranial limited study	32	0.048	0.49	0.62	0.70	0.86	2.00	20	5			0	7	10	15	30	5
REC	93888			0.048			0.70			20	5					10			5

CPT Code: 93970, 93971, 93880, 93882, 93925, 93926, 93930, 93931, 93975, 93976, 93978, 93979

Specialty Society('s): SVS, ACR and ACC

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

CPT Long Descriptor:

93880 Duplex scan of extracranial arteries; complete bilateral study
93882 Duplex scan of extracranial arteries; unilateral or limited study

93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926 Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
93930 Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931 Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study

93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
93978 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study

93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971 Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

Global Period: **XXX** Meeting Date: **April 2014**

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

   The multispecialty organizations (SVS, ACR and ACC) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these procedures.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:**

   We are making recommendations for existing CPT codes. The current direct PE inputs are included on the spreadsheet.

3. **If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:**

   N/A

4. **If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:**

There are 13 CPT Codes included in these recommendations. We are recommending minimal shifts in clinical time. The shifts are the result of 'normalizing' times between all the codes per line item (i.e. vital signs, education, image analysis). Six of the 13 codes are decreasing in overall time, six of the codes are increasing in time and one code remains the same.

5. Please describe in detail the clinical activities of your staff:

93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the complete bilateral lower extremity venous duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of lower extremity venous disease including: swelling, limb pain or tenderness, documentation of potential source(s) for pulmonary embolism (PE), palpable cord, status post venous interventional procedure, ulceration or discoloration, hypercoaguable state, pallor, positive D-dimer test, and varicose veins. Contraindications and limitations of the lower extremity venous duplex include: obesity, limited visualization due to casts, dressings or open wounds, severe edema/swelling, limited patient mobility, patients who cannot be properly positioned for exam. When directed, perform adjunctive procedures including lower extremity limb diameter measurementss.

The patient is positioned for optimal comfort and access in a supine position and the head of the bed elevated approximately 12 inches with the leg externally rotated slightly. This is the position of choice for viewing the common femoral, femoral, deep femoral , great saphenous, popliteal vein, and posterior tibial veins. Prone or lateral decubitus position can be used to view the popliteal vein, peroneal and proximal posterior tibial veins, small saphenous vein and soleal veins. A complete bilateral lower extremity venous duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow, vessel compressibility and the presence, location and extent of thrombus must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the lower extremity veins. The common femoral vein and artery are identified in the transverse plane at the groin above the saphenofemoral junction (SFJ). With moderate probe pressure, the vein should collapse so that vein walls meet, indicating a full compression and no evidence of thrombus. Using the transverse view, the vein is visualized and compressed along its entire course, watching for full coaptation of the vein walls. Doppler spectral analysis is used every 2-4cm. to document spontaneity, respiratory variation and augmentation. At a minimum, the technologist captures images with and without vein compression in the common femoral vein above the SFJ, at the SFJ to include the common femoral and proximal great saphenous vein,

proximal deep femoral vein, mid-femoral vein, distal femoral vein, popliteal vein (behind knee using posterior approach) tibial-peroneal confluence, posterior tibial veins, peroneal veins. Longitudinal scans of the previously mentioned veins are also acquired so that color Doppler and spectral waveform analysis is obtained. Representative spectral waveforms should be recorded from all vessel segments as well as proximal, throughout and distal to any region where thrombus is identified. Documentation of flow or lack of flow compliments compression, color flow and gray scale imaging. When necessary, additional documentation of inferior vena cava, common and external iliac veins patency can be performed Anatomic variants must be documented. Incidental findings, such as Baker's Cyst, seroma, hematoma, enlarged lymph node, mass, etc. must be reported. Characterization of such findings should include measurements of size and/or presence of blood flow.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; vein compressibility, presence, extent and location of incompressible vein is fully documented. Additionally, documentation of intralumenal echoes with an incompressible vein is confirmed. When a partial incompressibility is present, color flow must be documented blood flow around the echogenic material in the vein; when a total occlusion is present, no color flow will be observed, even with distal limb compression. Since only one vein of a pair is often occluded, it is important that all veins are individually documented. Echogenic descriptions and characteristics should be documented: echogenicity, homogeneous or heterogeneous, attached or free floating, presence of collateral veins and vein dilatation. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to occlusion or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93971 Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the unilateral/limited lower extremity venous duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of lower extremity venous disease including: swelling, limb pain or tenderness, documentation of a source for pulmonary embolism (PE), palpable cord, status post venous interventional procedure, ulceration or discoloration), hypercoaguable state, pallor, positive D-dimer test, varicose veins. Contraindications and limitations of the lower extremity venous duplex include: obesity, limited visualization due to casts, dressings or open wounds, severe edema/swelling, limited patient mobility, patients who cannot be properly positioned for exam. When directed, perform adjunctive procedures including lower extremity limb diameter measurements.

The patient is positioned for optimal comfort in the supine position and the head of the bed elevated approximately 12 inches with the leg externally rotated slightly. This is the position of choice for viewing the common femoral, femoral, deep femoral, great saphenous, popliteal, and posterior tibial veinsProne or lateral decubitus position can be used to view the popliteal vein, peroneal and proximal posterior tibial veins, small saphenous vein and soleal veins. A unilateral/limited lower extremity venous duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow, vessel compressibility and the presence, location and extent of thrombus must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the lower extremity veins. The common femoral vein and artery are identified in the transverse plane at the groin above the saphenofemoral junction (SFJ). With moderate probe pressure, the vein should collapse so that vein walls meet, indicating a full compression and no evidence of thrombus. Using the transverse view, the vein is visualized and compressed along its entire course, watching for full coaptation of the vein walls. Doppler spectral analysis is used every 2-4cm. to document spontaneity, respiratory variation and augmentation. At a minimum, the technologist captures images with and without vein compression in the common femoral vein above the SFJ, at the SFJ to include the common femoral and proximal great saphenous veins, proximal deep femoral, mid-femoral, distal femoral, popliteal (behind knee using posterior approach), tibioperoneal confluence, posterior tibial, and peroneal veins. Longitudinal scans of the previously mentioned veins are also acquired so that color Doppler and spectral waveform analysis is obtained. Representative spectral waveforms should be recorded from all vessel segments as well as proximal, throughout and distal to any region where thrombus is identified. Documentation of flow or lack of flow compliments compression, color flow and

gray scale imaging. Incidental findings, such as Baker's Cyst, seroma, hematoma, lymph node, mass, etc. must be reported. Characterization of such findings should include measurements of size and/or presence of blood flow. Anatomic variants must be documented. A contralateral Doppler spectral waveform from the common femoral vein just above the saphenofemoral junction must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; vein compressibility, presence, extent and location of thrombus are fully documented. Additionally, documentation of intralumenal echoes with an incompressible vein is confirmed. When a partially occlusive thrombus is present, color flow must be documented flowing around the echogenic material in the vein; when a totally occlusive thrombus is present, no color flow will be observed, even with distal limb compression. Since only one vein of a pair can be thrombosed, it is important that all veins are individually documented. Thrombus descriptions and characteristics should be documented: echogenicity, homogeneous or heterogeneous, attached or free floating, presence of collateral veins and vein dilatation. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to thrombosis or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93880 Duplex scan of extracranial arteries; complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the bilateral extracranial arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of cerebrovascular disease and, if applicable, the type of surgical procedure/intervention previously performed. Signs and symptoms of disease include: transient ischemic attacks, amaurosis fugax, bruits, stroke, follow-up of known carotid stenosis, post intervention follow-up (carotid endarterectomy, stent, etc.), trauma in the distribution of the carotid artery. Contraindications and limitations of the extracranial arterial duplex include: short, thick, muscular neck, edema, hematoma or dressings following recent surgery, calcified plaque which obscures vessel visualization, fibromuscular dysplasia, tortuosity, radiation injury. Auscultation of bruits and documentation of bilateral blood pressures are conducted.

The patient is positioned for optimal comfort and a bilateral extracranial arterial exam is performed. To completely assess the extracranial arteries, patients are typically examined in the supine position with the head supported by a small pillow/towel and rotated 45degrees to the opposite side for transducer placement. It is typically optimal to complete the exam with the examiner at the head of the bed to achieve ergonomically correct and adequate access to the arteries. Documentation includes multiple longitudinal and transverse views with bilateral assessment of following vessels in their entirety: common carotid, carotid bifurcation, internal carotid, external carotid, and vertebral (origin and intervertebral) arteries. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the extracranial arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak

systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93882 Duplex scan of extracranial arteries; unilateral or limited study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the unilateral/limited extracranial arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of cerebrovascular disease and, if applicable, the type of surgical procedure/intervention previously performed. Signs and symptoms of disease include: transient ischemic attacks, amaurosis fugax, bruits, stroke. Additionally, any history of known carotid stenosis, post intervention follow-up (carotid endarterectomy, stent, etc), and trauma in the distribution of the carotid artery are noted. Contraindications and limitations of the extracranial arterial duplex include: short, thick, muscular neck, edema, hematoma or dressings following recent surgery, calcified plaque which obscures vessel visualization, fibromuscular dysplasia, tortuosigy, and radiation injury. Auscultation of bruits and documentation of bilateral blood pressures is conducted.

The patient is positioned for optimal comfort and a unilateral/limited extracranial arterial exam is performed. To completely assess the extracranial arteries, patients are typically examined in the supine position with the head supported by a small pillow/towel and rotated 45 degrees to the opposite side for transducer placement. It is typically optimal to complete the exam with the examiner at the head of the bed to achieve ergonomically correct and adequate access to the arteries. Documentation includes multiple longitudinal and transverse views with assessment of following vessels as necessary: common carotid, carotid bifurcation, internal carotid, external carotid, and vertebral (origin and intervertebral). Throughout the examination, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the extracranial arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure an appropriate evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity,

end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the bilateral lower extremity arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of lower extremity peripheral vascular disease and, if applicable, the type of surgical procedure previously performed (The graft type/location should be acquired from the history or prior examination). Symptoms of disease include: absent peripheral pulses, claudication, ischemic rest pain, and/or arterial ulceration, aneurysm, pseudoaneurysm, arterial-venous fistula, limb ischemia/digital ischemia, gangrene, trauma to an artery and post-surgical or interventional procedure follow-up. Contraindications and limitations of the lower extremity arterial duplex include: contractures of the lower extremity, suspected or known acute lower extremity that cannot or should not be compressed by pressure cuffs, patients with incompressible vessels, patients who are post lower extremity interventional procedure, i.e. stent, arterial bypass graft, in whom segmental pressures may also be contraindicated. Palpation of pulses and documentation of bilateral blood pressures is conducted.

The patient is positioned for optimal comfort and a bilateral lower extremity arterial exam is performed. To completely assess the lower extremity arteries, patients are typically examined in the supine position with the leg externally rotated away from the body for transducer placement. It is typically optimal to complete the exam with the examiner at the side of the bed to achieve ergonomically correct and adequate access to the arteries. Documentation includes multiple longitudinal and transverse views with bilateral assessment of following vessels in their entirety: , common femoral, deep femoral, superficial femoral, popliteal, and tibioperoneal arteries. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the lower extremity arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93926 Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the unilateral lower extremity arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of lower extremity peripheral vascular disease and, if applicable, the type of surgical procedure previously performed (The graft type/location should be acquired from the history or prior examination). Symptoms of disease include: absent peripheral pulses, claudication, ischemic rest pain, and/or arterial ulceration, aneurysm, pseudoaneurysm, arterial-venous fistula, limb ischemia/digital ischemia, gangrene, trauma to an artery and post-surgical or interventional procedure follow-up. Contraindications and limitations of the lower extremity arterial duplex include: contractures of the lower extremity, incompressible vessels, patients who are immediate post lower extremity interventional procedure, i.e. arterial bypass graft. Palpation of pulses and documentation of bilateral blood pressures are conducted.

The patient is positioned for optimal comfort and a unilateral lower extremity arterial exam is performed. To assess the lower extremity arteries, patients are typically examined in the supine position with the leg externally rotated away from the body for transducer placement. It is typically optimal to complete the exam with the examiner at the side of the bed to achieve ergonomically correct and adequate access to the arteries. Documentation includes multiple longitudinal and transverse views with unilateral assessment of following vessels in their entirety: common femoral, deep femoral, superficial femoral, popliteal and tibioperoneal arteries. Throughout the examination, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the lower extremity arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure an appropriate evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity,

end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93930 - Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the complete bilateral upper extremity arterial duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of upper extremity peripheral vascular disease including: absent peripheral pulses, abnormal arterial arm pressures, including BP differential of >20mmHg between arms, cold sensitivity, digital cyanosis, upper extremity bruit, exercise related claudication, rest pain, thoracic outlet syndrome (TOS), Raynaud's Disease, ischemic ulcer, limb ischemia/ digital ischemia, gangrene, trauma to an artery, and/or arterial aneurysm. Contraindications and limitations of the upper extremity arterial duplex include: functioning dialysis access graft, patients with suspected or known acute upper extremity deep venous thrombosis (DVT), recent surgery, ulcers, casts or bandages on the upper extremity that cannot or should not be compressed by pressure cuffs, patients with incompressible vessels, patients who are post upper extremity interventional procedure, i.e., dialysis access graft, stent, arterial bypass graft, in whom segmental pressures may also be contraindicated. Palpation of pulses and documentation of trilateral blood pressures is conducted.

The patient is positioned for optimal comfort and a complete bilateral upper extremity arterial exam is performed. To completely assess the upper extremity arteries, patients are typically examined in the supine position with the arm angled approximately 45-90 degrees and externally rotated away from the body for transducer placement. It is typically optimal to complete the exam with the examiner sitting at the head of the bed to achieve ergonomically correct and adequate access from the central arteries to the ante-cubital fossa, as well as the forearm arteries. Documentation includes multiple longitudinal and transverse views with complete bilateral assessment of following vessels in their entirety: innominate (optional), subclavian, axillary, brachial, radial, and ulnar arteries. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the upper extremity arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented. Upper extremity arterial segmental pressure and waveform evaluations

may also be performed in patients with known peripheral artery disease or who have had an arterial intervention of the upper extremity. The evaluation may also include the assessment of digital perfusion.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93931 - Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the unilateral/limited upper extremity arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of upper extremity peripheral vascular disease including: absent peripheral pulses, abnormal arterial arm pressures, including BP differential of >20mmHg between arms, cold sensitivity, digital cyanosis, upper extremity bruit, exercise related claudication, rest pain, thoracic outlet syndrome (TOS), Raynaud's Disease, ischemic ulcer, limb ischemia/ digital ischemia, gangrene, trauma to an artery, and/or arterial aneurysm. Contraindications and limitations of the upper extremity arterial duplex include: functioning dialysis access graft, patients with suspected or known acute upper extremity deep venous thrombosis (DVT), recent surgery, ulcers, casts or bandages on the upper extremity that cannot or should not be compressed by pressure cuffs, patients with incompressible vessels, patients who are post upper extremity interventional procedure, i.e., dialysis access graft, stent, arterial bypass graft, in whom segmental pressures may also be contraindicated. Palpation of pulses and documentation of trilateral blood pressures is conducted.

The patient is positioned for optimal comfort and a unilateral or limited upper extremity arterial exam is performed. To completely assess the upper extremity arteries, patients are typically examined in the supine position with the arm angled approximately 45-90 degrees and externally rotated away from the body for transducer placement. It is typically optimal to complete the exam with the examiner sitting at the head of the bed to achieve ergonomically correct and adequate access from the central arteries to the ante-cubital fossa, as well as the forearm arteries. Documentation includes multiple longitudinal and transverse views with unilateral or limited assessment of following vessels in their entirety: innominate, subclavian, axillary, brachial, radial, and/or ulnar arteries. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the upper extremity arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic

variants must be documented. Upper extremity arterial segmental pressure and waveform evaluations may also be performed in patients with known peripheral artery disease or who have had an arterial intervention of the upper extremity. The evaluation may also include the assessment of digital perfusion.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and retroperitoneal organs - complete

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the complete renal artery duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient should be fasting for 6-12 hours prior to the exam. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of renal artery disease including: essential or malignant hypertension, elevated BUN levels, aortoiliac atherosclerosis, unilateral, atrophic kidney, cystic kidney disease, aneurysm, evaluation of surgical or interventional procedure. Contraindications and limitations of the renal artery duplex include: obesity resulting in poor visualization, abdominal gas, open abdominal wounds, fresh sutures/staples, peritoneal dialysis catheters. Palpation of pulses and documentation of bilateral blood pressures are conducted.

The patient is positioned in a supine position for optimal comfort and a complete renal artery (RA) duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the renal arteries. Acoustic windows used to image the renal artery include: transverse plane accessing the lateral aspect of the abdominal aorta. The right RA arises from the lateral abdominal aorta with right renal vein anterior to the RA. The left RA arises from the aorta and is left renal vein, making visualization more difficult. In some instances, the patient may be positioned in a right-side-up decubitus position, using the liver as a window to visualize the right RA. Alternatively, with the patient in a left lateral decubital position, the spleen and left kidney are used as acoustic windows to visualize the left renal artery. The typical patient requires a low frequency transducer to image the renal arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance or aneurysm is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants, asymmetry and anomalies must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93976- Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and retroperitoneal organs- limited

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the limited celiac and mesenteric artery duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient should be fasting for 6-12 hours prior to the exam. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of celiac or mesenteric disease including: abdominal pain, cramping associated with eating, significant and unexplained weight loss, abdominal bruit, suspected visceral artery aneurysm, unexplained gastrointestinal symptoms, post-mesenteric reconstruction evaluation. Contraindications and limitations of the celiac and mesenteric artery duplex include: obesity resulting in poor visualization, abdominal gas, recent abdominal surgery/fresh sutures/staples. respiratory difficulties that may impact a complete study. Palpation of pulses and documentation of bilateral blood pressures are conducted.

The patient is positioned in a supine position for optimal comfort and a limited celiac and mesenteric artery duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the celiac and mesenteric arteries, first imaging the anterior wall of the suprarenal abdominal aorta and then identifying the celiac artery (CA) and the superior mesenteric artery (SMA). Both transverse and longitudinal views are taken. The typical patient requires a low frequency transducer to image the celiac and mesenteric arteries. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance or aneurysm is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants, asymmetry and anomalies must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex

machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93978- Duplex scan of aorta, inferior vena cava, iliac vasculature or bypass grafts- complete bilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the complete abdominal aortoiliac duplex examination is being performed, and responds to questions and/or concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient demographic data is documented and entered into the duplex machine. Patient should be fasting for 6-12 hours prior to the exam. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of aortoiliac vascular disease including: abdominal/groin bruit, abdominal pain, pulsatile aorta or mass, immediate family history of abdominal aortic aneurysm (AAA), surveillance of known AAA or iliac aneurysm, hypertension, aneurysm in other locations (iliac, femoral or popliteal arteries), aortic coarctation, lower extremity arterial inflow disease (i.e.: absent CFA pulse &/or buttock claudication that interferes with patients life style or ischemic rest pain, or following lower extremity intervention, back pain, evidence of distal emboli, physiological studies that indicate inflow disease, surveillance of arterial vascular intervention/reconstruction). Contraindications and limitations of the aortoIliac arterial duplex include: obesity resulting in poor visualization, abdominal gas, open abdominal wounds, fresh sutures/staples, peritoneal dialysis catheters and pregnant patients in their 2nd and 3rd trimester. Palpation of pulses and documentation of bilateral blood pressures is conducted.

The patient is positioned in a supine position for optimal comfort and a complete aortoiliac duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the aortoiliac area.. Acoustic windows used to image the abdominal aortoiliac region include: midline of the upper abdomen, left flank with patient supine or right lateral decubitus. The typical patient requires a low frequency transducer to image deep abdominal structures, though some patients may require the use of higher frequencies. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. If an aneurysm is present both transverse and longitudinal images are required to document the maximal longitudinal diameter from outer wall to outer wall, as well as transverse views documenting maximum anterior-posterior and transverse diameters of the true lumen. The location, presence of flow, presence of thrombus and length of the aneurysm are documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance or aneurysm is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to

the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

93979- Duplex scan of aorta, inferior vena cava, iliac vasculature or bypass graft- limited or unilateral study

Pre-service Clinical Labor Activities:

The examiner reviews prior vascular lab studies and any other documentation necessary to perform the ordered examination.

Intra-Service Clinical Labor Activities:

The room and supplies are prepared. The duplex scanner and transducers are selected and readied. The examiner greets the patient, describes the procedure, explains why the aortoiliac arterial duplex examination is being performed and responds to questions and concerns about any aspect of the examination. Informed consent is obtained and the patient is gowned. Patient should be fasting for 6-12 hours prior to the exam. Patient demographic data is documented and entered into the duplex machine. Patient assessment is performed prior to the duplex examination. This includes assessment of the patient's ability to tolerate the procedure, an evaluation of any contra-indications to the procedure and a pertinent history and limited physical examination. The examiner records the presence of any signs or symptoms of aortoiliac vascular disease including: abdominal/groin bruit, abdominal pain, pulsatile aorta or mass, immediate family history of abdominal aortic aneurysm (AAA), surveillance of known AAA or iliac aneurysm, hypertension, aneurysm in other locations (iliac, femoral or popliteal arteries), aortic coarctation, lower extremity arterial inflow disease i.e.: absent CFA pulse &/or buttock claudication that interferes with patients life style or ischemic rest pain, or following lower extremity intervention, back pain, evidence of distal emboli, physiological studies that indicate inflow disease, surveillance of arterial vascular intervention/reconstruction. Contraindications and limitations of the aortoIliac arterial duplex include: obesity resulting in poor visualization, abdominal gas, open abdominal wounds, fresh sutures/staples, peritoneal dialysis catheters and pregnant patients in their 2nd and 3rd trimester. Palpation of pulses and documentation of bilateral blood pressures are conducted.

The patient is positioned in a supine position for optimal comfort and a limited aortoiliac duplex exam is performed. Throughout the examinations, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed and documented so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis. Patients typically require the use of a range of transducer frequencies to fully insonate the aortoiliac area.. Acoustic windows used to image the abdominal aortoiliac region include: midline of the upper abdomen, left flank with patient supine or right lateral decubitus. The typical patient requires a low frequency transducer to image deep abdominal structures, though some patients may require the use of higher frequencies. Evidence of wall thickening, plaque formation, calcification or dilatation, length of narrowing, plaque characterization or dilatation must be documented. If an aneurysm is present both transverse and longitudinal images are required to document the maximal longitudinal diameter from outer wall to outer wall, as well as transverse views documenting maximum anterior-posterior and transverse diameters of the true lumen. The location, presence of flow, presence of thrombus and length of the aneurysm are documented. Doppler spectral analysis is used to quantify disease severity and includes assessment for presence or absence of flow. When flow is present, evaluation includes peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where a flow disturbance or aneurysm is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to

the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls. Anatomic variants must be documented.

Following completion of the examination, data are reviewed to ensure a complete and comprehensive evaluation has been performed and documented. The examiner uses the duplex equipment to review and measure all longitudinal and transverse gray scale and color images; additionally calculation of peak systolic velocity, end diastolic velocity and acceleration time is performed and recorded using the duplex machine. Waveform velocities must be recorded from the longitudinal views at a consistent angle. By reviewing all duplex still and cine images, the examiner documents flow characteristics and image data proximal, within and distal to stenoses or any areas of flow disturbance. Adjusting scale settings and gray scale displays, the data is visually optimized during and after completion of the exam to document findings for review and interpretation. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. All technical findings required to complete the final interpretation are recorded on a worksheet or logbook so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data. Preliminary technical findings are documented. After all images have been review, optimized, annotated, and recorded, the completed study is transferred to PACS for interpretation by the supervising physician.

Post-service Clinical Labor Activities:

Quality assurance documentation is compiled.

	A	B	C	F	G	H	I	J	K	L	M	N	O	P	Q
1				Apr-12		Recommend		Apr-12		Recommend		Oct-12		Recommend	
2	*Please note: If a supply has a purchase price of $100 or more please			93970				93925				93880			
3	**Meeting Date: April 2014 Tab: 33 & 40 Duplex Scans Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral				Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study				Duplex scan of extracranial arteries; complete bilateral study			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	**67**	**0**	**74**	**0**	**91**	**0**	**104**	**0**	**75**	**0**	**77**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**	**3**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	**64**	**0**	**67**	**0**	**88**	**0**	**97**	**0**	**68**	**0**	**70**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**	**0**	**4**	**0**	**0**	**0**	**4**	**0**	**4**	**0**	**4**	**0**
10	**PRE-SERVICE**														
11	**Start: Following visit when decision for surgery or procedure made**														
17	Availability of prior images confirmed	L054A	VasTech			**1**				**1**				**1**	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			**2**				**2**				**2**	
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech	**3**				**3**				**3**			
20	**End: When patient enters office/facility for surgery/procedure**														
21	**SERVICE PERIOD**														
22	**Start: When patient enters office/facility for surgery/procedure:**														
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech	**3**		**3**		**3**		**3**		**3**		**3**	
24	Obtain vital signs	L054A	VasTech							**3**				**3**	
25	Provide pre-service education/obtain consent	L054A	VasTech	**2**		**3**		**2**		**3**		**3**		**3**	
26	Prepare room, equipment, supplies	L054A	VasTech	**2**		**2**		**2**		**2**		**3**		**2**	
27	Other: Set up US Equipment	L054A	VasTech			**2**				**2**				**2**	
28	Setup scope (non facility setting only)														
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech	**2**		**2**		**2**		**2**		**3**		**2**	
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech									**1**			
32	**Intra-service**														
33	Acquire images	L054A	VasTech	**45**		**45**		**69**		**69**		**42**		**42**	
34	**Post-Service**														
37	Clean room/equipment by physician staff	L054A	VasTech	**3**		**3**		**3**		**3**		**3**		**3**	
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech			**5**				**8**				**8**	
44	Review examination with interpreting MD	L054A	VasTech			**1**				**1**				**1**	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			**1**				**1**				**1**	
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech	**7**				**7**				**10**			
51	**End: Patient leaves office**														

	A	B	C	F	G	H	I	J	K	L	M	N	O	P	Q
1				Apr-12		Recommend		Apr-12		Recommend		Oct-12		Recommend	
2	*Please note: If a supply has a purchase price of $100 or more please			93970				93925				93880			
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral				Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study				Duplex scan of extracranial arteries; complete bilateral study			
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
52	**POST-SERVICE Period**														
53	**Start: Patient leaves office/facility**														
54	Conduct phone calls/call in prescriptions	L054A	VasTech												
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech			**4**				**4**		**4**		**4**	
63	**End: with last office visit before end of global period**														
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**												
65	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**	
66	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**		**1**		**1**	
67	cover-condom, transducer or ultrasound probe	SB005	item	**1**		**1**		**1**							
68	ultrasound transmission gel	SJ062	ml	**60**		**60**		**50**		**60**		**60**		**40**	
69	film, 8inx10in (ultrasound, MRI)	SK022	item	**3**		**3**		**3**		**3**		**3**		**3**	
70	film, x-ray 14in x 17in	SK034	item	**2**		**2**		**2**		**2**		**2**		**2**	
71	patient education booklet	SK062	item	**1**		**1**		**1**		**1**		**1**		**1**	
72	video tape, VHS	SK086	item	**1**		**1**				**1**		**1**		**1**	
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.34**		**0.34**		**0.34**		**0.34**		**0.34**		**0.34**	
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**2**		**2**		**2**		**2**		**2**		**2**	
75	**EQUIPMENT**	**CODE**													
76	room, ultrasound, vascular	EL016		**52**		**59**		**76**		**86**		**51**		**59**	
77	computer, desktop, w-monitor	ED021		**7**		**7**		**7**		**7**		**51**		**7**	
78	stretcher	EF018													
79	video SVHS VCR (medical grade)	ED034													
80	film processor, wet	ED025		**7**		**7**		**7**		**7**		**10**		**7**	
81	video printer, color (Sony medical grade)	ED036		**10**		**10**		**10**		**10**				**10**	
82	x-ray view box, 4 panel	ER067		**7**		**7**		**7**		**7**		**10**		**7**	

	A	B	C	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
1				2002		Recommend		2002		Recommend		2002		Recommend		Apr-11		Recon
2	*Please note: If a supply has a purchase price of $100 or more please			93930				93975				93978				93971		
3	**Meeting Date: April 2014 Tab: 33 & 40 Duplex Scans Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study				Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal				Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study				Duplex scan of extremit including responses compression and ot maneuvers; unilateral or		
4	**LOCATION**			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF
5	**GLOBAL PERIOD**			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	86	0	80	0	108	0	102	0	82	0	75	0	42	0	49
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	75	0	73	0	97	0	95	0	71	0	68	0	39	0	42
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	8	0	4	0	8	0	4	0	8	0	4	0	0	0	4
10	**PRE-SERVICE**																	
11	**Start: Following visit when decision for surgery or procedure made**																	
17	Availability of prior images confirmed	L054A	VasTech			1				1				1				1
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			2				2				2				2
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech	3				3				3				3		
20	**End: When patient enters office/facility for surgery/procedure**																	
21	**SERVICE PERIOD**																	
22	**Start: When patient enters office/facility for surgery/procedure:**																	
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech	3		3		3		3		3		3		3		3
24	Obtain vital signs	L054A	VasTech	3		3		3		3		3		3				
25	Provide pre-service education/obtain consent	L054A	VasTech	4		3		5		3		5		3		2		3
26	Prepare room, equipment, supplies	L054A	VasTech	3		2		3		2		3		2		2		2
27	Other: Set up US Equipment	L054A	VasTech			2				2				2				2
28	Setup scope (non facility setting only)																	
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech	3		2		3		2		3		2		2		2
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech	1				1				1						
32	**Intra-service**																	
33	Acquire images	L054A	VasTech	45		45		67		67		40		40		23		23
34	**Post-Service**																	
37	Clean room/equipment by physician staff	L054A	VasTech	3		3		3		3		3		3		3		3
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech			8				8				8				2
44	Review examination with interpreting MD	L054A	VasTech			1				1				1				1
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			1				1				1				1
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech	10				9				10				4		
51	**End: Patient leaves office**																	

	A	B	C	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
1				2002		Recommend		2002		Recommend		2002		Recommend		Apr-11		Recon
2	*Please note: If a supply has a purchase price of $100 or more please			93930				93975				93978				93971		
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study				Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal				Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study				Duplex scan of extremit including responses compression and ot maneuvers; unilateral or		
4	**LOCATION**			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF
5	**GLOBAL PERIOD**			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
52	**POST-SERVICE Period**																	
53	**Start: Patient leaves office/facility**																	
54	Conduct phone calls/call in prescriptions	L054A	VasTech	4				4				4						
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech	4		4		4		4		4		4				4
63	**End: with last office visit before end of global period**																	
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**															
65	pack, minimum multi-specialty visit	SA048	pack	1		1		1		1		1		1		1		1
66	drape, non-sterile, sheet 40in x 60in	SB006	item	1		1		1		1		1		1		1		1
67	cover-condom, transducer or ultrasound probe	SB005	item	1				1				1				1		1
68	ultrasound transmission gel	SJ062	ml	40		50		60		60		60		60		40		40
69	film, 8inx10in (ultrasound, MRI)	SK022	item	3		3		3		3		3		3		2		2
70	film, x-ray 14in x 17in	SK034	item	2		2		2		2		2		2		1		1
71	patient education booklet	SK062	item	1		1		1		1		1		1		1		1
72	video tape, VHS	SK086	item	1		1		1		1		1		1				
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	0.34		0.34		0.34		0.34		0.34		0.34		0.34		0.34
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	2		2		2		2		2		2		2		2
75	**EQUIPMENT**	**CODE**																
76	room, ultrasound, vascular	EL016		75		62		97		84		71		57		30		34
77	computer, desktop, w-monitor	ED021		75		7		97		7		71		7		4		4
78	stretcher	EF018		75				97				71						
79	video SVHS VCR (medical grade)	ED034		75				97				71						
80	film processor, wet	ED025		10		7		10		7		10		7		4		4
81	video printer, color (Sony medical grade)	ED036		10		10		10		10		10		10		10		10
82	x-ray view box, 4 panel	ER067		10		7		10		7		10		7		4		4

	A	B	C	AG
1				**mend**
2	*Please note: If a supply has a purchase price of $100 or more please			
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	y veins to ner limited
4	**LOCATION**			**FAC**
5	**GLOBAL PERIOD**			**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**
10	**PRE-SERVICE**			
11	**Start: Following visit when decision for surgery or procedure made**			
17	Availability of prior images confirmed	L054A	VasTech	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech	
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech	
20	**End: When patient enters office/facility for surgery/procedure**			
21	**SERVICE PERIOD**			
22	**Start: When patient enters office/facility for surgery/procedure:**			
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech	
24	Obtain vital signs	L054A	VasTech	
25	Provide pre-service education/obtain consent	L054A	VasTech	
26	Prepare room, equipment, supplies	L054A	VasTech	
27	Other: Set up US Equipment	L054A	VasTech	
28	Setup scope (non facility setting only)			
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech	
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech	
32	**Intra-service**			
33	Acquire images	L054A	VasTech	
34	**Post-Service**			
37	Clean room/equipment by physician staff	L054A	VasTech	
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech	
44	Review examination with interpreting MD	L054A	VasTech	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech	
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech	
51	**End: Patient leaves office**			

	A	B	C	AG
1				**mmend**
2	*Please note: If a supply has a purchase price of $100 or more please			
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	y veins to ner limited
4	**LOCATION**			**FAC**
5	**GLOBAL PERIOD**			**XXX**
52	**POST-SERVICE Period**			
53	**Start: Patient leaves office/facility**			
54	Conduct phone calls/call in prescriptions	L054A	VasTech	
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech	
63	**End: with last office visit before end of global period**			
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**	
65	pack, minimum multi-specialty visit	SA048	pack	
66	drape, non-sterile, sheet 40in x 60in	SB006	item	
67	cover-condom, transducer or ultrasound probe	SB005	item	
68	ultrasound transmission gel	SJ062	ml	
69	film, 8inx10in (ultrasound, MRI)	SK022	item	
70	film, x-ray 14in x 17in	SK034	item	
71	patient education booklet	SK062	item	
72	video tape, VHS	SK086	item	
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	
75	**EQUIPMENT**	**CODE**		
76	room, ultrasound, vascular	EL016		
77	computer, desktop, w-monitor	ED021		
78	stretcher	EF018		
79	video SVHS VCR (medical grade)	ED034		
80	film processor, wet	ED025		
81	video printer, color (Sony medical grade)	ED036		
82	x-ray view box, 4 panel	ER067		

	A	B	C	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV
1				Apr-12		Recommend		Oct-12		Recommend		2002		Recommend		2002		Recon
2	*Please note: If a supply has a purchase price of $100 or more please			93926				93882				93931				93976		
3	**Meeting Date: April 2014 Tab: 33 & 40 Duplex Scans Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study				Duplex scan of extracranial arteries; unilateral or limited study				Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study				Duplex scan of arterial and venous outflow abdominal, pelvic, sc contents and/or retroper		
4	**LOCATION**			OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF	FAC	OFF
5	**GLOBAL PERIOD**			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	54	0	67	0	51	0	53	0	61	0	55	0	61	0	60
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	3	0	3	0	3	0	3	0	3	0	3	0	3	0	3
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	51	0	60	0	44	0	46	0	50	0	48	0	51	0	53
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	0	0	4	0	4	0	4	0	8	0	4	0	7	0	4
10	**PRE-SERVICE**																	
11	**Start: Following visit when decision for surgery or procedure made**																	
17	Availability of prior images confirmed	L054A	VasTech			1				1				1				1
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech			2				2				2				2
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech	3				3				3				3		
20	**End: When patient enters office/facility for surgery/procedure**																	
21	**SERVICE PERIOD**																	
22	**Start: When patient enters office/facility for surgery/procedure:**																	
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech	3		3		3		3		3		3		3		3
24	Obtain vital signs	L054A	VasTech			3				3		3		3		3		3
25	Provide pre-service education/obtain consent	L054A	VasTech	2		3		3		3		4		3		2		3
26	Prepare room, equipment, supplies	L054A	VasTech	2		2		3		2		3		2		3		2
27	Other: Set up US Equipment	L054A	VasTech			2				2				2				2
28	Setup scope (non facility setting only)																	
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech	2		2		2		2		3		2		3		2
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech					1				1				1		
32	**Intra-service**																	
33	Acquire images	L054A	VasTech	35		35		21		21		23		23		28		28
34	**Post-Service**																	
37	Clean room/equipment by physician staff	L054A	VasTech	3		3		3		3		3		3		3		3
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech			5				5				5				5
44	Review examination with interpreting MD	L054A	VasTech			1				1				1				1
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech			1				1				1				1
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech	4				8				7				5		
51	**End: Patient leaves office**																	

	A	B	C	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV
1				Apr-12		Recommend		Oct-12		Recommend		2002		Recommend		2002		Recon
2	*Please note: If a supply has a purchase price of $100 or more please			93926				93882				93931				93976		
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study				Duplex scan of extracranial arteries; unilateral or limited study				Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study				Duplex scan of arterial and venous outflow abdominal, pelvic, sc contents and/or retroper		
4	**LOCATION**			**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**	**FAC**	**OFF**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
52	**POST-SERVICE Period**																	
53	**Start: Patient leaves office/facility**																	
54	Conduct phone calls/call in prescriptions	L054A	VasTech									**4**				**4**		
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech			**4**		**4**		**4**		**4**		**4**		**3**		**4**
63	**End: with last office visit before end of global period**																	
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**															
65	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**
66	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**
67	cover-condom, transducer or ultrasound probe	SB005	item	**1**								**1**				**1**		
68	ultrasound transmission gel	SJ062	ml	**30**		**40**		**40**		**25**		**30**		**30**		**40**		**40**
69	film, 8inx10in (ultrasound, MRI)	SK022	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**
70	film, x-ray 14in x 17in	SK034	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**
71	patient education booklet	SK062	item	**1**		**1**		**1**		**1**		**1**		**1**		**1**		**1**
72	video tape, VHS	SK086	item			**1**		**1**		**1**		**1**		**1**		**1**		**1**
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.34**		**0.34**		**0.34**		**0.34**		**0.34**		**0.34**		**0.34**		**0.34**
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**2**		**2**		**2**		**2**		**2**		**2**		**2**		**2**
75	**EQUIPMENT**	**CODE**																
76	room, ultrasound, vascular	EL016		**42**		**49**		**29**		**35**		**50**		**37**		**51**		**42**
77	computer, desktop, w-monitor	ED021		**4**		**4**		**29**		**4**		**50**		**4**		**51**		**4**
78	stretcher	EF018										**50**				**51**		
79	video SVHS VCR (medical grade)	ED034										**50**				**51**		
80	film processor, wet	ED025		**4**		**4**		**10**		**4**		**10**		**4**		**10**		**4**
81	video printer, color (Sony medical grade)	ED036		**10**		**10**				**10**		**10**		**10**		**10**		**10**
82	x-ray view box, 4 panel	ER067		**4**		**4**		**10**		**4**		**10**		**4**		**10**		**4**

	A	B	C	AW	AX	AY	AZ	BA
1				**nmend**	**2002**		**Recommend**	
2	*Please note: If a supply has a purchase price of $100 or more please				**93979**			
3	**Meeting Date: April 2014 Tab: 33 & 40 Duplex Scans Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	inflow of rotal itoneal	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study			
4	**LOCATION**			**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L054A	VasTech	**0**	**59**	**0**	**52**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**	**3**	**0**	**3**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	VasTech	**0**	**48**	**0**	**45**	**0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	VasTech	**0**	**8**	**0**	**4**	**0**
10	**PRE-SERVICE**							
11	**Start: Following visit when decision for surgery or procedure made**							
17	Availability of prior images confirmed	L054A	VasTech				**1**	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	VasTech				**2**	
19	*Other Clinical Activity - *specify: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*	L054A	VasTech		**3**			
20	**End: When patient enters office/facility for surgery/procedure**							
21	**SERVICE PERIOD**							
22	**Start: When patient enters office/facility for surgery/procedure:**							
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	VasTech		**3**		**3**	
24	Obtain vital signs	L054A	VasTech		**3**		**3**	
25	Provide pre-service education/obtain consent	L054A	VasTech		**4**		**3**	
26	Prepare room, equipment, supplies	L054A	VasTech		**3**		**2**	
27	Other: Set up US Equipment	L054A	VasTech				**2**	
28	Setup scope (non facility setting only)							
29	Prepare and position patient/ monitor patient/ set up IV	L054A	VasTech		**3**		**2**	
31	*Other Clinical Activity - specify: Record patient history	L054A	VasTech		**1**			
32	**Intra-service**							
33	Acquire images	L054A	VasTech		**20**		**20**	
34	**Post-Service**							
37	Clean room/equipment by physician staff	L054A	VasTech		**3**		**3**	
43	Technologist reviews & optimizes all duplex images; reviews & optimizes spectrum analysis measuring velocities & assuring proper angle acquisition. Compiles findings with sufficient data for physician review & diagnosis.	L054A	VasTech				**5**	
44	Review examination with interpreting MD	L054A	VasTech				**1**	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	VasTech				**1**	
46	*Other Clinical Activity - Complete exam on the US machine (Collate preliminary data, arrange images, archive)	L054A	VasTech		**8**			
51	**End: Patient leaves office**							

	A	B	C	AW	AX	AY	AZ	BA
1				**mend**	**2002**		**Recommend**	
2	*Please note: If a supply has a purchase price of $100 or more please				**93979**			
3	**Meeting Date: April 2014** **Tab: 33 & 40 Duplex Scans** **Specialty: SVS, ACC, ACR**	**CMS Code**	**Staff Type**	inflow of rotal itoneal	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study			
4	**LOCATION**			**FAC**	**OFF**	**FAC**	**OFF**	**FAC**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
52	**POST-SERVICE Period**							
53	**Start: Patient leaves office/facility**							
54	Conduct phone calls/call in prescriptions	L054A	VasTech		**4**			
62	*Other Clinical Activity - *specify:* *QA Documentation*	L054A	VasTech		**4**		**4**	
63	**End: with last office visit before end of global period**							
64	**MEDICAL SUPPLIES****	**CODE**	**UNIT**					
65	pack, minimum multi-specialty visit	SA048	pack		**1**		**1**	
66	drape, non-sterile, sheet 40in x 60in	SB006	item		**1**		**1**	
67	cover-condom, transducer or ultrasound probe	SB005	item		**1**			
68	ultrasound transmission gel	SJ062	ml		**40**		**40**	
69	film, 8inx10in (ultrasound, MRI)	SK022	item		**2**		**2**	
70	film, x-ray 14in x 17in	SK034	item		**1**		**1**	
71	patient education booklet	SK062	item		**1**		**1**	
72	video tape, VHS	SK086	item		**1**		**1**	
73	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz		**0.34**		**0.34**	
74	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item		**2**		**2**	
75	**EQUIPMENT**	**CODE**						
76	room, ultrasound, vascular	EL016			**48**		**34**	
77	computer, desktop, w-monitor	ED021			**48**		**4**	
78	stretcher	EF018			**48**			
79	video SVHS VCR (medical grade)	ED034			**48**			
80	film processor, wet	ED025			**10**		**4**	
81	video printer, color (Sony medical grade)	ED036			**10**		**10**	
82	x-ray view box, 4 panel	ER067			**10**		**4**	

CPT Code:__93886___

Specialty Society(‘s)__American Academy of Neurology, American College of Radiology__

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

CPT Long Descriptor: Transcranial Doppler study of the intracranial arteries; complete study

Global Period:_XXX____ Meeting Date: April, 2014__

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
Advisors and subject matter experts from AAN and ACR met by phone and via email to review the inputs and make recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since 93886 is an existing code, we used the January 2002 PEAC-approved inputs as the basis for the practice expense inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Verify correct procedure ordered. Review the history in the patient chart and schedule patient appointment. Communicate to patient preparation instructions. Verify instruments and supplies are available.

Intra-Service Clinical Labor Activities:

Verify patient identification and correct test ordered. Confirm reason for exam and obtain brief history. Take Vitals and listen for Carotid Bruits. Assist patient in a position appropriate for the study. Proceed in assisting physician performing the TCD exam accessing bilateral Temporal, sub-occipital windows on the patient. Freeze, label, measure and store all samples of the intracranial circulation and posterior circulation. Communicate with the patient and adjust power settings to insonate via the Orbit bilaterally. Remove all visible ultrasound gel and provide a dry cloth to the patient. Release patient.

Post-Service Clinical Labor Activities:

Access reporting software. Review all recorded images and information. Record vital signs and presence of carotid bruits. Enter pertinent patient information. Transfer data to reading station and archive data Sign preliminary report and submit to reading physician**.**

CPT Code:__93888___

Specialty Society(‘s)__American Academy of Neurology, American College of Radiology __

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

CPT Long Descriptor: Transcranial Doppler study of the intracranial arteries; limited study

Global Period:_XXX____ Meeting Date: April, 2014__

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:
Advisors and subject matter experts from AAN and ACR met by phone and via email to review the inputs and make recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

Since 93888 is an existing code, we used the January 2002 PEAC-approved inputs as the basis for the practice expense inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Verify correct procedure ordered. Review the history in the patient chart and schedule patient appointment. Communicate to patient preparation instructions. Verify instruments and supplies are available.

Intra-Service Clinical Labor Activities:

Confirm reason for exam and obtain brief history. Take Vitals and listen for Carotid Bruits. Assist patient in a position appropriate for the study. Proceed in performing the TCD Limited exam accessing either/or/both the sub-occipital and Orbital windows on the patient. Freeze, label, measure and store all samples of the intracranial circulation and posterior circulation. Communicate with the patient any special positioning required if related to their onset of symptom. Adjust power settings to insonate via the Orbit bilaterally, if required. Remove all visible ultrasound gel and provide a dry cloth to the patient. Release patient.

Post-Service Clinical Labor Activities:

Access reporting software. Review all recorded images and information. Record vital signs and presence of carotid bruits. Enter pertinent patient information. Transfer data to reading station and archive data. Sign preliminary report and submit to reading physician

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93886**		**93886**		**93888**		**93888**	
3	**Meeting Date: April 2014 Tab: 33 Specialty: AAN, ACR**	**CMS Code**	**Staff Type**	Transcranial Doppler study of the intracranial arteries; complete study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; complete study		Transcranial Doppler study of the intracranial arteries; limited study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; limited study	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**	L054A	Vascular Techr	**92.0**	**0.0**	**83.0**	**0.0**	**64.0**	**0.0**	**55.0**	**0.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	Vascular Techr	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	Vascular Techr	**81.0**	**0.0**	**76.0**	**0.0**	**53.0**	**0.0**	**48.0**	**0.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	Vascular Techr	**8.0**	**0.0**	**4.0**	**0.0**	**8.0**	**0.0**	**4.0**	**0.0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
12	Complete pre-service diagnostic & referral forms										
13	Coordinate pre-surgery services										
14	Schedule space and equipment in facility										
15	Provide pre-service education/obtain consent										
16	Follow-up phone calls & prescriptions										
17	Availability of prior images confirmed	L054A	Vascular Tech			**1**				**1**	
18	Patient clinical information and questionnaire reviewed by technologist, order from physician confirmed and exam protocoled by radiologist	L054A	Vascular Tech			**2**				**2**	
19	*Other Clinical Activity - *specify: review / read prior vascular lab studies, x-ray, lab and pathology*	L054A	Vascular Techr	**3**				**3**			
20	**End: When patient enters office/facility for surgery/procedure**										
21	**SERVICE PERIOD**										
22	**Start: When patient enters office/facility for surgery/procedure:**										
23	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	Vascular Techr	**3**		**3**		**3**		**3**	
24	Obtain vital signs	L054A	Vascular Techr	**3**		**3**		**3**		**3**	
25	Provide pre-service education/obtain consent	L054A	Vascular Techr	**5**		**3**		**5**		**3**	
26	Prepare room, equipment, supplies	L054A	Vascular Techr	**4**		**2**		**4**		**2**	
27	Other: Set up US Equipment	L054A	Vascular Tech			**2**				**2**	
28	Setup scope (non facility setting only)										
29	Prepare and position patient/ monitor patient/ set up IV	L054A	Vascular Techr	**3**		**2**		**3**		**2**	
30	Sedate/apply anesthesia										
31	*Other Clinical Activity - specify: patient history	L054A	Vascular Techr	**2**				**2**			
32	**Intra-service**										
33	Acquire images	L054A	Vascular Techr	**48**		**48**		**24**		**24**	
34	**Post-Service**										
35	Monitor pt. following moderate sedation										
36	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)										

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93886**		**93886**		**93888**		**93888**	
3	**Meeting Date: April 2014 Tab: 33 Specialty: AAN, ACR**	**CMS Code**	**Staff Type**	Transcranial Doppler study of the intracranial arteries; complete study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; complete study		Transcranial Doppler study of the intracranial arteries; limited study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; limited study	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**	
37	Clean room/equipment by physician staff	L054A	Vascular Techr	**3**		**3**		**3**		**3**	
38	Clean Scope										
39	Clean Surgical Instrument Package										
40	Complete diagnostic forms, lab & X-ray requisitions										
41	Review/read X-ray, lab, and pathology reports	L054A	Vascular Techr	**10**				**6**			
42	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions										
43	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L054A	Vascular Tech			**8.0**				**4.0**	
44	Review examination with interpreting MD	L054A	Vascular Tech			**1.0**				**1.0**	
45	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue	L054A	Vascular Tech			**1.0**				**1.0**	
46	*Other Clinical Activity - *specify:*										
47	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)			**n/a**		**n/a**		**n/a**		**n/a**	
48	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**		**n/a**	
49	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**		**n/a**	
50	**End: Patient leaves office**										

	A	B	C	D	E	F	G	H	I	J	K
1				REFERENCE CODE				REFERENCE CODE			
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**93886**		**93886**		**93888**		**93888**	
3	**Meeting Date: April 2014 Tab: 33 Specialty: AAN, ACR**	**CMS Code**	**Staff Type**	Transcranial Doppler study of the intracranial arteries; complete study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; complete study		Transcranial Doppler study of the intracranial arteries; limited study (Jan 2002 PEAC)		Transcranial Doppler study of the intracranial arteries; limited study	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**		**XXX**	
51	**POST-SERVICE Period**										
52	**Start: Patient leaves office/facility**										
53	Conduct phone calls/call in prescriptions	L054A	Vascular Tech	**4**				**4**			
54	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
55	99211 16 minutes		16								
56	99212 27 minutes		27								
57	99213 36 minutes		36								
58	99214 53 minutes		53								
59	99215 63 minutes		63								
60	**Total Office Visit Time**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
61	*Other Clinical Activity - *specify: QA Documentation*	L054A	Vascular Techr	**4**		**4**		**4**		**4**	
62	**End: with last office visit before end of global period**										
63	**MEDICAL SUPPLIES****	**CODE**	**UNIT**								
64	pack, minimum multi-specialty visit	SA048	pack	**1**		**1**		**1**		**1**	
65	cover-condom, transducer or ultrasound probe	SB005	item	**1**		**1**		**1**		**1**	
66	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**		**1**		**1**		**1**	
67	ultrasound transmission gel	SJ062	ml	**60**		**60**		**40**		**40**	
68	film, 8inx10in (ultrasound, MRI)	SK022	item	**3**		**3**		**2**		**2**	
69	film, x-ray 14in x 17in	SK034	item	**2**		**2**		**1**		**1**	
70	patient education booklet	SK062	item	**1**		**1**		**1**		**1**	
71	video tape, VHS	SK086	item	**1**		**1**		**1**		**1**	
72	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.34**		**0.34**		**0.34**		**0.34**	
73	sanitizing cloth-wipe (surface, instruments, equipment) transducer wipe	SM022	item	**2**		**2**		**2**		**2**	
74											
75	**EQUIPMENT**	**CODE**									
76											
77	x-ray view box, 4 panel	ER067		**10**		**7**		**10**		**4**	
78	video printer, color (Sony medical grade)	ED036		**10**		**10**		**10**		**10**	
79	film processor, wet	ED025		**10**		**7**		**10**		**4**	
80	video SVHS VCR (medical grade)	ED034		**81**				**53**			
81	stretcher	EF018		**81**				**53**			
82	computer, desktop, w-monitor	ED021		**81**		**7**		**53**		**4**	
83	room, ultrasound, vascular	EL016		**81**		**65.0**		**53**		**37.0**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other - Utilization over 500,000 screen

April 2012

Extremity Studies

In April 2011, CPT codes 93925, 93926, 93970 were identified review by the RUC through the CMS/Other - utilization over 500,000 screen. At the February 2011 RUC meeting, a survey was requested by the Relativity Assessment Workgroup since the codes had "CMS/Other" inputs.

The RUC discussed the compelling evidence that the technology and patient population has changed significantly since the last review of these services. The fundamental physician work for these services has increased due to new technology that was not available in 1995, at the last review. All the arteries below the knee can now be reviewed. In addition, this has led to an increase in the amount of images to be reviewed by the physician. The typical interventions were essentially never performed almost 20 years ago, but are now essential to the procedure. The increased work is also detailed in practice guidelines from accrediting agencies that now show clinical necessity for the additional work of reviewing the tibial arteries. Finally, there has been a change in patient population. The percentage of diabetics has increased in the U.S. since the last review. The typical patient is now a diabetic with heavily calcified vessels which are more complex and take more time to review. The RUC agreed that there is compelling evidence that the physician work has significantly changed since the last valuation.

93925 ***Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study***
The RUC reviewed the survey results from 63 physicians and recommends the median survey physician time components: pre-service time= 5 minutes, intra-service time= 15 minutes, and post-service time= 5 minutes. The RUC agreed that 5 minutes of pre-service time is appropriate to evaluate the patient because an Evaluation and Management service is not typically performed on the same date and same physician. The RUC reviewed the survey respondents' estimated physician work value for this service and agree with the specialty that 0.90 work RVU, the survey median, accurately values this service. To justify this value, the RUC reviewed the key reference service 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* (work RVU= 1.30) and agreed that while the physician work is similar, the reference code should be valued higher due to greater intra-service time, 20 minutes compared to 15 minutes. In addition, the RUC reviewed CPT code 92012 *Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient* (work RVU= 0.92) and noted that the two service have analogous physician work and identical time components. Given this, the two services should be valued similarly. Finally the RUC reviewed CPT code 73700 *Computed tomography, lower extremity; without contrast material* (work RVU= 1.00) and agreed that the two services should be valued similarly, given the analogous physician work and time components. **The RUC recommends a work RVU of 0.90 for CPT code 93925.**

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

93926 ***Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study***
The RUC reviewed the survey results from 59 physicians and recommends the median survey physician time components: pre-service time= 5 minutes, intra-service time= 10 minutes, and post-service time= 5 minutes. The RUC agreed that 5 minutes of pre-service time is appropriate to evaluate the patient because a Evaluation and Management service is not typically performed on the same date and same physician. The RUC reviewed the survey respondents' estimated physician work value for this service and agree with the specialty that 0.70 work RVU, the survey median, accurately values this service. To justify this value, the RUC reviewed the key reference code 76776 *Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation* (work RVU= 0.76) and agreed that the two services have identical physician time components and both describe the same spectrum of work. Given this, the surveyed code is correctly valued similar to 76776. In addition, the RUC compared 93926 to reference code 76817 *Ultrasound, pregnant uterus, real time with image documentation, transvaginal* (work RVU= 0.75) and agree that because the two services employ the same technology and have almost identical physician time components, the two service should be valued similarly. **The RUC recommends a work RVU of 0.70 for CPT code 93926.**

93970 ***Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study***
The RUC reviewed the survey results from 53 physicians and recommends the median survey physician time components: pre-service time= 3 minutes, intra-service time= 15 minutes, and post-service time= 5 minutes. The RUC agreed that 3 minutes of pre-service time is appropriate to evaluate the patient because a Evaluation and Management service is not typically performed on the same date and same physician. The RUC reviewed the survey respondents' estimated physician work value for this service and agree with the specialty that 0.70 work RVU, the survey median, accurately values this service. To justify this value, the RUC compared 93970 to key reference code 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* (work RVU= 0.45) and agreed that while the physician work is comparable, the surveyed code should be valued higher due to greater intra-service time compared to the reference code, 15 minutes and 10 minutes, respectively. In addition, the RUC reviewed CPT code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81) and noted that while the surveyed code has five more minutes of intra-service time, 76700 is a more intense procedure and should be valued higher than 93970. **The RUC recommends a work RVU of 0.70 for CPT code 93970.**

Practice Expense: The RUC reviewed and accepted the direct practice expense inputs with minor modifications as recommended by the Practice Expense Subcommittee.

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

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
93925		Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	XXX	0.90
93926		unilateral or limited study	XXX	0.70
93970		Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	XXX	0.70

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93970 Tracking Number Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: XXX RUC Recommended RVU: **0.70**

CPT Descriptor: Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old woman with lung cancer and a prior history of lower extremity deep venous thrombosis presents with new onset bilateral lower extremity pain and swelling. A bilateral venous duplex ultrasound is performed.

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

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: Supervise technologist identification of the venous structures of both lower extremities; including the common femoral, superficial femoral, popliteal, tibial-peroneal trunk(s), paired peroneal veins, paired posterior tibial veins, greater saphenous, and lesser saphenous. Document presence and direction of flow within each of these veins as well as compressibility, respiratory variation and response to augmentation. When thrombus is present, describe echogenicity vs. echolucency. Describe whether thrombus is fully occlusive or non-occlusive. Evaluate and characterize incidental perivascular anatomic structures including adjacent lymphadenopathy, soft tissue edema, or soft tissue collections such as hematoma or abscess, or synovial cysts such as popliteal (Baker's) cysts. Render interpretation indicating the severity and chronicity of the venous occlusive disease in the involved venous segments. Provide comparison to previous studies when prior results are available. Comment on etiology of the patient's venous disease. Dictate report.

Description of Post-Service Work: Reviewed and sign report. Send copy of report to the referring physician and/or primary care provider. Archive the study. Provide a verbal report of critical results, such as acute deep venous thrombosis, to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2012		
Presenter(s):	Gary Seabrook, MD, Robert Zwolak, MD, Mathew Sideman, MD, Michael Sutherland, MD, Sean Roddy, MD, Geraldine McGinty, MD, Zeke Silva, MD and Richard Wright, MD		
Specialty(s):	Vascular Surgery, Radiology and Cardiology		
CPT Code:	93970		
Sample Size:	3231	**Resp N:** 53	**Response:** 1.6 %
Description of Sample:	SVS - 1953, All US, MD members ACR - 942, randomly selected ACC - 336, randomly selected		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	75.00	**200.00**	500.00	3000.00
Survey RVW:	0.45	0.60	**0.70**	0.97	2.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	15.00	75.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

CPT Code:	93970	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**

Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93971	XXX	0.45	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

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
77300	XXX	0.62	**RUC Time**	1,706,082

CPT Descriptor 1 Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	1,040,905

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 28.3 **%**

TIME ESTIMATES (Median)	**CPT Code: 93970**	**Key Reference CPT Code:** 93971	**Source of Time** **RUC Time**
Median Pre-Service Time	3.00	3.00	
Median Intra-Service Time	15.00	10.00	
Median Immediate Post-service Time	5.00	5.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	

Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**23.00**	**18.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.87	2.64
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.67	2.57
Urgency of medical decision making	3.20	2.93
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.93	3.07
Physical effort required	2.07	2.14
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.60	2.50
Outcome depends on the skill and judgment of physician	3.20	3.14
Estimated risk of malpractice suit with poor outcome	3.07	3.00

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.53	2.47
Intra-Service intensity/complexity	2.80	2.60
Post-Service intensity/complexity	2.60	2.53

Additional Rationale and Comments

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

Background

Code 93970 was among 24 codes identified by CMS and for which review by the RUC was requested based on low RVUs and utilization greater than 500,000. At the February 2011 RUC meeting, survey was requested by the RAW since the code had "CMS/Other" inputs.

Compelling Evidence

There is compelling evidence that the work of 93970 has changed since this code was presented at the First Five-Year Review in 1995. Accrediting bodies (eg ICAVL, ACR) have established detailed practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. Additional work now includes colorflow ultrasound assessment and compression ultrasonography of tibial-peroneal trunk veins, posterior tibial veins and peroneal veins. Colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate calf veins when 93970 was initially created, so this is all new. Compared to review of static images printed on x-ray film, new archiving technology on video screens provides for the interpretation of more images, more sophisticated velocity waveforms with precise time assessments, and the post-processing of the acquired data.

Comparison with Key Reference Service 93971

Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

93971 was presented at the RUC in April 2011 and has a work RVU of 0.45. 93971, providing interpretation of a *single* limb lower extremity venous duplex exam, describes the same spectrum of physician work as 93970, but twice as many images, color-flows and Doppler spectra are reviewed in the bilateral study. The two services have the identical pre-service and immediate post-service times. 93970, the complete bilateral study, has five additional minutes of intra time and the 33% intra time difference correlates with the recommended median survey RVW of 0.70 compared to the RVW of 0.45 for the key reference service.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
93971	0.45	0.027	18	3	10	5
93970	0.70	0.033	23	3	15	5

Comparison with E&M Service 99213

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

99213 was presented at the Third Five-Year Review in April of 2006. It has a work RVU of 0.97. The physician pre-, intra-, and post-service times required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93970 are identical to the time involved in E&M code 99213. 99213 has a work RVU of 0.97, and we are recommending the median survey RVU of 0.70 for 92970, or 0.27 lower RVU than the E&M service. Since the times are exactly the same, this 0.27 RVU difference must reflect a slightly lower intensity of diagnostic exam compared to that of the face-to-face E&M, and we believe that to be the case. Nevertheless, a reduction below the median survey value of 0.70 for 93970 would overtly disrupt the relativity between 93970 and 99213.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
99213	0.97	0.053	23	3	15	5

93970	0.70	0.033	23	3	15	5

Comparison with MPC CPT Code 76700
Ultrasound, abdominal, real time with image documentation; complete

76700, an MPC CPT Code, was presented to the RUC at the Third Five-Year Review in August 2005. It has a work RVU of 0.81. The intra-time for 76700 is 10 minutes compared to 15 minutes for 93970. Pre times are equal at 5 minutes, and the physician post-service times differ by one minute (table). Both tests involve interpretation of ultrasound diagnostic information. Comparing the relativity of physician work for this high volume MPC code, the median survey value of 0.70 for 93970 is justified.

	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
76700	0.81	0.065	17	3	10	4
93970	0.70	0.033	23	3	15	5

Conclusion: In this rationale, we compared the recommended work RVU of bilateral complete venous duplex ultrasound, 93970, to that of a clinically similar, RUC-reviewed ultrasound blood flow study (93971). We also compared 93970 to a cognitive service (99213), and we compared it to a similar diagnostic ultrasound exam on the MPC list (76700). When considered independently, each of these comparisons provides a strong justification for the median survey RVW of 0.70, but when one considers that these three comparisons include one same-modality service, one purely cognitive service and one complimentary modality service, it is difficult to think that the work RVU for this code could be anything other than 0.70.

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) 93970

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 Vascular Surgery How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Radiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. An estimate for the number of times this service is performed nationally in a one-year period is unknown.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,599,899 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2010 Medicare Data

Specialty Vascular Surgery Frequency 287982 Percentage 18.00 %

Specialty Cardiology Frequency 271983 Percentage 17.00 %

Specialty Radiology Frequency 239985 Percentage 15.00 %

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

---

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93970

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

ISSUE: Extremity Studies
TAB: 36

SOURCE	CPT	DESC	N	Resp	%	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	SURVEY EXPERIENCE MIN	SURVEY 25th	SURVEY MED	SURVEY 75th	SURVEY MAX	TYP
REF	93306	Echocardiography, transthoracic, real-time with im	63	17	27%	0.052			1.30			32	5			20			7						
CMS/OTH	93925	Duplex scan of lower extremity arteries or arter							0.58			18													
SVY	93925	Duplex scan of lower extremity arteries or arter	3231	63	2%	0.045	0.45	0.80	0.90	1.20	3.00	25	5	0	10	15	17	75	5	2	40	100	200	1500	87%
REC						0.045			0.90			25	5			15			5						
REF	76776	Ultrasound, transplanted kidney, real time and dup	59	10	17%	0.054			0.76			20	5			10			5						
CMS/OTH	93926	Duplex scan of lower extremity arteries or arter							0.39			14													
SVY	93926	Duplex scan of lower extremity arteries or arter	3231	59	1%	0.048	0.39	0.50	0.70	0.81	2.00	20	5	0	5	10	15	65	5	2	30	75	145	2000	85%
REC						0.048			0.70			20	5			10			5						
REF	93971	Duplex scan of extremity veins including response	53	15	28%	0.027			0.45			18	3			10			5						
CMS/OTH	93970	Duplex scan of extremity veins including respo							0.68			20													
SVY	93970	Duplex scan of extremity veins including respo	3231	53	1%	0.032	0.45	0.60	0.70	0.97	2.00	25	5	2	10	15	15	75	5	0	75	200	500	3000	92%
REC						0.035			0.70			23	3			15			5						
Apr-2011	93971	unilateral / limited study (veins)				0.027			0.45			18	3			10			5						

CPT Code: 93925, 93926, 93970 and 93971
Specialty Society('s) SVS, ACR and ACC

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

CPT Long Descriptor:

- 93925 *Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study*
- 93926 *Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study*
- 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study*
- 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study*

Global Period: XXX **Meeting Date:** 04/2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The multispecialty organizations (SVS, ACR and ACC) convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these procedures.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale:

A reference code was not included in these recommendations because they are existing codes. We included the current direct PE inputs for reference.

Please describe in detail the clinical activities of your staff:

CPT Codes 93925, 93926, 93970 and 93971

Pre-Service Clinical Labor Activities:
Retrieve prior imaging exams, labs and pathology reports. Hang for MD review, verify orders, review chart to incorporate relevant clinical information.

Post-Service Clinical Labor Activities:
Documentation

93925 ***Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study***

Intra-Service Clinical Labor Activities:
The technologist/sonographer/examiner should introduce him/herself and explain why the complete bilateral lower extremity arterial duplex examination is being performed and explain the procedure to the patient. In addition, respond to questions and concerns about any aspect of the examination. Patient assessment must be performed before the duplex exam is started. This includes assessment of the patient's ability to tolerate the procedure and an evaluation of any contra-indications to the procedure. The technologist/sonographer/examiner should **o**btain a pertinent history and review the patient's medical record.

Throughout each exam, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis.

The standard exam includes multiple acoustic windows and patient positioning techniques with complete bilateral assessment of the following vessels in their entirety: common femoral, profunda femoris, superficial femoral, popliteal, anterior tibial, posterior tibial, and peroneal arteries. Evidence of plaque formation within the vessel lumen, wall calcification or dilatation should be documented. Doppler spectral analysis is used to quantify disease severity and should include assessment for presence or absence of flow. When flow is present, evaluation will include peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls.

Anatomic variants should be documented. Areas of stenosis will be assessed with attention to pre-stenotic, stenotic and post-stenotic Doppler waveform analysis. Data are reviewed to ensure that a complete and comprehensive evaluation has been performed and documented. All technical findings required to complete the final interpretation are recorded on a worksheet, logbook or within a PACS data collection system so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data.

Documentation includes date, clinical indication(s), technologist performing the exam, and the exam summary in a vascular laboratory log book or other appropriate method, i.e., computer software. The technologist/sonographer assembles preliminary results as provided by internal guidelines.

93926 ***Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study***

Intra-Service Clinical Labor Activities:
The technologist/sonographer/examiner should introduce him/herself and explain why the complete bilateral lower extremity arterial duplex examination is being performed and explain the procedure to the patient. In addition, respond to questions and concerns about any aspect of the examination. Patient assessment must be performed before the duplex exam is started. This includes assessment of the patient's ability to tolerate the procedure and an evaluation of any contra-indications to the procedure. The technologist/sonographer/examiner should **o**btain a pertinent history and review the patient's medical record.

Throughout each exam, sonographic characteristics of normal and abnormal tissues, structures, and blood flow must be observed so that scanning technique can be adjusted as necessary to optimize image quality and spectral waveform characteristics. The patient's physical and mental status is assessed and monitored during the examination, and modifications are made to the procedure plan according to changes in the patient's clinical condition during the procedure. Sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to the physician to direct patient management and render a final diagnosis.

The standard exam includes multiple acoustic windows and patient positioning techniques with unilateral or limited assessment of the following vessels in their entirety: common femoral, profunda femoris, superficial femoral, popliteal, anterior tibial, posterior tibial, and peroneal arteries. Evidence of plaque formation within the vessel lumen, wall calcification or dilatation should be documented. Doppler spectral analysis is used to quantify disease severity and should include assessment for presence or absence of flow. When flow is present, evaluation will include peak systolic velocity, end diastolic velocity, and waveform analysis [e.g., systolic upstroke / acceleration, pulsatility, spectral broadening, turbulence and flow direction]. At a minimum, spectral analysis should be obtained in all vessel segments as well as proximal, throughout and distal to any region where flow disturbance is identified. All Doppler derived velocity information must be performed at an angle of 60 degrees or less with respect to the direction of blood flow, and Doppler cursor alignment is recommended parallel to the vessel walls.

Anatomic variants should be documented. Areas of stenosis will be assessed with attention to pre-stenotic, stenotic and post-stenotic Doppler waveform analysis. Data are reviewed to ensure that a complete and comprehensive evaluation has been performed and documented. All technical findings required to complete the final interpretation are recorded on a worksheet, logbook or within a PACS data collection system so that the findings can be classified according to the laboratory's diagnostic criteria based on published or internally validated data.

Documentation includes date, clinical indication(s), technologist performing the exam, and the exam summary in a vascular laboratory log book or other appropriate method, i.e., computer software. The technologist/sonographer assembles preliminary results as provided by internal guidelines.

93970 ***Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study***

Intra-Service Clinical Labor Activities:
Throughout each exam, sonographic characteristics of normal and abnormal tissues, structures, and blood flow are continually observed. The patient's physical and mental status are assessed and monitored during the examination. Modifications may be made to the procedure plan according to changes in the patient's clinical status. Also, sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to render a final diagnosis.

The examination is performed with the patient in the supine position and the head of the bed elevated approximately 12 inches with the leg externally rotated slightly. This is the position of choice for viewing the common femoral vein (CFV), femoral vein (FV), deep femoral vein, (DFV), great saphenous vein (GSV), popliteal vein, and posterior tibial veins, (PTV). Reverse Trendelenburg may be used as an alternate position. The patient may be turned prone or to the lateral decubitus position to view the popliteal vein, peroneal and proximal posterior tibial veins, small saphenous vein and soleal veins. Positioning the patient slightly to the opposite side which is being evaluated, when pregnant or if abnormal CFV signals are present may normalize the side in question.

Use appropriate duplex instrumentation with appropriate frequencies for the vessels being examined. This includes display of both two-dimensional structure and motion in real-time and Doppler ultrasonic signal documentation with spectral analysis with or without color Doppler imaging, videotape, film or digital storage of static images and/or cineloop.

A complete bilateral venous duplex evaluation performs the following on both lower extremities. The study incorporates both B-mode and color Doppler imaging along with Doppler spectral analysis. The common femoral, deep femoral (origin), femoral, popliteal, posterior tibial, peroneal, and great saphenous veins should be interrogated in their entirety. In select cases, and when indicated, the small saphenous, gastrocnemius branches, soleal, anterior tibial and perforating veins are examined. Transverse transducer compressions must be performed every 2 cms or less and representative images are obtained per lab protocol. Typically samples are taken at the proximal CFV, saphenofemoral junction, proximal femoral vein, mid or distal femoral vein, popliteal and at the mid/distal PTV. Compression of the peroneal veins should be documented at the mid/distal calf as well.

When pathology (thrombus or intraluminal echoes) is present, compressibility, appearance, location, and extent should be documented. The B-Mode image should demonstrate the degree of compressibility, presence of intraluminal echoes, and dilation to assist in describing characteristic of aging the thrombus. The technologist should differentiate between brightly echogenic or hypoechoic thrombi, partially or totally non-compressible segments, and between unattached proximal tips and attached thrombi. Spectral and/or color Doppler are used to further support the diagnosis and to document spectral waveform profiles. A representative Doppler spectral waveform should be obtained from the same levels as noted above for documentation of compression: i.e. common femoral, femoral, popliteal segments. The posterior tibial and peroneal veins are evaluated for flow using color Doppler, preferable on a transverse view. .Doppler spectral analysis is performed in the sagittal plane, with an appropriate vessel

angle. It is not required to angle correct, however, if angle correction is utilized, it must be at 60 degrees or less and aligned with the vessel wall. To accurately assess venous waveform profiles, flow is characterized according to its spontaneity, phasicity, and the presence of brisk augmented venous flow with proximal or distal augmentation. To ensure complete interrogation, spectral waveforms are performed while utilizing proximal or distal compression of the limb to demonstrate augmentation.

Incidental findings, such as Baker's Cyst, seroma, hematoma, lymph node, mass, etc. must be reported. Characterization of such findings should include measurements of size and/or presence of blood flow.
All information collected during the study is organized and archived. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. Preliminary technical findings are synthesized for assessment by the interpreting physician.

93971 ***Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study***

Intra-Service Clinical Labor Activities:
Throughout each exam, sonographic characteristics of normal and abnormal tissues, structures, and blood flow are continually observed. The patient's physical and mental status are assessed and monitored during the examination. Modifications may be made to the procedure plan according to changes in the patient's clinical status. Also, sonographic findings are analyzed throughout the course of the examination to ensure that sufficient data is provided to render a final diagnosis.

The examination is performed with the patient in the supine position and the head of the bed elevated approximately 12 inches with the leg externally rotated slightly. This is the position of choice for viewing the common femoral vein (CFV), femoral vein (FV), deep femoral vein, (DFV), great saphenous vein (GSV), popliteal vein, and posterior tibial veins, (PTV). Reverse Trendelenburg may be used as an alternate position. The patient may be turned prone or to the lateral decubitus position to view the popliteal vein, peroneal and proximal posterior tibial veins, small saphenous vein and soleal veins. Positioning the patient slightly to the opposite side which is being evaluated, when pregnant or if abnormal CFV signals are present may normalize the side in question.

Use appropriate duplex instrumentation with appropriate frequencies for the vessels being examined. This includes display of both two-dimensional structure and motion in real-time and Doppler ultrasonic signal documentation with spectral analysis with or without color Doppler imaging, videotape, film or digital storage of static images and/or cineloop.

A complete unilateral venous duplex evaluation incorporates both B-mode and color Doppler imaging along with Doppler spectral analysis. The common femoral, deep femoral (origin), femoral, popliteal, posterior tibial, peroneal, and great saphenous veins should be interrogated in their entirety. In select cases, and when indicated, the small saphenous, gastrocnemius branches, soleal, anterior tibial and perforating veins are examined. Transverse transducer compressions must be performed every 2 cms or less and representative images are obtained per lab protocol. Typically samples are taken at the proximal CFV, saphenofemoral junction, proximal femoral

vein, mid or distal femoral vein, popliteal and at the mid/distal PTV. Compression of the peroneal veins should be documented at the mid/distal calf as well.

When pathology (thrombus or intraluminal echoes) is present, compressibility, appearance, location, and extent should be documented. The B-Mode image should demonstrate the degree of compressibility, presence of intraluminal echoes, and dilation to assist in describing characteristic of aging the thrombus. The technologist should differentiate between brightly echogenic or hypoechoic thrombi, partially or totally non-compressible segments, and between unattached proximal tips and attached thrombi. Spectral and/or color Doppler are used to further support the diagnosis and to document spectral waveform profiles. A representative Doppler spectral waveform should be obtained from the same levels as noted above for documentation of compression: i.e. common femoral, femoral, popliteal segments. The posterior tibial and peroneal veins are evaluated for flow using color Doppler, preferable on a transverse view. .Doppler spectral analysis is performed in the sagittal plane, with an appropriate vessel angle. It is not required to angle correct, however, if angle correction is utilized, it must be at 60 degrees or less and aligned with the vessel wall. To accurately assess venous waveform profiles, flow is characterized according to its spontaneity, phasicity, and the presence of brisk augmented venous flow with proximal or distal augmentation. To ensure complete interrogation, spectral waveforms are performed while utilizing proximal or distal compression of the limb to demonstrate augmentation.

Incidental findings, such as Baker's Cyst, seroma, hematoma, lymph node, mass, etc. must be reported. Characterization of such findings should include measurements of size and/or presence of blood flow.
All information collected during the study is organized and archived. Each image and Doppler spectrum is double-checked to ensure accuracy and completeness of labeling. Preliminary technical findings are synthesized for assessment by the interpreting physician.

	A	B	C	D	E	F	G	H	I	J	K
1	REVISED			CURRENT	CURRENT			CURRENT	CURRENT		
2				93926TC PEAC 2002	93971TC PEAC 2002	93926TC	93971TC	93925TC PEAC 2002	93970TC PEAC 2002	93925TC	93970TC
3	**Meeting Date: April 2012** **Tab: 35** **Specialty: SVS, ACR and ACC**	**CMS Code**	**Staff Type**	**Unilateral or limited** - Duplex scan of lower extremity arteries or	**Unilateral or limited** - Duplex scan of extremity veins including	**Unilateral or limited** - Duplex scan of lower extremity arteries or arterial bypass	**Unilateral or limited** - Duplex scan of extremity veins including responses to	**Complete bilateral** - Duplex scan of lower extremity arteries or	**Complete bilateral** - Duplex scan of extremity veins including	**Complete bilateral** - Duplex scan of lower extremity arteries or arterial bypass	**Complete bilateral** - Duplex scan of extremity veins including responses to
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
6	**TOTAL CLINICAL LABOR TIME**	L054A	Vascular Tech	**74**	**57**	**54**	**42**	**110**	**86**	**88**	**64**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L054A	Vascular Tech	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L054A	Vascular Tech	**63**	**48**	**51**	**39**	**99**	**75**	**85**	**61**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L054A	Vascular Tech	**8**	**6**	**0**	**0**	**8**	**8**	**0**	**0**
10	**PRE-SERVICE**										
11	**Start: Following visit when decision for surgery or procedure made**										
17	**Other Clinical Activity***: Review/read prior vascular lab studies, x-ray, lab, and pathology reports*			**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
18	**End: When patient enters office/facility for surgery/procedure**										
19	**SERVICE PERIOD**										
20	**Start: When patient enters office/facility for surgery/procedure:**										
21	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	Vascular Tech	**4**	**3**	**3**	**3**	**4**	**3**	**3**	**3**
22	Obtain vital signs	L054A	Vascular Tech	**3**	**3**			**3**	**3**		
23	Provide pre-service education/obtain consent	L054A	Vascular Tech	**3**	**3**	**2**	**2**	**3**	**4**	**2**	**2**
24	Prepare room, equipment, supplies	L054A	Vascular Tech	**3**	**3**	**2**	**2**	**3**	**3**	**2**	**2**
25	Prepare and position patient	L054A	Vascular Tech	**3**	**3**	**2**	**2**	**3**	**3**	**2**	**2**
26	**Intra-service**										
27	Aquire images	L054A	Vascular Tech	**35**	**23**	**35**	**23**	**69**	**45**	**66**	**42**
28	**Post-Service**										
29	Clean room/equipment by physician staff	L054A	Vascular Tech	**3**	**3**	**3**	**3**	**3**	**3**	**3**	**3**
30	**Other Clinical Activity:** *Collate preliminary data, arrange images, archive*	L054A	Vascular Tech	**8**	**6**	**4**	**4**	**10**	**10**	**7**	**7**
31	**Other Clinical Activity***: Record patient history*	L054A	Vascular Tech	**1**	**1**	**0**	**0**	**1**	**1**	**0**	**0**
35	**End: Patient leaves office**										
36	**POST-SERVICE Period**										
37	**Start: Patient leaves office/facility**										
38	Phone calls, faxes, emails between visits with ordering physician, patient, family	L054A	Vascular Tech	**4**	**3**			**4**	**4**		
46	**Other Clinical Activity***: QA documentation*	L054A	Vascular Tech	**4**	**3**	**0**	**0**	**4**	**4**	**0**	**0**
47	**End: with last office visit before end of global period**										

	A	B	C	D	E	F	G	H	I	J	K
1	REVISED			CURRENT	CURRENT			CURRENT	CURRENT		
2				93926TC PEAC 2002	93971TC PEAC 2002	93926TC	93971TC	93925TC PEAC 2002	93970TC PEAC 2002	93925TC	93970TC
3	**Meeting Date: April 2012** **Tab: 35** **Specialty: SVS, ACR and ACC**	**CMS Code**	**Staff Type**	**Unilateral or limited** - Duplex scan of lower extremity arteries or	**Unilateral or limited** - Duplex scan of extremity veins including	**Unilateral or limited** - Duplex scan of lower extremity arteries or arterial bypass	**Unilateral or limited** - Duplex scan of extremity veins including responses to	**Complete bilateral** - Duplex scan of lower extremity arteries or	**Complete bilateral** - Duplex scan of extremity veins including	**Complete bilateral** - Duplex scan of lower extremity arteries or arterial bypass	**Complete bilateral** - Duplex scan of extremity veins including responses to
4	**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
5	**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
48	**MEDICAL SUPPLIES**	**CODE**	**UNIT**								
49	pack, minimum multi-specialty visit	SA048	pack	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
50	drape, non-sterile, sheet 40in x 60in	SB006	item	**1**	**2**	**1**	**2**	**1**	**1**	**1**	**1**
51	cover-condom, transducer or ultrasound probe	SB005	item	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
52	ultrasound transmission gel	SJ062	ml	**30**	**40**	**30**	**40**	**50**	**60**	**50**	**60**
53	film, 8inx10in (ultrasound, MRI)	SK022	item	**2**	**2**	**2**	**2**	**3**	**3**	**3**	**3**
54	film, x-ray 14in x 17in	SK034	item	**1**	**1**	**1**	**1**	**2**	**2**	**2**	**2**
55	patient education booklet	SK062	item	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
56	video tape, VHS	SK086	item	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
57	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	SM018	oz	**0.34**	**0.34**	**0.34**	**0.34**	**0.34**	**0.34**	**0.34**	**0.34**
58	sanitizing cloth-wipe (surface, instruments, equipment)	SM022	item	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**
59	**EQUIPMENT**	**CODE**									
60	room, ultrasound, vascular	EL016		**63**	**38**	**59**	**45**	**99**	**75**	**95**	**71**
61	computer, desktop, w-monitor	ED021		**63**	**38**	**59**	**45**	**99**	**75**	**95**	**71**
62	stretcher	EF018		**63**	**38**			**99**	**75**		
63	video SVHS VCR (medical grade)	ED034		**63**	**38**	**59**	**45**	**99**	**75**	**95**	**71**
64	film processor, wet	ED025		**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**
65	video printer, color (Sony medical grade)	ED036		**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**
66	x-ray view box, 4 panel	ER067		**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**
67	computer system, record and verify	ED011				**10**	**10**			**10**	**10**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS Request Final Rule for 2014

April 2014

Duplex Scans

In 2011, CMS identified CPT code 93880 as potentially misvalued through the CMS High Expenditure Procedural Codes screen. The specialty societies added CPT code 93882 to be reviewed as part of this family of services. The RUC submitted recommendations for codes 93880 and 93882 for CY 2014. In the 2013 PFS Final Rule with comment period, CMS reviewed 93925 and 93926, which were identified through the CMS-Other - Utilization over 500,000 screen. CMS disagreed with the respective AMA RUC recommended work RVUs of 0.90 and 0.70 and established interim final values of 0.80 and 0.50 instead. CMS believes the AMA RUC recommended values for these two sets of codes do not maintain the appropriate relative values within the family of duplex scans. In addition to these four codes, there are several other duplex scan codes that may fit within this family, including CPT codes: 93930, 93970, 93971, 93975, 93976 and 93979. CMS is concerned that the AMA RUC recommended values for 93880 and 93882, as well as the interim final values for 93925 and 93926, do not maintain the appropriate relativity within this family and CMS requested that the AMA RUC assess relativity among the entire family of codes and then recommend appropriate work RVUs. CMS also requests that the AMA RUC consider CPT codes 93886 and 93888 in conjunction with the duplex scan codes in order to assess the relativity between and among these codes. Therefore, CMS will maintain the CY 2013 RVUs for CPT codes 93880 and 93882 on an interim final basis until they receive further recommendations from the AMA RUC.

DUPLEX SCANS

Compelling Evidence

The specialty societies presented compelling evidence that these codes are currently misvalued. First, there has been a change in the physician work, technique and provider since the last valuation as part of the First Five-Year Review in 1995. There are much more complex, detailed practice guidelines established for these procedures that were not in existence when the first Medicare Physician Payment Schedule was created in 1992 or during the first Five-Year Review. The Intersocietal Commission for Accreditation of Vascular Laboratories (ICAVL) has published an extensive list of B-mode, color Doppler and Doppler waveform analysis and the exams must evaluate sites of endovascular interventions that were essentially never performed in any significant volume 25 years ago, but are common now. In addition, previously colorflow technology did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate arterial wall characteristics and plaque morphology. Compared to review of static images printed on x-ray film, new video archiving technology provides for the interpretation of more images, more sophisticated velocity waveforms, and more post-processing of the acquired data. Finally, the dominant specialty has changed. In 1995, Radiology presented this code to the RUC. At that time the dominant provider was radiology, accounting for 40% of the total Medicare

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

claims for this service (global + -26), and neither Cardiology nor Vascular Surgery were involved in presenting this code during the first Five-Year Review. In 2013, Cardiology and Vascular Surgery are the dominant providers of these services, with Radiology representing a substantially smaller percentage of the claims.

Additionally, there are rank order anomalies within the family of vascular duplex codes. Surveying all codes together has highlighted several anomalies within the current database. Specifically, 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* is currently ranked incorrectly above complete arterial studies of the extracranial carotid arteries (93880), bilateral lower extremity arteries (93925), bilateral upper extremity arteries (93930), and complete studies of the abdominal vessels (93978). CPT 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* is currently ranked incorrectly above unilateral or limited studies of the extracranial carotid arteries (93882), upper extremity arteries (93931), the abdominal vessels (93979), and the combined arterial and venous evaluation of the hemodialysis access (93990). **The RUC agreed that there is compelling evidence that codes 93880, 93882, 93925, 93926, 93930, 93931, 93978 and 93979 are potentially misvalued.**

93880 *Duplex scan of extracranial arteries; complete bilateral study*
The RUC reviewed the survey results from79 radiologists, cardiologists and vascular surgeons and agreed that the survey 25th percentile work RVU of 0.80 for CPT code 93880 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC noted that the intra-service time was slightly higher than the 2012 survey. The specialties noted that the current survey is from a larger sample and the 15 minutes of intra-service time is consistent and appropriate in relation to the family of services. The RUC compared 93880 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab codes, however, there is a difference in the body area and type of blood vessels imaged. CPT code 93880 is an arterial examination which is more intense and complex than a venous examination. Additionally, 93880 is a study of a complete carotid duplex which is more intense, there are more images to review and interpret and complications are more severe than a study of the extremities as in 93970, therefore 93880 is appropriately valued higher than 93970. The RUC compared the surveyed code to MPC code 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient,* (work RVU= 0.76) and noted that 93880 requires more physician work and time and should be valued slightly higher. The RUC also compared the surveyed code to MPC code76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81) and agreed that both services require similar physician work and time and should thus be valued similarly. The RUC also noted that this service requires the same time as 93925 and 93930 (total time of 25 minutes) and therefore the RUC is recommending the same work RVU for these three services. **The RUC recommends a work RVU of 0.80 for CPT code 93880.**

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

93882 ***Duplex scan of extracranial arteries; unilateral or limited study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and agreed that the survey 25th percentile work RVU of 0.50 for CPT code 93882 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC reviewed the key reference service CPT code 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* (work RVU= 0.45) and agreed that both codes have identical intra-service time of 10 minutes, with analogous physician work. Therefore, the recommended work value of 0.50 accurately values 93882 in comparison to this reference code. Additionally, the RUC compared the surveyed code to MPC code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56) and agreed that both services have identical intra-service time of 10 minutes and should be valued similarly. Finally, the RUC reviewed MPC code 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.48) and noted that this reference code should be valued slightly lower than 93882 because it requires slightly less physician work and time, 16 versus 20 minutes total time, to perform. **The RUC recommends a work RVU of 0.50 for CPT code 93882.**

93925 ***Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study***
The RUC reviewed the survey results from 57 radiologists, cardiologists and vascular surgeons and determined that the survey 25th percentile work RVU of 0.80 for CPT code 93925 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93925 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab studies performed on lower extremities, however, there is a difference in the body area and type of blood vessels imaged. CPT code 93925 is an arterial examination which is more intense and complex than a venous examination and therefore is appropriately valued higher than 93970. The RUC compared the surveyed code to MPC code 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient* (work RVU= 0.76) and noted that 93925 requires more physician work and physician time and should be valued slightly higher. The RUC also compared the surveyed code to MPC code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81) and agreed that both services require similar physician work and time and should thus be valued similarly. The RUC also noted that this service requires the same time as 93880 and 93930 (total time of 25 minutes) and therefore the RUC is recommending the same work RVU for these three services. **The RUC recommends a work RVU of 0.80 for CPT code 93925.**

93926 ***Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study***
The RUC reviewed the survey results from 57 radiologists, cardiologists and vascular surgeons and agreed that the survey 25th percentile work RVU of 0.60 for CPT code 93926 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC reviewed the key reference service CPT code 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* (work RVU= 0.45) and agreed that both codes have identical intra-service time, 10 minutes, however 93926 is an arterial examination which is more intense and complex than a venous examination. Therefore, the recommended work value of 0.60 accurately values 93926 in comparison

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

to this reference code. Additionally, the RUC compared the surveyed code to MPC codes 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.48) and noted that this reference code should be valued slightly lower than 93926 because it requires slightly less physician work and time, 16 versus 20 minutes total time, to perform and 76817 *Ultrasound, pregnant uterus, real time with image documentation, transvaginal* (work RVU = 0.75) and noted that 76817 requires more physician work and time to perform and is appropriately valued higher. The RUC noted that this service is appropriately valued higher than the extracranial and upper extremity arteries duplex scans services and it requires more work to perform on a larger and more complex area. **The RUC recommends a work RVU of 0.60 for CPT code 93926.**

93930 ***Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and determined that the survey median work RVU of 0.80 for CPT code 93930 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93930 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab studies performed on lower extremities. However, there is a difference in the body area and type of blood vessels imaged. CPT code 93930 is an arterial examination which is more intense and complex than a venous examination and therefore is appropriately valued higher than 93970. The RUC compared the surveyed code to MPC code 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient,* (work RVU= 0.76) and noted that 93880 requires more physician work and more physician time have similar and should be valued slightly higher. The RUC also compared the surveyed code to MPC code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81) and agreed that both codes have similar physician work and time and should thus be valued similarly. The RUC also noted that this service requires the same time as 93880 and 93925 (total time of 25 minutes) and therefore the RUC is recommending the same work RVU for these three services. **The RUC recommends a work RVU of 0.80 for CPT code 93930.**

93931 ***Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and agreed that the survey 25th percentile work RVU of 0.50 for CPT code 93931 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC reviewed the key reference service CPT code 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* (work RVU= 0.45) and agreed that both codes have identical intra-service time, 10 minutes, with analogous physician work. However, 93931 is a limited scan on the upper extremities and the key reference service is a venous study. Therefore, the recommended work value of 0.50 accurately values 93931 in comparison to this reference code. Additionally, the RUC compared the surveyed code to MPC code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56) and agreed that both services have identical intra-service time of 10 minutes and should be valued similarly. Finally, the RUC reviewed MPC codes 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.48) and noted that this reference code

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

should be valued slightly lower than 93931 because it requires slightly less physician work and time, 16 versus 20 minutes total time, to perform. **The RUC recommends a work RVU of 0.50 for CPT code 93931.**

93970 ***Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study***
The specialty societies did not survey CPT code 93970, as it was recently surveyed, reviewed by the RUC and a recommendation was submitted and accepted by CMS for CPT 2013. The physician work has remained the same for the last 20 years for this service. Therefore, the specialty societies determined it did not warrant another survey and would serve appropriately as anchor references for this family of services. The RUC agreed that reaffirming the current work value from CPT 2013 is appropriate. **The RUC recommends maintaining the work RVU of 0.70 for CPT code 93970.**

93971 ***Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study***
The specialty societies did not resurvey CPT code 93971, as it was recently surveyed, reviewed by the RUC and a recommendation was submitted and accepted by CMS for CPT 2012. The physician work has remained the same for the last 20 years for this service. Therefore, the specialty societies determined it did not warrant another survey and would serve appropriately as anchor references for this family of services. The RUC agreed that reaffirming the current work value from CPT 2013 is appropriate. **The RUC recommends maintaining the work RVU of 0.45 for CPT code 93971.**

93975 ***Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study***
The RUC reviewed the survey results from 54 radiologists, cardiologists and vascular surgeons and determined that the survey median work RVU of 1.30 for CPT code 93975, a decrease from the current value, appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 20 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93975 to the key reference service 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* (work RVU= 1.30) and agreed that both services have analogous physician work and time and should be valued the same. The RUC also referenced MPC codes 99238 *Hospital discharge day management; 30 minutes or less* (work RVU= 1.28) and 74170 *Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections* (work RVU= 1.40) and determined that the recommended work RVU of 1.30 places this service relative to other similar services. **The RUC recommends a work RVU of 1.30 for CPT code 93975.**

93976 ***Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study***
The RUC reviewed the survey results from 53 radiologists, cardiologists and vascular surgeons and determined that the survey median work RVU of 1.00 for CPT code 93976, a decrease from the current value, appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93976 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab studies. However, there is a difference in

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

the body area and type of blood vessels imaged. CPT code 93976 is a limited study that involves both arterial inflow and venous outflow examination of an organ and is therefore more intense. Likewise, 93976 is more intense than 93880, 93925 and 93930 because it includes both a study of arterial inflow and venous outflow of organ systems and is appropriately valued higher. CPT code 93976 relies more on the interpretation of Doppler wave forms which are non-numerical and use deep Doppler which is more complex; therefore there is an increased complexity to interpret the Doppler spectrum. The RUC also referenced MPC codes 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.97) and 95805 *Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness* (work RVU= 1.20) and determined that the recommended work RVU of 1.00 places this service relative to other similar services. **The RUC recommends a work RVU of 1.00 for CPT code 93976.**

93978 ***Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and determined that the survey median work RVU of 0.97 for CPT code 93978 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 15 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93978 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are vascular lab studies, however, there is a difference in the body area and type of blood vessels imaged. CPT code 93978 is an abdominal duplex evaluation that is complicated by visual obstruction from overlying bowel and adipose tissue making imaging more difficult, intense and complex to perform compared to the key reference service. The RUC also referenced MPC codes 78306 *Bone and/or joint imaging; whole body* (work RVU= 0.86) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.97) and determined that the recommended work RVU of 0.97 places this service relative to other similar services. **The RUC recommends a work RVU of 0.97 for CPT code 93978.**

93979 ***Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study***
The RUC reviewed the survey results from 56 radiologists, cardiologists and vascular surgeons and determined that the survey 25th percentile work RVU of 0.70 for CPT code 93979 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC noted that 93979 requires slightly less work than the complete studies (93880, 93925 and 93930) and is appropriately valued lower. The RUC compared 93979 to the key reference service 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70) and agreed that both services are analogous and should be valued the same. The RUC also referenced MPC codes 99212 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.48) and 78306 *Bone and/or joint imaging; whole body* (work RVU= 0.86) and determined that the recommended work RVU of 0.70 places this service relative to other similar services. **The RUC recommends a work RVU of 0.70 for CPT code 93979.**

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

TRANSCRANIAL DOPPLER STUDIES

The specialty societies indicated that the valuation source for these services is CMS/Other and these services were never previously surveyed, therefore it is not apparent how a valuation was developed. Additionally, the dominant providers are neurology and radiology, different than the duplex scan codes. However, CMS requested that these services be surveyed and reviewed with the duplex scan codes. The RUC agreed that there is compelling evidence that codes 93886 and 93888 are potentially misvalued.

93886 ***Transcranial Doppler study of the intracranial arteries; complete study***
The RUC reviewed the survey results from 44 neurologists and radiologists and determined that the survey median work RVU of 1.00 for CPT code 93886 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 17 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93886 to the key reference service 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU= 1.08) and agreed that both services are analogous and should be valued similarly. The RUC also referenced MPC codes 94004 *Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day* (work RVU= 1.00) and 95805 *Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness* (work RVU= 1.20) and determined that the recommended work RVU of 1.00 places this service relative to other similar services. Lastly, the RUC noted that this service is appropriately valued higher than the duplex scan codes, as the typical patient is critically ill, possibly in a coma, therefore it is more challenging to identify the arteries and more difficult to complete the measurements. **The RUC recommends a work RVU of 1.00 for CPT code 93886.**

93888 ***Transcranial Doppler study of the intracranial arteries; limited study***
The RUC reviewed the survey results from 32 neurologists and radiologists and determined that the survey median work RVU of 0.70 for CPT code 93888 appropriately accounts for the work required to perform this service. The RUC recommends the following physician time: 5 minutes of pre-service time, 10 minutes of intra-service time and 5 minutes of post-service time. The RUC compared 93888 to the key reference service 76821 *Doppler velocimetry, fetal; middle cerebral artery* (work RVU= 0.70) and agreed that both services require the same physician work and time should be valued the same. The RUC also referenced MPC codes76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU= 0.56) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient* (work RVU= 0.97) and determined that the recommended work RVU of 0.70 places this service relative to other similar services. Lastly, the RUC noted that this service is appropriately valued higher than the duplex scan codes, as the typical patient is critically ill, possibly in a coma, therefore it is more challenging to identify the arteries and more difficult to complete the measurements. **The RUC recommends a work RVU of 0.70 for CPT code 93888.**

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

Practice Expense
The Practice Expense Subcommittee made minor modifications to the direct practice expense inputs. The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
93880	Duplex scan of extracranial arteries; complete bilateral study	XXX	0.80
93882	Duplex scan of extracranial arteries; unilateral or limited study	XXX	0.50
93886	Transcranial Doppler study of the intracranial arteries; complete study	XXX	1.00
93888	Transcranial Doppler study of the intracranial arteries; limited study	XXX	0.70
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	XXX	0.80
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	XXX	0.60

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

93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	XXX	0.80
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	XXX	0.50
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	XXX	0.70 (No Change)
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	XXX	0.45 (No Change)
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	XXX	1.30
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	XXX	1.00
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	XXX	0.97
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	XXX	0.70

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

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Identified as part of the Low Value-High Volume Screen

April 2011

Extremity Study

In October 2010, the RUC identified CPT code 93971 *Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study* as part of the Low Value-High Volume screen and requested that it be surveyed.

The RUC reviewed the survey results from 67 radiologists and vascular surgeons and recommends that the current work RVU of 0.45 be maintained as it appropriately accounts for the work required to perform this service. The RUC compared 93971 to key reference code 93923 *Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels* (work RVU = 0.45) and determined these services required the same intra-service time of 10 minutes and similar intensity and complexity to perform. The RUC noted that the current value is supported by the survey median work RVU of 0.47. **The RUC recommends a work RVU of 0.45 for CPT code 93971.**

CPT Code (●New)	CPT Descriptor	Global Period	Work RVU Recommendation
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	XXX	0.45 (No Change)

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93971 Tracking Number Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX RUC Recommended RVU: **0.45**

CPT Descriptor: Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old woman who is post-operative day six after a total left knee arthroplasty complains of sudden increase in the pain and swelling of her left calf. A unilateral venous duplex ultrasound is performed.

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% , Kept overnight (less than 24 hours) 0% , Admitted (more than 24 hours) 0%

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

Moderate Sedation

Is moderate sedation inherent to this procedure in the Hospital/ASC setting? No
Percent of survey respondents who stated moderate sedation is typical in the Hospital/ASC setting? 1%

Is moderate sedation inherent to this procedure in the office setting? No
Percent of survey respondents who stated moderate sedation is typical in the office setting? 1%

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

Description of Pre-Service Work:

- Review of the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors and clinical history providing the indication for the examination.
- Review of previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work:

- Supervise technologist to identify the venous structures of the extremity. In the lower extremity, this will include the common femoral, superficial femoral, popliteal, greater saphenous, lesser saphenous and proximal tibial veins.
- Document presence and direction of flow within these veins as well as appropriate compressibility, respiratory variation and response to augmentation.
- Evaluate for superficial venous reflux. If reflux is present, evaluate the competency of the valves at the sapheno-femoral and sapheno-popliteal junctions and measure the diameter of the affected veins.
- Evaluate and characterize surrounding anatomic structures to assess for possible adjacent lymphadenopathy, soft tissue edema or soft tissue collections such as hematoma or abscess, or synovial cysts such as popliteal (Baker's) cysts.
- Interpretation is rendered indicating the severity and chronicity of the venous occlusive disease and/or venous insufficiency in the involved venous segments. Comparison to previous studies is included when prior results are available. An etiology of the patient's venous disease may be identified.

- A report is dictated.

Description of Post-Service Work:

- The report is reviewed and signed.
- Directing copies to the referring physician and/or primary care provider, completing an encounter form for billing purposes and sending the study to an archive.
- Discuss significant findings such as progression or improvement of venous disease.
- A verbal report may be directed to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2011		
Presenter(s):	Geraldine McGinty,M.D., Zeke Silva, M.D., Gary Seabrook, M.D., Robert Zwolak, M.D., David Han, M.D., Michael Sutherland, M.D., Mathew Sideman, M.D.		
Specialty(s):	American College of Radiology and Society for Vascular Surgery		
CPT Code:	93971		
Sample Size: 486	**Resp N:** 67	**Response:** 13.7 %	
Sample Type: Random	**Additional Sample Information:**		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	88.00	**200.00**	400.00	2500.00
Survey RVW:	0.21	0.33	**0.47**	0.75	1.50
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	5.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

CPT Code:	93971	**Recommended Physician Work RVU: 0.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments to Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
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 level(s), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

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
97110	XXX	0.45	**RUC Time**	40,440,714

CPT Descriptor 1 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92250	XXX	0.44	**RUC Time**	2,175,839

CPT Descriptor 2 Fundus photography with interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 18 **% of respondents:** 26.8 **%**

TIME ESTIMATES (Median)	**CPT Code: 93971**	**Key Reference CPT Code:** 93923	**Source of Time RUC Time**
Median Pre-Service Time	3.00	3.00	
Median Intra-Service Time	10.00	10.00	
Median Immediate Post-service Time	5.00	3.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	

Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**18.00**	**16.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.56	2.78
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.78	2.89
Urgency of medical decision making	3.94	3.17
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.83	2.67
Physical effort required	2.33	2.17
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.67	2.39
Outcome depends on the skill and judgment of physician	3.28	3.28
Estimated risk of malpractice suit with poor outcome	3.83	3.33

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	1.94	2.00
Intra-Service intensity/complexity	3.00	2.94
Post-Service intensity/complexity	2.44	2.44

Additional Rationale and Comments

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

Background

Code 93971 was among 24 codes identified by CMS and for which review by the RUC was requested based on low RVUs and high utilization. At the February 2011 RUC meeting, survey was requested by the RAW since the code had CMS/Other inputs.

Compelling Evidence

While our societies do not plan to submit compelling evidence arguments, we would point out that accrediting bodies have written practice guidelines for this procedure recommending study components that were not performed when this very old CPT code was created. Examples of this additional work include colorflow ultrasound and calf vein assessment. Colorflow did not have wide commercial availability, and ultrasound technology had insufficient sensitivity to evaluate calf veins when 93971 was initially created.

Time and RVW recommendation

ACR and SVS surveyed code 93971 and we received a total of 67 survey responses. The societies convened an expert consensus panel to review the aggregated survey data and determine a recommended work RVU and recommended times.

Our survey median work RVU was 0.47 with a total time of 18 minutes. The median times were 3 minute pre-time for day of evaluation, 10 minutes intra-time, and 5 minutes immediate post-time. We recommend maintaining the current work RVU of 0.45 for 93971 which is between our survey 25% and the median survey work RVU because the value is justified not only by the survey but also by work comparison to other diagnostic and E&M services. The most commonly chosen reference code was CPT code 93923 (Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries). Code 93923 has a work RVU of 0.45 and 16 minutes total time (3 minute pre-service evaluation time, 10 minutes intra-time and 3 minutes immediate post-service time). 93923 was surveyed by the RUC in 2010 and has an IWPUT of 0.0316.

Rank Order with other ultrasound codes

The recommended work RVU of 0.45 places 93971 in an appropriate rank order with another recently RUC valued ultrasound code 76536 (Ultrasound of the soft tissues of the head and neck) which has work RVU of 0.56 and 18 minutes of total time (4 minute pre-service evaluation time, 10 minutes intra-time and 4 minutes immediate post-service time). While 93971 requires ultrasound assessment of a much larger portion of the body, the overall number, complexity and diversity of images is similar.

Comparison to E&M Services

The expert consensus panel of our two societies also points out that the physician work and physician time required for interpretation of B-mode ultrasound images, color-flow images and Doppler spectra in 93971 are very similar to the work and time involved in E&M code 99212, a low level office visit which requires at least 2 of 3 key components: a problem focused history; a problem focused examination; and/or straightforward medical decision making. 99212 has a work RVU of 0.48 and a physician time of 16 minutes.

Conclusion

A robust multispecialty survey of physician work has been performed for 93971 with a resultant median survey work RVU of 0.47. While our specialties do not plan to submit compelling evidence arguments, current clinical guidelines recommend analysis of more information than was typically collected when this code was new. The recommended work RVU is the current value of 0.45 which compares appropriately with the key arterial physiologic vascular ultrasound reference (93923), as well as a recently-surveyed nonvascular ultrasound service (76536), and a low level E&M service 99212. Considered in the aggregate, we believe this information provides a strong argument to maintain the current work RVU of 0.45.

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:

   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) 93971

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

Specialty Diagnostic Radiology How often? Commonly

Specialty Vascular Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4258731
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services for 93971 in a one year period is estimated to be 4,258,731.

Specialty Diagnostic Radiology Frequency 1277619 Percentage 29.99 %

Specialty Vascular Surgery Frequency 851746 Percentage 19.99 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,419,577 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2009 Medicare data estimates that code 93971 was billed approximately 1,419,577.

Specialty Diagnostic Radiology Frequency 425873 Percentage 29.99 %

Specialty Vascular Surgery Frequency 283915 Percentage 19.99 %

Specialty Frequency Percentage %

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

---

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93971

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 Committee Summary of Recommendations
Codes Reported Together 75% or More

April 2014

Isodose Calculation with Isodose Planning Bundle

At the February 2014 CPT Editorial Panel meeting, the Panel approved the deletion of six CPT Category I codes (77305, 77310, 77315, 77326-77328) and created five new CPT Category I codes to bundle basic dosimetry calculation(s) with teletherapy and brachytherapy isodose planning.

77300 ***Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician***
The RUC reviewed the survey results from 83 radiation oncologists and medical physicists and agreed with the specialty on the following physician time components: pre-service time of 0 minutes, intra-service time of 15 minutes and post-time of 0 minutes. The RUC determined that the current value of 0.62, lower than the survey 25th percentile, is appropriate for this service. The RUC compared the surveyed code to MPC code 88112 *Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal* (work RVU= 0.56, intra-service time of 15 minutes) and noted that both services have the same intra-service time and total time. The surveyed code is a slightly more intense service, justifying a slightly higher work value.

The RUC also compared the surveyed code to CPT code 93970 *Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study* (work RVU= 0.70, intra-service time of 15 minutes) and noted that both services have the same intra-service time, however the surveyed code has a lower total time (15 minutes versus 23 minutes), which supports a slightly lower work value for the surveyed code. **The RUC recommends a work RVU of 0.62 for CPT code 77300.**

77306 ***Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)***
The RUC reviewed the survey results from 77 radiation oncologists and medical physicists and agreed with the specialty on the following physician time components: pre-service time of 3 minutes, intra-service time of 40 minutes and post-time of 3 minutes. The specialty society noted that they received permission from the Research Subcommittee to ask survey respondents the typical number of dose calculation they perform for this procedure. The median survey response was two dose calculations for this service. The RUC noted that a volume-weighted analysis of the *Medicare Carrier 5% standard analytic file* confirmed two units of basic dosimetry for this service (same patient, same day, same provider),

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

assuming that the volume of the deleted code 77310 is shared 50/50 between 77306 and 77307. The specialty indicated that they could not foresee additional basic dosimetry calculations on a separate day of service for teletherapy isodose planning codes.

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty that the survey 25th percentile work RVU of 1.40 is appropriate. The RUC compared the surveyed code to MPC code 88321 *Consultation and report on referred slides prepared elsewhere* (work RVU= 1.63, intra-service time of 50 minutes) and noted that the reference code has a higher intra-service time (50 minutes versus 40 minutes), supporting a lower work RVU of 1.40 for the surveyed code. The RUC also compared the surveyed code to CPT code 78709 *Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)* (work RVU= 1.41, intra-service time of 40 minutes) and noted that since both codes have identical intra-service time and total time, the work RVU recommendation of 1.40 is further supported by the additional reference code. **The RUC recommends a work RVU of 1.40 for CPT code 77306.**

77307 ***Teletherapy isodose plan; complex (Multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)***

The RUC reviewed the survey results from 78 radiation oncologists and medical physicists and agreed with the specialty on the following physician time components: pre-service time of 3 minutes, intra-service time of 80 minutes and post-time of 3 minutes. The specialty society noted that they received permission from the Research Subcommittee to ask survey respondents the typical number of dose calculation they perform for this procedure. The median survey response was four dose calculations for this service. The RUC noted that a volume-weighted analysis of the *Medicare Carrier 5% standard analytic file* indicated 2.4 units of basic dosimetry for this service (same patient, same day, same provider), assuming that the volume of the deleted code 77310 will be split 50/50 between 77306 and 77307. The specialty indicated that they could not foresee additional basic dosimetry calculations on a separate day of service for teletherapy isodose planning codes.

The RUC reviewed the survey respondents' estimated physician work values, while also accounting for the data from the Medicare Carrier 5% standard analytic file, and agreed with the specialty that the survey 25th percentile work RVU of 2.90 is appropriate. The RUC compared the surveyed code to CPT code 77263 *Therapeutic radiology treatment planning; complex* (work RVU= 3.14, intra-service time of 75 minutes) and agreed that since the surveyed code has a higher intra-service time (80 minutes versus 75 minutes) and a similar work intensity, a work RVU of 2.90 is justified. The RUC also compared the surveyed code to MPC code 95810 *Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist* (work RVU= 2.50, pre-time of 15 minutes, intra-service time of 36.5 minutes, post-time of 15 minutes) and noted that since the surveyed code has a much higher intra-service time (80 versus 36.5 minutes) and a higher total time (86 minutes versus 66.5 minutes), the recommended work value is correctly valued relative to services across the RBRVS. **The RUC recommends a work RVU of 2.90 for CPT code 77307.**

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

77316 ***Brachytherapy isodose plan; simple (calculation(s) made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)***
The RUC reviewed the survey results from 70 radiation oncologists and medical physicists and agreed with the specialty on the following physician time components: pre-service time of 3 minutes, intra-service time of 40 minutes and post-time of 3 minutes. The specialty society noted that they received permission from the Research Subcommittee to ask survey respondents the typical number of dose calculation they perform for this procedure. The median survey response was one dose calculation for this service. The RUC noted that a volume-weighted analysis of the *Medicare Carrier 5% standard analytic file* confirmed one unit of basic dosimetry for this service (same patient, same day, same provider).

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty that the survey 25th percentile work RVU of 1.50 is appropriate. The RUC also agreed that the brachytherapy isodose planning is a more intense service relative to teletherapy isodose planning. The RUC compared the surveyed code to MPC code 88321 *Consultation and report on referred slides prepared elsewhere* (work RVU= 1.63, intra-service time of 50 minutes) and noted that the reference code has a higher intra-service time (50 minutes versus 40 minutes), supporting a lower work RVU of 1.50 for the surveyed code. The RUC also compared the surveyed code to CPT code 88380 *Microdissection (ie, sample preparation of microscopically identified target); laser capture* (work RVU= 1.56, intra-service time of 45 minutes) and noted that with similar total time (46 minutes versus 45 minutes) and similar work intensities, the RUC recommended work value is appropriate for 77316. **The RUC recommends a work RVU of 1.50 for CPT code 77316.**

77317 ***Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)***
The RUC reviewed the survey results from 70 radiation oncologists and medical physicists and agreed with the specialty on the following physician time components: pre-service time of 3 minutes, intra-service time of 50 minutes and post-time of 3 minutes. The specialty society noted that they received permission from the Research Subcommittee to ask survey respondents the typical number of dose calculation they perform for this procedure. The median survey response was one dose calculation for this service. The RUC noted that a volume-weighted analysis of the *Medicare Carrier 5% standard analytic file* confirmed one unit of basic dosimetry for this service (same patient, same day, same provider).

The RUC reviewed the survey respondents' estimated physician work values and agreed with the specialty that the respondents overestimated the physician work required to perform this service. The RUC compared the surveyed code to CPT code 88323 *Consultation and report on referred material requiring preparation of slides* (work RVU= 1.83 and intra-service time of 56 minutes) and agreed that since both services have similar intensities and identical total time, they should be valued the same. Therefore, the RUC recommends a direct crosswalk to 88323.

To further justify a work RVU of 1.83 for 77317, the RUC reviewed CPT code 95863 *Needle electromyography; 3 extremities with or without related paraspinal area* (work RVU= 1.87, pre-time of 10 minutes, intra-service time of 40 minutes, post-time of 11 minutes) and noted that the surveyed

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

code has a higher total time (50 minutes versus 40 minutes), although a lower total time (56 minutes versus 61 minutes), validating that a similar work RVU is appropriate. **The RUC recommends a work RVU of 1.83 for CPT code 77317.**

77318 ***Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)***

The RUC reviewed the survey results from 72 radiation oncologists and medical physicists and agreed with the specialty on the following physician time components: pre-service time of 3 minutes, intra-service time of 80 minutes and post-time of 3 minutes. The specialty society noted that they received permission from the Research Subcommittee to ask survey respondents the typical number of dose calculation they perform for this procedure. The median survey response was two dose calculations for this service. The RUC noted that a volume-weighted analysis of the *Medicare Carrier 5% standard analytic file* indicated one unit of basic dosimetry for this service (same patient, same day, same provider).

The RUC agreed with the specialty that the *Medicare Carrier 5% standard analytic file* does not capture a second instance of basic dosimetry for 77318, since the second independent dose calculation is typically billed on a separate day from the brachytherapy isodose planning. Unlike the simple and intermediate brachytherapy isodose planning codes, 77318 is used for a prostate seed implant (vignette found to be 100 percent typical). Typically, the treatment planning for a prostate seed implant is initiated well before the date of the actual implant, since the radioactive seeds need to be custom ordered (typically 80 seeds). The seeds are received a number of days before the implant on a separate day, and then a separate independent dose calculation is performed to take into account the decay factor and verify the plan prior to the implant. The separate dose calculation is based on the activity of those seeds and re-entered into the actual plan.

The RUC reviewed the survey 25th percentile work RVU of 3.30 and determined that the respondents overestimated the physician work required to perform this service. Given the lack of an appropriate crosswalk to an existing code, the RUC agreed the the physician work and time required to perform 77318 is the same as 77307 (RUC recommended work RVU = 2.90), the other complex code in this family. Therefore, the RUC recommends a work RVU of 2.90 for CPT code 77318. . The RUC compared the surveyed code to CPT code 77263 *Therapeutic radiology treatment planning; complex* (work RVU= 3.14, intra-service time of 75 minutes) and agreed that since the surveyed code has a higher intra-service time (80 minutes versus 75 minutes) and a similar work intensity, a work RVU of 2.90 is justified. The RUC also compared the surveyed code to MPC code 95810 *Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist* (work RVU= 2.50, pre-time of 15 minutes, intra-service time of 36.5 minutes, post-time of 15 minutes) and noted that since the surveyed code has a much higher intra-service time (80 versus 36.5 minutes), as well as a higher total time (86 minutes versus 66.5 minutes), the recommended work value is correctly valued relative to services across the RBRVS. **The RUC recommends a work RVU of 2.90 for CPT code 77318.**

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

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

Practice Expense
The RUC reviewed and approved the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee. The RUC noted that the clinical labor time for the dose calculations *Medical Dosimetrist/Medical Physicist* (L107A) corresponds with the median survey response to the survey question "*What is the typical number of dose calculations you currently perform for this procedure (typical patient)?*"

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Radiology** **Radiation Oncology** **Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services**				
77300	II1	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician (Do not report 77300 in conjunction with 77306, 77307, 77316, 77317, 77321, 77318)	XXX	0.62 (no change)

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

~~D 77305~~		~~Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)~~ (77305 has been deleted. To report, see 77306)	XXX	N/A
●77306	II2	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	XXX	1.40
~~D77310~~		~~intermediate (3 or more treatment ports directed to a single area of interest)~~ (77310 has been deleted. To report, use 77306, 77307)	XXX	N/A
~~D 77315~~		~~complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)~~ (77315 has been deleted. To report, see 77307)	XXX	N/A
●77307	II3	complex (Multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) *(Only 1 teletherapy isodose plan may be reported for a given course of therapy to a specific treatment area)* (Do not report 77306, 77307 in conjunction with 77300)	XXX	2.90
~~D 77326~~		~~Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)~~ (77326 has been deleted. To report, see 77316)	XXX	N/A

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

●77316	II4	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s) (For definition of source~~/ribbon~~, see ~~page 425~~ clinical brachytherapy introductory guidelines)	XXX	1.50
~~D 77327~~		~~intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)~~ (77327 has been deleted. To report, see 77317)	XXX	N/A
●77317	II5	intermediate (calculation[s] made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	XXX	1.83
~~D 77328~~		~~complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)~~ (77328 has been deleted. To report, see 77318)	XXX	N/A
●77318	II6	complex (calculation[s] made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s) (Do not report 77316, 77317, 77318 in conjunction with 77300)	XXX	2.90

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77300 Tracking Number II1 Original Specialty Recommended RVU: **0.62**
Presented Recommended RVU: **0.62**
Global Period: XXX RUC Recommended RVU: **0.62**

CPT Descriptor: Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician

(Do not report 77300 in conjunction with 77306, 77307, 77316, 77317, 77321, 77318)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Central axis dose calculations (including independent dose calculations) are performed prior to initiating radiation treatment.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work:

Description of Intra-Service Work: The effort of the basic dosimetry calculation starts when the physician verifies the beam energy of the two fields, the field sizes, collimator sizes and the equivalent square. All four parameters are essential to the accuracy of the calculation. The patient thickness and calculation depth are reviewed. The calculation methodology (SSD or SAD) is verified. The appropriate absorption ratio (% depth dose, tissue air ratio, or tissue maximum ratio) is checked. The use of heterogeneity correction is verified. Beam weighting and reciprocal geometry are assessed. Correction factors, including the potential use of a wedge, compensator, bolus, and immobilization device are considered. After the accuracy of these parameters is assured, the calculated dose to the reference depth is calculated.

This dose absorption at depth is then converted into monitor units using the conversion factors for the standard output for the standard field at the reference depth. The physician then approves these monitor units for this specific field by signing and dating the plan.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Michael Kuettel, MD, PhD, Brian Kavanagh, MD, MPH, Gerald White, MS, James Goodwin, MS		
Specialty(s):	Radiation Oncology		
CPT Code:	77300		
Sample Size:	500	**Resp N:** 83	**Response:** 16.6 %
Description of Sample:	Random sample of active, physician membership		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	100.00	**400.00**	850.00	2500.00
Survey RVW:	0.35	0.70	**0.73**	0.80	3.50
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	15.00	**15.00**	16.00	90.00

Immediate Post Service-Time:	**2.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	77300	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**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)

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77331	XXX	0.87	**RUC Time**

CPT Descriptor Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician

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

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88112	XXX	0.56	**RUC Time**	1,054,052

CPT Descriptor 1 Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88305	XXX	0.75	**RUC Time**	16,818,789

CPT Descriptor 2 Tissue exam by pathologist

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 66 **% of respondents:** 79.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 77300**	**Key Reference CPT Code:** 77331	**Source of Time RUC Time**
Median Pre-Service Time	0.00	0.00	

Median Intra-Service Time	15.00	30.00
Median Immediate Post-service Time	0.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**15.00**	**30.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	2.68	2.56
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.82	2.58
Urgency of medical decision making	2.62	2.55
Technical Skill/Physical Effort (Mean)		
Technical skill required	2.79	2.61
Physical effort required	2.45	2.39
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.88	2.71
Outcome depends on the skill and judgment of physician	2.77	2.62
Estimated risk of malpractice suit with poor outcome	2.82	2.68

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	2.56	2.42
Intra-Service intensity/complexity	2.74	2.61
Post-Service intensity/complexity	2.55	2.44

Additional Rationale and Comments

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

As part of the 75% billed together screen, the RUC identified that codes 77305-77315, which describe teletherapy isodose planning, and 77326-77328, which describe brachytherapy isodose planning, are frequently reported with basic radiation dosimetry calculation, 77300.

The CPT Editorial Panel approved five new CPT codes to describe isodose planning. The work of basic radiation dosimetry calculations (CPT code 77300) will now be bundled into these five new isodose planning codes (not separately reportable). CPT Code 77300 will remain in CPT and be used to be report basic radiation dosimetry calculations in other scenarios.

The Research Subcommittee approved the inclusion of the following question on the five new teletherapy and brachytherapy isodose plan surveys: "What is the typical number of dose calculations you currently perform for this procedure (typical patient)?" The question results are included on the summary data table.

The Specialty is making the following physician work recommendations:
77300 – maintain current value
77306 – 25th percentile
77307 – 25th percentile
77316 – 25th percentile
77317 – slightly below the 25th percentile
77318 - 25th percentile

The Specialty is recommending maintaining the current value for CPT code 77300. The survey results support maintaining the current value/time, which were from a RUC survey. The Specialty is recommending the 25th percentile for the remaining codes in the family, except CPT Code 77317. The survey data for CPT Code 77317 yielded a 25th percentile that was slightly high in relation to the other recommendations. The Specialty felt a value slightly below the 25th percentile would maintain appropriate rank order in this family. As such, the Specialty is recommending a crosswalk value for CPT Code 77317. The two codes below 88323 and 95863 are offered as crosswalks for this recommendation.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77317	3	50	3	56	1.83	0.034
88323		56		56	1.83	0.033
95863	10	40	11	61	1.87	0.035

The recommended physician work values for these bundled services take into account the efficiencies that are gained when component coded services are bundled. The recommendations yield an efficiency range from approximately 27% to one percent depending on the code. This tab exceeds the budget neutrality requirements and gives back to the system.

Recommendations compare favorably to the reference service codes and within the radiation oncology family.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77300		15		15	0.62	0.041
77331		30		30	0.87	0.029
77306	3	40	3	46	1.40	0.032
77316	3	40	3	46	1.50	0.034
77317	3	50	3	56	1.83	0.035
77307	3	80	3	86	2.90	0.035
77318	3	80	3	86	3.30	0.040
77338		115		115	4.29	0.037

Recommendations compare favorably to MPCs

	Pre	Intra	Post	Total	Work RVU
88112		15		15	0.56

77300		**15**		**15**	**0.62**
88305		25		25	0.75
78306	5	8	5	18	0.86
77306	**3**	**40**	**3**	**46**	**1.40**
77316	**3**	**40**	**3**	**46**	**1.50**
88321		50		50	1.63
77317	**3**	**50**	**3**	**56**	**1.83**
95810	15	36.5	15	66.5	2.50
77307	**3**	**80**	**3**	**86**	**2.90**
77318	**3**	**80**	**3**	**86**	**3.30**
99327	15	60	25	100	3.46

SERVICES REPORTED WITH MULTIPLE CPT CODES

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

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

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

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. CPT Code 77300 will be billed with CPT Code 77295 (RAW approved not to bundle).

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77300

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

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,300,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 RUC Database (current utilization minus the estimated newly bundled calculations)

Specialty Radiation Oncology Frequency 1250000 Percentage 96.15 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

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 77300

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:77306 Tracking Number II2 Original Specialty Recommended RVU: **1.40**
Presented Recommended RVU: **1.40**
Global Period: XXX RUC Recommended RVU: **1.40**

CPT Descriptor: Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old man with advanced lung cancer presents with a painful metastasis to the lumbar spine. Following simulation, a teletherapy isodose plan and monitor unit calculation is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: The images obtained from simulation are imported into the treatment planning computer. Images are reviewed by the radiation oncologist to verify full inclusion of the treatment area. The user origin is set and fields are aligned to the user origin in preparation for treatment planning.

Description of Intra-Service Work: The radiation oncologist defines treatment boarders for each field, ensuring that the fields cover the intended treatment area. Beam energy, beam configuration, tissue homogeneity factor, prescription point and dose/fractionation is determined by the physician, and this information is discussed with the medical dosimetrist. The dosimetrist then initiates the planning process by placing megavoltage beams on the treatment planning system, using the fields defined by the physician. Dose from each beam to be delivered is then calculated to the isocenter (prescription point). The isodose curves are examined and reviewed by the radiation oncologist and the dosimetrist to determine dose coverage, hot spots, cold spots and the effect of tissue inhomogeneity is also evaluated. Multiple beam weightings from the anterior and posterior beams are evaluated by the physician and the dosimetrist to provide optimum coverage of the treatment area, with the fewest hot or cold spots. The dose to the spinal cord is evaluated throughout the length of the field to keep this within tolerance dose. The optimal plan is selected and approved by the radiation oncologist. Basic dosimetry monitor unit calculations to deliver the prescribed dose are performed (which take into account the source axis distance, time dose factors, inhomogeneity, beam energy, machine characteristics and other parameters). Independent calculations are then performed to check the monitor unit calculations and verify critical point doses. Once the plan is finalized and approved by the radiation oncologist, the dosimetrist downloads all treatment planning parameters into the record and verify system in preparation for treatment.

Description of Post-Service Work: The radiation oncologist dictates, reviews, and signs the isodose plan and dosimetry monitor unit calculation reports. The radiation oncologist reviews and confirms setup data have been accurately transferred

into the record and verify computer. He or she communicates with physicist, dosimetrist, radiation therapist/technician, and referring physician regarding the plan development and coordinates the initiation of treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Michael Kuettel, MD, PhD, Brian Kavanagh, MD, MPH, Gerald White, MS, James Goodwin, MS		
Specialty(s):	Radiation Oncology		
CPT Code:	77306		
Sample Size:	500	**Resp N:** 77	**Response:** 15.4 %
Description of Sample:	Random sample of active, physician membership		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**100.00**	128.00	3000.00
Survey RVW:	1.00	1.40	**1.45**	1.50	3.50
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	38.00	**40.00**	42.00	90.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	77306	**Recommended Physician Work RVU: 1.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**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:	**3.00**	**0.00**	**3.00**

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77338	XXX	4.29	**RUC Time**

CPT Descriptor Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

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

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88321	XXX	1.63	**RUC Time**	187,991

CPT Descriptor 2 Consultation and report on referred slides prepared elsewhere

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 50 **% of respondents:** 64.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 77306**	**Key Reference CPT Code:** 77338	**Source of Time RUC Time**
Median Pre-Service Time	3.00	0.00	

Median Intra-Service Time	40.00	115.00
Median Immediate Post-service Time	3.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**46.00**	**115.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.34	3.06
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.50	3.20
Urgency of medical decision making	3.34	3.16
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.24	3.20
Physical effort required	2.70	2.66
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.42	3.28
Outcome depends on the skill and judgment of physician	3.32	3.18
Estimated risk of malpractice suit with poor outcome	3.40	3.18

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.08	2.96
Intra-Service intensity/complexity	3.16	3.10
Post-Service intensity/complexity	3.06	2.92

Additional Rationale and Comments

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

As part of the 75% billed together screen, the RUC identified that codes 77305-77315, which describe teletherapy isodose planning, and 77326-77328, which describe brachytherapy isodose planning, are frequently reported with basic radiation dosimetry calculation, 77300.

The CPT Editorial Panel approved five new CPT codes to describe isodose planning. The work of basic radiation dosimetry calculations (CPT code 77300) will now be bundled into these five new isodose planning codes (not separately reportable). CPT Code 77300 will remain in CPT and be used to be report basic radiation dosimetry calculations in other scenarios.

The Research Subcommittee approved the inclusion of the following question on the five new teletherapy and brachytherapy isodose plan surveys: "What is the typical number of dose calculations you currently perform for this procedure (typical patient)?" The question results are included on the summary data table.

The Specialty is making the following physician work recommendations:
77300 – maintain current value
77306 – 25th percentile
77307 – 25th percentile
77316 – 25th percentile
77317 – slightly below the 25th percentile
77318 - 25th percentile

The Specialty is recommending maintaining the current value for CPT code 77300. The survey results support maintaining the current value/time, which were from a RUC survey. The Specialty is recommending the 25th percentile for the remaining codes in the family, except CPT Code 77317. The survey data for CPT Code 77317 yielded a 25th percentile that was slightly high in relation to the other recommendations. The Specialty felt a value slightly below the 25th percentile would maintain appropriate rank order in this family. As such, the Specialty is recommending a crosswalk value for CPT Code 77317. The two codes below 88323 and 95863 are offered as crosswalks for this recommendation.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77317	3	50	3	56	1.83	0.034
88323		56		56	1.83	0.033
95863	10	40	11	61	1.87	0.035

The recommended physician work values for these bundled services take into account the efficiencies that are gained when component coded services are bundled. The recommendations yield an efficiency range from approximately 27% to one percent depending on the code. This tab exceeds the budget neutrality requirements and gives back to the system.

Recommendations compare favorably to the reference service codes and within the radiation oncology family.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77300		15		15	0.62	0.041
77331		30		30	0.87	0.029
77306	3	40	3	46	1.40	0.032
77316	3	40	3	46	1.50	0.034
77317	3	50	3	56	1.83	0.035
77307	3	80	3	86	2.90	0.035
77318	3	80	3	86	3.30	0.040
77338		115		115	4.29	0.037

Recommendations compare favorably to MPCs

	Pre	Intra	Post	Total	Work RVU
88112		15		15	0.56

77300		**15**		**15**	**0.62**
88305		25		25	0.75
78306	5	8	5	18	0.86
77306	**3**	**40**	**3**	**46**	**1.40**
77316	**3**	**40**	**3**	**46**	**1.50**
88321		50		50	1.63
77317	**3**	**50**	**3**	**56**	**1.83**
95810	15	36.5	15	66.5	2.50
77307	**3**	**80**	**3**	**86**	**2.90**
77318	**3**	**80**	**3**	**86**	**3.30**
99327	15	60	25	100	3.46

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) 77305

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

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Utilization from the RUC database

Specialty Radiation Oncology Frequency 5350 Percentage 97.27 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

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. 77305

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77307 Tracking Number II3 Original Specialty Recommended RVU: **2.90**
Presented Recommended RVU: **2.90**
Global Period: XXX RUC Recommended RVU: **2.90**

CPT Descriptor: Teletherapy isodose plan; complex (Multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)

(Only 1 teletherapy isodose plan may be reported for a given course of therapy to a specific treatment area)

(Do not report 77306X, 77307X in conjunction with 77300)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old woman with an infiltrating cancer in the upper outer quadrant (UOQ) of the right breast presents for radiation therapy. Following lumpectomy and simulation, a teletherapy isodose plan and monitor unit calculation is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: The images obtained from simulation are imported into the treatment planning computer. Images are reviewed by the radiation oncologist to verify full inclusion of the treatment area. The user origin is set and fields are aligned to the user origin in preparation for treatment planning.

Description of Intra-Service Work: The radiation oncologist reviews all images to make sure that the 6 surgical clips placed at the lumpectomy site and external markers placed at time of simulation are identified and transferred accurately (marker at AP set-up point, 4 wire markers for clinical estimate of cranial, caudal, medial, and lateral extent of anticipated tangents, wire extending around the infra-mammary fold and wire over lumpectomy scar). In addition, breast, chest-wall, axilla and supraclavicular areas are reviewed for inclusion on the images as follows: Cranial – clinical reference plus second rib insertion; Caudal – clinical reference plus loss of CT apparent breast; Anterior – skin; Posterior – excludes pectoralis muscles, chest wall muscles, and ribs; Lateral – clinical reference plus mid axillary line; and Medial – sternal rib junction. After verification of all borders, the physician contours the breast tissue and the chest wall on the superior, inferior slices, the central axis slices and multiple off axis slices; the lumpectomy site is contoured. In addition, depending on stage of disease, the axilla (level 1, 2 or 3) supraclavicular and internal mammary nodes are contoured. The borders and expansion margin may be modified by the physician to exclude heart and lung tissue. Lymph node chains may also be included based on stage and risk criteria.

Beam energy, beam configuration, tissue homogeneity factor, prescription point and dose/fractionation is determined by the radiation oncologist, and this information is discussed with the medical dosimetrist. The dosimetrist then generates a treatment plan based on parameters determined by the physician, in order to ensure necessary coverage. Each plan generated typically utilizes tangential beams with matched nondivergent posterior borders, and with collimator rotation to match the chest wall slope. As the beams pass through the lung and as there is tissue inhomogeneity throughout the treatment area, this has to be corrected for at multiple axes throughout the field starting with the central axis. Dose inhomogeneity within the central plane is minimized by modifying the beam energies, weighting, angles, shapes, wedges and compensators to ensure adequate dose distribution. The same process is repeated at other off axis planes. Dose is normalized at the breast and pectoralis major interface at mid separation in the central plane. Dose distributions are then plotted for each 1-cm slice, and the area of each isodose curve within the breast on each CT slice is calculated. The entire process and the final treatment plan are then reviewed by the physician. Plan evaluation is carried out by reviewing dose homogeneity, as well as the hot/cold areas within the plan. The physician edits the plan based on target volume coverage. The final plan is then approved if overall prescribed dose and dose constraints are met. Basic dosimetry monitor unit calculations to deliver the prescribed dose are then performed (which take into account the source axis distance, time dose factors, inhomogeneity, beam energy, machine characteristics and other parameters). Independent calculations are then performed to check these monitor unit calculations and verify critical point doses.

Once the plan is finalized and approved by the radiation oncologist, the dosimetrist downloads all treatment planning parameters into the record and verify system in preparation for treatment.

Description of Post-Service Work: The radiation oncologist dictates, reviews, and signs the isodose plan and dosimetry monitor unit calculation reports. The radiation oncologist reviews and confirms setup data have been accurately transferred into the record and verify computer. He or she communicates with physicist, dosimetrist, radiation therapist/technician, and referring physician regarding the plan development and coordinates the initiation of treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Michael Kuettel, MD, PhD, Brian Kavanagh, MD, MPH, Gerald White, MS, James Goodwin, MS		
Specialty(s):	Radiation Oncology		
CPT Code:	77307		
Sample Size:	500	**Resp N:** 78	**Response:** 15.6 %
Description of Sample:	Random sample of active, physician membership		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	80.00	**100.00**	150.00	300.00
Survey RVW:	1.60	2.90	**3.00**	3.00	5.00
Pre-Service Evaluation Time:			**4.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	20.00	77.00	**80.00**	80.00	120.00

Immediate Post Service-Time:	**4.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	77307	**Recommended Physician Work RVU: 2.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**80.00**		

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

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77338	XXX	4.29	**RUC Time**

CPT Descriptor Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

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
95810	XXX	2.50	**RUC Time**	316,977

CPT Descriptor 1 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99327	XXX	3.46	**RUC Time**	44,895

CPT Descriptor 2 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.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 54 **% of respondents:** 69.2 **%**

TIME ESTIMATES (Median)	CPT Code: 77307	Key Reference CPT Code: 77338	Source of Time RUC Time
Median Pre-Service Time	3.00	0.00	
Median Intra-Service Time	80.00	115.00	
Median Immediate Post-service Time	3.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**86.00**	**115.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.76	3.37
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.76	3.41
Urgency of medical decision making	3.61	3.33
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.89	3.44
Physical effort required	2.94	2.74
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.72	3.39
Outcome depends on the skill and judgment of physician	3.83	3.44
Estimated risk of malpractice suit with poor outcome	3.67	3.33

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.63	3.11
Intra-Service intensity/complexity	3.76	3.30

Post-Service intensity/complexity	3.61	3.15

Additional Rationale and Comments

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

As part of the 75% billed together screen, the RUC identified that codes 77305-77315, which describe teletherapy isodose planning, and 77326-77328, which describe brachytherapy isodose planning, are frequently reported with basic radiation dosimetry calculation, 77300.

The CPT Editorial Panel approved five new CPT codes to describe isodose planning. The work of basic radiation dosimetry calculations (CPT code 77300) will now be bundled into these five new isodose planning codes (not separately reportable). CPT Code 77300 will remain in CPT and be used to be report basic radiation dosimetry calculations in other scenarios.

The Research Subcommittee approved the inclusion of the following question on the five new teletherapy and brachytherapy isodose plan surveys: "What is the typical number of dose calculations you currently perform for this procedure (typical patient)?" The question results are included on the summary data table.

The Specialty is making the following physician work recommendations:
77300 – maintain current value
77306X – 25th percentile
77307X – 25th percentile
77316X – 25th percentile
77317X – slightly below the 25th percentile
77318X - 25th percentile

The Specialty is recommending maintaining the current value for CPT code 77300. The survey results support maintaining the current value/time, which were from a RUC survey. The Specialty is recommending the 25th percentile for the remaining codes in the family, except CPT Code 77317X. The survey data for CPT Code 77317X yielded a 25th percentile that was slightly high in relation to the other recommendations. The Specialty felt a value slightly below the 25th percentile would maintain appropriate rank order in this family. As such, the Specialty is recommending a crosswalk value for CPT Code 77317X. The two codes below 88323 and 95863 are offered as crosswalks for this recommendation.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77317X	3	50	3	56	1.83	0.034
88323		56		56	1.83	0.033
95863	10	40	11	61	1.87	0.035

The recommended physician work values for these bundled services take into account the efficiencies that are gained when component coded services are bundled. The recommendations yield an efficiency range from approximately 27% to one percent depending on the code. This tab exceeds the budget neutrality requirements and gives back to the system.

Recommendations compare favorably to the reference service codes and within the radiation oncology family.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77300		15		15	0.62	0.041
77331		30		30	0.87	0.029
77306X	3	40	3	46	1.40	0.032
77316X	3	40	3	46	1.50	0.034
77317X	3	50	3	56	1.83	0.035
77307X	3	80	3	86	2.90	0.035
77318X	3	80	3	86	3.30	0.040

77338		115		115	4.29	0.037

Recommendations compare favorably to MPCs

	Pre	Intra	Post	Total	Work RVU
88112		15		15	0.56
77300		**15**		**15**	**0.62**
88305		25		25	0.75
78306	5	8	5	18	0.86
77306X	**3**	**40**	**3**	**46**	**1.40**
77316X	**3**	**40**	**3**	**46**	**1.50**
88321		50		50	1.63
77317X	**3**	**50**	**3**	**56**	**1.83**
95810	15	36.5	15	66.5	2.50
77307X	**3**	**80**	**3**	**86**	**2.90**
77318X	**3**	**80**	**3**	**86**	**3.30**
99327	15	60	25	100	3.46

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) 77310 or 77315

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

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
82,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Utilization from the RUC database (combination of CPT codes 77310 and 77315)

Specialty Radiation Oncology Frequency 80000 Percentage 97.56 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

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. 77315

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77316 Tracking Number II4 Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.50**
Global Period: XXX RUC Recommended RVU: **1.50**

CPT Descriptor: Brachytherapy isodose plan; simple (calculation(s) made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old woman with high grade stage II endometrial cancer undergoes post-operative pelvic radiotherapy. Following placement of a single-channel vaginal after-loading applicator and simulation, a brachytherapy isodose plan is performed including calculation of dwell times, source decay, and point doses.

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

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: The images obtained from simulation are imported into the treatment planning computer. Images are reviewed by the radiation oncologist to verify full inclusion of the treatment area, orientation of the implanted device, and correct placement of the fiducial wire.

Description of Intra-Service Work: After simulation, the images are sent to the treatment planning work station. The physician reviews all the images, identifies the anatomy, rotates the anatomy in each view box so the vertical axis runs parallel to the cylinder, and identifies the gold seed placed at the vaginal apex. Starting at the apex, the entire vaginal surface is contoured. The physician identifies the treatment length and depth based on his review of the final pathology, stage and grade, in this case it is determined to be a half-cm around the mucosa and a 4-cm length of vagina. The treatment area is outlined by the physician. The vaginal cylinder and the central source channel are identified and contoured by the dosimetrist. The physician enters the fractional dose and the number of fractions in the computer plan prescription. The dosimetrist plans source positions in the central channel, starting at the apex and using multiple positions through the single central channel. Multiple combinations of dwell times and source positions are evaluated and reviewed by the physician and dosimetrist. Manual adjustment of the isodose lines are performed to meet the objectives in addition to manual entering of the dwell times and position to achieve an acceptable plan which covers the target volume with the prescribed dose. The plan is reviewed and approved by the medical physicist. The plan and the dose distribution are evaluated before the plan is made deliverable by the physician. Independent dose calculations are performed by creating 3 reference points in the plan and exporting those points to an independent calculation system. Dose to these 3 points are calculated and compared to the dose calculated by the TPS and the final treatment times are approved.

Description of Post-Service Work: The radiation oncologist dictates, reviews, and signs the isodose plan, dwell times and treatment report. The radiation oncologist reviews and confirms setup data have been accurately transferred into the treatment delivery station. The radiation oncologist communicates with physicist, dosimetrist, radiation therapist/technician, and referring physician regarding the plan development and coordinates the initiation of treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Michael Kuettel, MD, PhD, Brian Kavanagh, MD, MPH, Gerald White, MS, James Goodwin, MS		
Specialty(s):	Radiation Oncology		
CPT Code:	77316		
Sample Size:	500	**Resp N:** 70	**Response:** 14.0 %
Description of Sample:	Random sample of active, physician membership		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	17.00	**30.00**	50.00	200.00
Survey RVW:	1.20	1.50	**1.60**	1.70	4.00
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	40.00	**40.00**	43.00	105.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

Select Pre-Service Package

CPT Code:	77316	**Recommended Physician Work RVU: 1.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**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:	**3.00**	**0.00**	**3.00**

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77338	XXX	4.29	**RUC Time**

CPT Descriptor Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

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

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	350,645

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
88321	XXX	1.63	**RUC Time**	187,991

CPT Descriptor 2 Consultation and report on referred slides prepared elsewhere

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 53 **% of respondents:** 75.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 77316**	**Key Reference CPT Code:** 77338	**Source of Time RUC Time**
Median Pre-Service Time	3.00	0.00	

Median Intra-Service Time	40.00	115.00
Median Immediate Post-service Time	3.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**46.00**	**115.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)		**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.79	3.34
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.74	3.36
Urgency of medical decision making	3.72	3.32
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.19	3.40
Physical effort required	3.28	2.87
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.08	3.42
Outcome depends on the skill and judgment of physician	4.09	3.38
Estimated risk of malpractice suit with poor outcome	3.75	3.38

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.68	3.17
Intra-Service intensity/complexity	3.83	3.34
Post-Service intensity/complexity	3.66	3.23

Additional Rationale and Comments

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

As part of the 75% billed together screen, the RUC identified that codes 77305-77315, which describe teletherapy isodose planning, and 77326-77328, which describe brachytherapy isodose planning, are frequently reported with basic radiation dosimetry calculation, 77300.

The CPT Editorial Panel approved five new CPT codes to describe isodose planning. The work of basic radiation dosimetry calculations (CPT code 77300) will now be bundled into these five new isodose planning codes (not separately reportable). CPT Code 77300 will remain in CPT and be used to be report basic radiation dosimetry calculations in other scenarios.

The Research Subcommittee approved the inclusion of the following question on the five new teletherapy and brachytherapy isodose plan surveys: "What is the typical number of dose calculations you currently perform for this procedure (typical patient)?" The question results are included on the summary data table.

The Specialty is making the following physician work recommendations:
77300 – maintain current value
77306 – 25th percentile
77307 – 25th percentile
77316 – 25th percentile
77317 – slightly below the 25th percentile
77318 - 25th percentile

The Specialty is recommending maintaining the current value for CPT code 77300. The survey results support maintaining the current value/time, which were from a RUC survey. The Specialty is recommending the 25th percentile for the remaining codes in the family, except CPT Code 77317. The survey data for CPT Code 77317 yielded a 25th percentile that was slightly high in relation to the other recommendations. The Specialty felt a value slightly below the 25th percentile would maintain appropriate rank order in this family. As such, the Specialty is recommending a crosswalk value for CPT Code 77317. The two codes below 88323 and 95863 are offered as crosswalks for this recommendation.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77317	3	50	3	56	1.83	0.034
88323		56		56	1.83	0.033
95863	10	40	11	61	1.87	0.035

The recommended physician work values for these bundled services take into account the efficiencies that are gained when component coded services are bundled. The recommendations yield an efficiency range from approximately 27% to one percent depending on the code. This tab exceeds the budget neutrality requirements and gives back to the system.

Recommendations compare favorably to the reference service codes and within the radiation oncology family.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77300		15		15	0.62	0.041
77331		30		30	0.87	0.029
77306	3	40	3	46	1.40	0.032
77316	3	40	3	46	1.50	0.034
77317	3	50	3	56	1.83	0.035
77307	3	80	3	86	2.90	0.035
77318	3	80	3	86	3.30	0.040
77338		115		115	4.29	0.037

Recommendations compare favorably to MPCs

	Pre	Intra	Post	Total	Work RVU
88112		15		15	0.56

77300		**15**		**15**	**0.62**
88305		25		25	0.75
78306	5	8	5	18	0.86
77306	**3**	**40**	**3**	**46**	**1.40**
77316	**3**	**40**	**3**	**46**	**1.50**
88321		50		50	1.63
77317	**3**	**50**	**3**	**56**	**1.83**
95810	15	36.5	15	66.5	2.50
77307	**3**	**80**	**3**	**86**	**2.90**
77318	**3**	**80**	**3**	**86**	**3.30**
99327	15	60	25	100	3.46

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) 77326

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

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,900
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Utilization from the RUC database

Specialty Radiation Oncology Frequency 3875 Percentage 99.35 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

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. 77326

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77317 Tracking Number II5 Original Specialty Recommended RVU: **1.83**
Presented Recommended RVU: **1.83**
Global Period: XXX RUC Recommended RVU: **1.83**

CPT Descriptor: Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old man presents with a squamous cancer of the scalp. Radiation is prescribed using surface brachytherapy to this curved surface. A brachytherapy flap apparatus is applied and simulation performed. Brachytherapy isodose planning is performed including calculation of dwell times, source decay, and point doses.

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

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: The images obtained from simulation are imported into the treatment planning computer. Images are reviewed by the radiation oncologist to verify full inclusion of the treatment area, orientation of the implanted device, and correct placement of the fiducial wires.

Description of Intra-Service Work: After simulation, the image data set is sent to the treatment planning workstation. The radiation oncologist reviews all images to identify both the depth of the target volume and the critical avoidance structures, in this case notably eyes, bone and brain tissue underlying the skull. This requires careful review of the notes and skin photos, and often times discussion with the provider who performed the original biopsies. The initial target volume is evaluated in all directions, with contours drawn to determine the superior, inferior, medial, lateral, anterior and posterior borders. The target volume may require expansion to encompass an anatomic area which would be at risk of microscopic or subclinical spread. For curved planes, the reference isodose projects further at the concave than at the convex side. The arrangement of implanted or applied sources must take into account this geometry that will result in isodose line shifts.
Once the final target volume has been established and the plan treatment goals have been defined by the radiation oncologist, the dosimetrist will develop a treatment plan. Each of the 10 catheters are identified on each CT slice and recreated in the planning system. Dummy sources (previously placed) within each channel are used to demarcate the dwell positions within the region of the target volume. An initial plan is generated that encompasses the entire tumor and the plan modified in an iterative fashion to reduce normal tissue dosing and hot spots, which create alternatives for review. The different plans will involve stepwise modification of the dwell positions and dwell times for the radiation source as the radiation oncologist considers the risk-benefit ratio of achieving maximum target volume coverage with minimal radiation exposure to non-target critical structures, in this case, different parts of the brain. It is ultimately the radiation oncologist's responsibility to approve a plan that offers the best combination of tumor coverage and critical structure avoidance. The

radiation oncologist works side-by-side with the dosimetrist to adjust both dwell positions and dwell times to best optimize the radiation therapy plan. Differences between areas of maximum and minimum dose at depth are also reviewed so that values are within tolerance of the prescribed dose. A review is performed at the edges of the implant to optimize a sharp dose gradient, so that the detected dose at 5 mm beyond the planning target volume is acceptable. The plan is reviewed and approved by the medical physicist.

The approved plan generated by the treatment planning system is then evaluated by using an independent dose calculation method to perform point dose calculations at multiple points within and/or adjacent to the treatment volume. A separate calculation is performed to account for the decay of the radioactive source between the time of plan calculation and ultimate treatment time. The approved plan, including isodose distribution and calculated dwell positions and times for each of the ten channels are signed by the radiation oncologist.

Description of Post-Service Work: The radiation oncologist dictates, reviews, and signs the isodose plan, dwell times and treatment report. The radiation oncologist reviews and confirms setup data have been accurately transferred into the treatment delivery station. The radiation oncologist communicates with physicist, dosimetrist, radiation therapist/technician, and referring physician regarding the plan development and coordinates the initiation of treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Michael Kuettel, MD, PhD, Brian Kavanagh, MD, MPH, Gerald White, MS, James Goodwin, MS		
Specialty(s):	Radiation Oncology		
CPT Code:	77317		
Sample Size:	500	**Resp N:** 70	**Response:** 14.0 %
Description of Sample:	Random sample of active, physician membership		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	50.00	100.00
Survey RVW:	1.50	2.08	**2.15**	2.20	9.50
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	25.00	50.00	**50.00**	52.00	120.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	77317	**Recommended Physician Work RVU: 1.83**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**50.00**		

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

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77338	XXX	4.29	**RUC Time**

CPT Descriptor Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

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
88321	XXX	1.63	**RUC Time**	187,991

CPT Descriptor 1 Consultation and report on referred slides prepared elsewhere

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95810	XXX	2.50	**RUC Time**	316,977

CPT Descriptor 2 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 53 **% of respondents:** 75.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 77317**	**Key Reference CPT Code:** 77338	**Source of Time**

Median Pre-Service Time	3.00	0.00
Median Intra-Service Time	50.00	115.00
Median Immediate Post-service Time	3.00	0.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	0.0	0.00
Median Discharge Day Management Time	0.0	0.00
Median Office Visit Time	0.0	0.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**56.00**	**115.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.79	3.34
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.74	3.36
Urgency of medical decision making	3.72	3.32
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.19	3.40
Physical effort required	3.28	2.87
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.08	3.42
Outcome depends on the skill and judgment of physician	4.09	3.38
Estimated risk of malpractice suit with poor outcome	3.75	3.38

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.68	3.17
Intra-Service intensity/complexity	3.83	3.34
Post-Service intensity/complexity	3.66	3.23

Additional Rationale and Comments

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

As part of the 75% billed together screen, the RUC identified that codes 77305-77315, which describe teletherapy isodose planning, and 77326-77328, which describe brachytherapy isodose planning, are frequently reported with basic radiation dosimetry calculation, 77300.

The CPT Editorial Panel approved five new CPT codes to describe isodose planning. The work of basic radiation dosimetry calculations (CPT code 77300) will now be bundled into these five new isodose planning codes (not separately reportable). CPT Code 77300 will remain in CPT and be used to be report basic radiation dosimetry calculations in other scenarios.

The Research Subcommittee approved the inclusion of the following question on the five new teletherapy and brachytherapy isodose plan surveys: "What is the typical number of dose calculations you currently perform for this procedure (typical patient)?" The question results are included on the summary data table.

The Specialty is making the following physician work recommendations:
77300 – maintain current value
77306 – 25th percentile
77307 – 25th percentile
77316 – 25th percentile
77317 – slightly below the 25th percentile
77318 - 25th percentile

The Specialty is recommending maintaining the current value for CPT code 77300. The survey results support maintaining the current value/time, which were from a RUC survey. The Specialty is recommending the 25th percentile for the remaining codes in the family, except CPT Code 77317. The survey data for CPT Code 77317 yielded a 25th percentile that was slightly high in relation to the other recommendations. The Specialty felt a value slightly below the 25th percentile would maintain appropriate rank order in this family. As such, the Specialty is recommending a crosswalk value for CPT Code 77317. The two codes below 88323 and 95863 are offered as crosswalks for this recommendation.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77317	3	50	3	56	1.83	0.034
88323		56		56	1.83	0.033
95863	10	40	11	61	1.87	0.035

The recommended physician work values for these bundled services take into account the efficiencies that are gained when component coded services are bundled. The recommendations yield an efficiency range from approximately 27% to one percent depending on the code. This tab exceeds the budget neutrality requirements and gives back to the system.

Recommendations compare favorably to the reference service codes and within the radiation oncology family.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77300		15		15	0.62	0.041
77331		30		30	0.87	0.029
77306	3	40	3	46	1.40	0.032
77316	3	40	3	46	1.50	0.034
77317	3	50	3	56	1.83	0.035
77307	3	80	3	86	2.90	0.035
77318	3	80	3	86	3.30	0.040
77338		115		115	4.29	0.037

Recommendations compare favorably to MPCs

	Pre	Intra	Post	Total	Work RVU

88112		15		15	0.56
77300		**15**		**15**	**0.62**
88305		25		25	0.75
78306	5	8	5	18	0.86
77306	**3**	**40**	**3**	**46**	**1.40**
77316	**3**	**40**	**3**	**46**	**1.50**
88321		50		50	1.63
77317	**3**	**50**	**3**	**56**	**1.83**
95810	15	36.5	15	66.5	2.50
77307	**3**	**80**	**3**	**86**	**2.90**
77318	**3**	**80**	**3**	**86**	**3.30**
99327	15	60	25	100	3.46

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) 77327

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 Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,784
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Utilization from the RUC database

Specialty Radiation Oncology Frequency 2750 Percentage 98.77 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

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. 77327

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77318 Tracking Number II6 Original Specialty Recommended RVU: **3.30**
Presented Recommended RVU: **3.30**
Global Period: XXX RUC Recommended RVU: **2.90**

CPT Descriptor: Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)

(Do not report 77316, 77317, 77318 in conjunction with 77300)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old man presents with localized prostate cancer and an low does rate (LDR) brachytherapy implant is recommended. A prostate volume ultrasound study is performed in preparation for brachytherapy isodose planning including calculation(s) and point doses.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

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

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

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

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

Moderate Sedation

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

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

Description of Pre-Service Work: Trans rectal ultrasound (TRUS) images of the prostate are digitally imported into the treatment planning system. These TRUS images have the necessary grid coordinates showing the location of possible needle placement. Images are reviewed by the radiation oncologist to verify that these TRUS images include the entire prostate, foley catheter position (to contour urethra) and rectal marker orientation with spacer.

Description of Intra-Service Work: These TRUS images have the necessary grid coordinates showing the location of possible needle placement. These images are co-registered and scaled by the radiation oncologist using the electronic prostate template in the planning software. The physician then contours the prostate, urethra, rectum, seminal vesicles and periprostatic soft tissue margin on each of the axial slice. Planning target volumes includes the entire prostate, and typically extends 0.3 cm to include the base of the seminal vesicles and periprostatic soft tissues. The expansion margin may be modified by the physician to exclude the rectal muscularis posteriorly and bladder base superiorly. The physician then determines the isotope to be used based on the procedure date, source strengths available by the source manufacturer and prescribed dose.

The dosimetrist then generates a treatment plan based on radioactive source strengths, needle placement within the grid and number of seeds/position of seeds within each needle in order to ensure necessary coverage and yet sparing of organs at risk. Plan evaluation is carried out using isodose coverage of the treatment area, as well as various dosimetric indices following generally-accepted consensus guidelines. Needle location, seed strength and location of each seed within the

needle is then optimized, using contiguous and transverse images of the prostate. The distribution of sources (modified peripheral or modified uniform loading) is typically adjusted in order to limit dose to the prostatic urethra. Specific metrics are calculated, including percentage of target volume receiving specific percentages of the prescribed dose (V150, V100, V90, etc.) and dose received by percent of volume (D90, D30. D10, etc.) for the planning target volume, prostate, rectum and urethra. The plan is reviewed and approved by the medical physicist.

The treatment plan is then reviewed by the physician. The physician typically edits the plan based on target volume coverage and dose to organs at risk. Edits are also used to compensate for post implant edema, seed placement uncertainty and other factors, as long as normal structures are kept within tolerance. The final plan is then approved if overall prescribed dose and dose constraints are met.

Independent dose calculations are performed by creating multiple reference points in the plan and exporting those points to an independent calculation system. Doses to these points are calculated and compared to the dose calculated by the treatment planning system, and the final treatment is approved, if normal structures are kept within tolerance.

Description of Post-Service Work: The radiation oncologist dictates, reviews, and signs the isodose plan, dwell times and treatment report. The radiation oncologist reviews and confirms setup data have been accurately transferred into the treatment delivery station. The radiation oncologist communicates with physicist, dosimetrist, radiation therapist/technician, and referring physician regarding the plan development and coordinates the initiation of treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	Michael Kuettel, MD, PhD, Brian Kavanagh, MD, MPH, Gerald White, MS, James Goodwin, MS		
Specialty(s):	Radiation Oncology		
CPT Code:	77318		
Sample Size:	500	**Resp N:** 72	**Response:** 14.4 %
Description of Sample:	Random sample of active, physician membership		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	50.00	400.00
Survey RVW:	2.00	3.30	**3.35**	3.40	12.50
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	80.00	**80.00**	84.00	180.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

XXX Global Code

CPT Code:	77318	**Recommended Physician Work RVU: 2.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**80.00**		

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

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

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

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77338	XXX	4.29	**RUC Time**

CPT Descriptor Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

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
95810	XXX	2.50	**RUC Time**	316,977

CPT Descriptor 1 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99327	XXX	3.46	**RUC Time**	44,895

CPT Descriptor 2 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.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 53 **% of respondents:** 73.6 **%**

TIME ESTIMATES (Median)	**CPT Code: 77318**	**Key Reference CPT Code: 77338**	**Source of Time RUC Time**
Median Pre-Service Time	3.00	0.00	
Median Intra-Service Time	80.00	115.00	
Median Immediate Post-service Time	3.00	0.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	0.00	
Median Discharge Day Management Time	0.0	0.00	
Median Office Visit Time	0.0	0.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**86.00**	**115.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.23	3.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.19	3.42
Urgency of medical decision making	4.00	3.30
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.72	3.43
Physical effort required	4.55	2.85
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.53	3.47
Outcome depends on the skill and judgment of physician	4.72	3.45
Estimated risk of malpractice suit with poor outcome	4.62	3.42

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.49	3.23
Intra-Service intensity/complexity	4.72	3.36

Post-Service intensity/complexity	4.53	3.25

Additional Rationale and Comments

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

As part of the 75% billed together screen, the RUC identified that codes 77305-77315, which describe teletherapy isodose planning, and 77326-77328, which describe brachytherapy isodose planning, are frequently reported with basic radiation dosimetry calculation, 77300.

The CPT Editorial Panel approved five new CPT codes to describe isodose planning. The work of basic radiation dosimetry calculations (CPT code 77300) will now be bundled into these five new isodose planning codes (not separately reportable). CPT Code 77300 will remain in CPT and be used to be report basic radiation dosimetry calculations in other scenarios.

The Research Subcommittee approved the inclusion of the following question on the five new teletherapy and brachytherapy isodose plan surveys: "What is the typical number of dose calculations you currently perform for this procedure (typical patient)?" The question results are included on the summary data table.

The Specialty is making the following physician work recommendations:
77300 – maintain current value
77306 – 25th percentile
77307 – 25th percentile
77316 – 25th percentile
77317 – slightly below the 25th percentile
77318 - 25th percentile

The Specialty is recommending maintaining the current value for CPT code 77300. The survey results support maintaining the current value/time, which were from a RUC survey. The Specialty is recommending the 25th percentile for the remaining codes in the family, except CPT Code 77317. The survey data for CPT Code 77317 yielded a 25th percentile that was slightly high in relation to the other recommendations. The Specialty felt a value slightly below the 25th percentile would maintain appropriate rank order in this family. As such, the Specialty is recommending a crosswalk value for CPT Code 77317. The two codes below 88323 and 95863 are offered as crosswalks for this recommendation.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77317	3	50	3	56	1.83	0.034
88323		56		56	1.83	0.033
95863	10	40	11	61	1.87	0.035

The recommended physician work values for these bundled services take into account the efficiencies that are gained when component coded services are bundled. The recommendations yield an efficiency range from approximately 27% to one percent depending on the code. This tab exceeds the budget neutrality requirements and gives back to the system.

Recommendations compare favorably to the reference service codes and within the radiation oncology family.

	Pre	Intra	Post	Total	Work RVU	IWPUT
77300		15		15	0.62	0.041
77331		30		30	0.87	0.029
77306	3	40	3	46	1.40	0.032
77316	3	40	3	46	1.50	0.034
77317	3	50	3	56	1.83	0.035
77307	3	80	3	86	2.90	0.035
77318	3	80	3	86	3.30	0.040

77338		115		115	4.29	0.037

Recommendations compare favorably to MPCs

	Pre	Intra	Post	Total	Work RVU
88112		15		15	0.56
77300		**15**		**15**	**0.62**
88305		25		25	0.75
78306	5	8	5	18	0.86
77306	**3**	**40**	**3**	**46**	**1.40**
77316	**3**	**40**	**3**	**46**	**1.50**
88321		50		50	1.63
77317	**3**	**50**	**3**	**56**	**1.83**
95810	15	36.5	15	66.5	2.50
77307	**3**	**80**	**3**	**86**	**2.90**
77318	**3**	**80**	**3**	**86**	**3.30**
99327	15	60	25	100	3.46

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) 77328

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

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
13,900 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2012 Medicare Utilization from the RUC database

Specialty Radiation Oncology Frequency 13800 Percentage 99.28 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

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. 77328

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
12	**ISSUE:**	**Isodose Planning**																		
13	**TAB:**	**20**																		
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
16	REF	77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only w	63	0.029			0.87			30						30			
17	CURRENT	77300	Basic radiation dosimetry calculation, central axis depth dose calcu		0.041			0.62			15						15			
18	SVY	77300	Basic radiation dosimetry calculation, central axis depth dose calc	83	0.043	0.35	0.70	0.73	0.80	3.50	19	2			3	15	15	16	90	2
19	REC				0.041			0.62			15						15			
20																				
21	REF	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated	50	0.037			4.29			115						115			
22	CURRENT	77305	Teletherapy, isodose plan (whether hand or computer calculated); s		0.023			0.70			31						31			
23	CURRENT	77300	Basic radiation dosimetry calculation, central axis depth dose calcu		0.041			0.62			15						15			
24	SVY	77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directe	77	0.033	1.00	1.40	1.45	1.50	3.50	46	3			15	38	40	42	90	3
25	REC		Median # of 77300s (2)		0.032			1.40			46	3					40			3
26																				

CPT Code: 77300, 77306, 77307, 77316, 77317 and 77318
Specialty Society('s): The American Society for Radiation Oncology (ASTRO)

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

Global Period: XXX **Meeting Date:** April 2014

CPT Long Descriptors

77300 Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician

(Do not report 77300 in conjunction with 77306, 77307, 77316, 77317, 77321, 77318)

77306 Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)

77307 Teletherapy isodose plan: complex (Multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)

(Only 1 teletherapy isodose plan may be reported for a given course of therapy to a specific treatment area)
(Do not report 77306, 77307 in conjunction with 77300)

77316 Brachytherapy isodose plan; simple (calculation(s) made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)

77317 Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)

77318 Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
(Do not report 77316, 77317, 77318 in conjunction with 77300)

---

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A consensus group representing ASTRO and AAPM was developed to review the existing PE inputs and develop recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

We are making recommendations for existing CPT codes. The current direct PE inputs are included on the spreadsheet.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

We are recommending adding the record and verify system (line 78) to the inputs for three of the codes (CPT Codes 77300, 77306 and 77307). This is additional step/change in technology since the codes were last valued and an integral part of those three procedures.

5. Please describe in detail the clinical activities of your staff:

See Below

77300 *Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician*

(Do not report 77300 in conjunction with 77306, 77307, 77316, 77317, 77321, 77318)

Calculation and verification of treatment monitor units (or time) to deliver prescribed dose.

The dosimetrist/physicist (CMD/MP) acquires the paper/pdf isodose plan output from Radiation Therapy Planning (RTP) system and Record and Verify system, comparing the plan date, print version stamp and calculation version stamp to verify the documents in each system are identical. The CMD/MP then measures/verifies tissue depth to a selected calculation point, making separate measurements through tissues having non-unit densities (lung, bone, etc.). These depth measurements are then compared to the corresponding data from the RTP system and discrepancies are resolved. Next, the CMD/MP applies corrections (Batho, effective path length, etc.) for tissue inhomogeneities, SAD corrections, corrections for beam modifiers (wedge, blocked area, beam spill, off axis beam shape, etc.) and compares corrections determined above to assumptions made in the RTP system.

The CMD/MP will then Calculate dose per monitor unit (or time) using the above corrections convolved with the output factor for the treatment delivery machine under the standard calibration conditions, followed by the calculation of the necessary monitor units to deliver the physician's Rx.

Discrepancies between RTP parameters and the parameters above are then reviewed and resolved.

Once all of the calculations are completed and accepted, the CMD/MP will verify correct monitor units (or time) in the R&V system, print/pdf and archive all calculation records and approve monitor unit (time) setting in R&V system.

77306 *Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)*

The dosimetrist converts the DICOM CT data set to the RTP system image convention and verifies correct transmission of patient demographics. The treatment planning system origin is set by the dosimetrist to the setup marks that were drawn on the patient at the time of simulation. Beam isocenter coordinates are then calculated relative to this point. The physician and dosimetrist review the physician's treatment intent including treatment volume, desired dose, dose per fraction, prescription point, field arrangement, Tissue density corrections and treatment energy.

In preparation for isodose calculation, the calculation box, grid resolution and calculation algorithm are set. The dosimetrist then places the radiation fields as directed by the physician and calculates an initial isodose distribution. The dosimetrist will then typically adjust field geometry (beam entry angles, collimator angle , collimator position) and weighting to optimize tumor coverage and dose homogeneity and to minimize dose to adjacent healthy tissue. If necessary, the dosimetrist may shift the position of isocenter and/or the prescription point to improve the dose distribution further. The dosimetrist will then review the plan with the physician. If necessary, further iterations will be performed. When a final plan is obtained, it will be approved by the physician who will choose a dose normalization and finalize the treatment prescription. The dosimetrist will then complete the planning process by generating beams-eye-view reference images for comparison with portal images that will be later obtained on the treatment unit. He/she will select appropriate planes through the patient for display of isodose lines and will prepare pdf images for inclusion in the patient chart.

The dosimetrist will then export the treatment field parameters and isodose planes to the record and verify system. This process includes a large number of steps including:

1. naming and ordering of treatment fields,
2. addition of treatment unit parameters in the field information including dose rate and treatment times, treatment table position and tolerances for geometric parameters of the linac.
3. creation of fields for imaging, and
4. creation of cumulative dose columns for the tumor and other structures within the treatment volume.

The dosimetrist will also set up the schedule of treatment fractions as directed by the physician. Lastly, the dosimetrist will prepare the field setup notes and compile setup distances/shifts that the therapists will use during patient setup. The dosimetrist will also generate the end of planning task list for the other members of the treatment team.

The CMD/MP measures/verifies tissue depth to a selected calculation point, making separate measurements through tissues having non-unit densities (lung, bone, etc.). These depth measurements are then compared the corresponding data from the RTP system and discrepancies are resolved. Next, the CMD/MP applies corrections (Batho, effective path length, etc.) for tissue inhomogeneities, SAD corrections, corrections for, beam spill, off axis beam shape, etc.) and compares corrections determined above to assumptions made in the RTP system.
The CMD/MP will then Calculate dose per monitor unit (or time) using the above corrections convolved with the output factor for the treatment delivery machine under the standard calibration conditions, followed by the calculation of the necessary monitor units to deliver the physician's Rx.

Discrepancies between RTP parameters and the parameters above are then reviewed and resolved. This process is repeated for each beam in the plan.

Once all of the calculations are completed and accepted, the CMD/MP will verify correct monitor units (or time) in the R&V system, print/pdf and archive all calculation records and approve monitor unit (time) setting in R&V system.

77307 *Teletherapy isodose plan*: complex (Multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)
(Only 1 teletherapy isodose plan may be reported for a given course of therapy to a specific treatment area)
(Do not report 77306, 77307 in conjunction with 77300)

The dosimetrist converts the DICOM CT data set to the RTP system image convention and verifies correct transmission of patient demographics. The treatment planning system origin is set by the dosimetrist to the setup marks that were drawn on the patient at the time of simulation. The first beam isocenter coordinates are then calculated relative to this point. The physician and dosimetrist review the physician's treatment intent including treatment volume, desired dose, prescription point, field arrangement, and treatment energy.

The physician, assisted by the dosimetrist, will begin the planning process by outlining the tumor volumes (breast tissue, lumpectomy site, supraclavicular, axillary and internal mammary lymph nodes) and other critical structures lungs, heart, spinal cord, trachea, slice by slice, on the CT simulation images. He/she will establish the desired radiation field borders by visualizing the surgical clips and external markers placed at the time of simulation. The dosimetrist will contour the simulation marker wires and correct for their density The dosimetrist will then place multiple radiation fields as directed by the physician. Treatment sites such as the breast require complicated treatment geometries because of the multiple volumes that must be covered and the highly irregular patient skin contours that are encountered. Field edges must be carefully matched to obtain even dose coverage across contiguous areas. Complex beam shaping and the use of beam modifiers such as wedges, blocks and/or bolus are required to deliver homogeneous doses to the treatment volume while protecting underlying organs such as the heart and lungs.

The dosimetrist sets the calculation box, grid resolution and calculation algorithm and calculates the resulting isodose distribution. The dosimetrist will then begin a lengthy iterative process of adjusting beam parameters to optimize tumor coverage and dose homogeneity. Field size, isocenter position, MLC leaf positions, weighting, and wedge angle are some of the parameters that will be be modified to achieve the desired dose distribution. When an acceptable plan is reached, the dosimetrist will then review it, slice by slice, in all planes, with the physician. As directed by the physician, further iterations will be performed. When a final plan is obtained, it will be approved by the physician who will choose a dose normalization and finalize the treatment prescription. The dosimetrist will then complete the planning process by generating beams-eye-view reference images for each beam for comparison with portal images that will be later obtained on the treatment unit. He/she will select appropriate planes through the patient for display of isodose lines and will prepare pdf images for inclusion in the patient chart. Skin renderings will be generated to show where each radiation beam enters the patient.

The dosimetrist will then export the treatment field parameters and isodose planes to the record and verify system. This process includes a large number of steps including:

1. naming and ordering of treatment fields,
2. addition of treatment unit parameters in the field information including dose rate and treatment times, treatment table position and tolerances for geometric parameters of the linac.
3. creation of fields for imaging, and
4. creation of cumulative dose columns for the tumor and other structures within the treatment volume.

The dosimetrist will also set up the schedule of treatment fractions as directed by the physician. Lastly, the dosimetrist will prepare the field setup notes and compile setup distances that the therapists will use during patient setup. The dosimetrist will also generate the end of planning task list for the other members of the treatment team.

The CMD/MP measures/verifies tissue depth to a selected calculation point, making separate measurements through tissues having non-unit densities (lung, bone, etc.). These depth measurements are then compared the corresponding data from the RTP system and discrepancies are resolved. Next, the CMD/MP applies corrections (Batho, effective path length, etc.) for tissue inhomogeneities, SAD corrections, corrections for, beam spill, off axis beam shape, etc.) and compares corrections determined above to assumptions made in the RTP system.

The CMD/MP will then Calculate dose per monitor unit (or time) using the above corrections convolved with the output factor for the treatment delivery machine under the standard calibration conditions, followed by the calculation of the necessary monitor units to deliver the physician's Rx. Discrepancies between RTP parameters and the parameters above are then reviewed and resolved. This process is repeated for each beam in the plan.

Once all of the calculations are completed and accepted, the CMD/MP will verify correct monitor units (or time) in the R&V system, print/pdf and archive all calculation records and approve monitor unit (time) setting in R&V system.

77316 *Brachytherapy isodose plan; simple (calculation(s) made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)*

The dosimetrist/physicist (CMD/MP) converts the DICOM CT data set to the RTP system image convention, verifies correct transmission of patient demographics and that there was no motion of the vaginal applicator during the acquisitions and the applicator channel lumen has no discontinuities. The CMD/MP assists the physician in aligning the images in the axis of the applicator and completing the contouring process. The applicator surface is entered as a structure, compared to the vaginal mucosa contoured by the physician, and then expanded to match the prescription surface specified by the physician. The expansion is modified to correct for auto-contouring anomalies. Reference calculation points and reference calculation lines are then created to match the specified prescription depth and other depths of interest (surface, 5mm, 10mm) as requested by the physician. Additional reference points/surfaces are created for organs at risk as directed by the physician. The 3-dimensional path of the applicator lumen is entered and source positions are spaced through the applicator. Multiple combinations of source dwell positions and dwell times are created to optimize the dose to the prescription points/shell and minimize the dose to organs at risk. The resultant optimized plans are reviewed with the physician and final optimization of the isodose lines in the chosen plan is performed. Dwell times receive minor modification to match delivery constraints in the autoloader delivery system. The plan is then authorized for delivery..

An independent dose calculation is completed by the CMD/medical physicist to several points in the treatment volume. The 3 dimensional coordinates of each source and each calculation point are downloaded from the brachytherapy RTP system. The 3D vector distance from the source to the calculation point is determined for each source. A decay calculation is preformed and the source activity is entered along with the dwell time for each source position. An anisotropy factor correction is applied and the dose from the source is calculated to the reference point using correction factors for inverse square distance attenuation, dose enhancement due to scatter and dose attenuation due to absorption the intervening tissue. The process is repeated for each source and the total dose to the reference point is summed. The process may be repeated, typically for 2 additional reference points. The results are compared to the brachytherapy plan, discrepancies resolved and then the calculation results are printed.

The final plan is reviewed and approved by the medical physicist. The review includes verification of the patient demographics, integrity of the 3-D entry of the applicator lumen, source positions, point/line/ surface coordinates, organs at risk location, source activity, source positions, transfer tube length, dwell positions, decayed source activity, treatment time, physician prescription, organ at risk doses, isodose curve integrity, point dose primary and independent time/dose calculations and physician approvals

The plan is transferred to the afterloader delivery system. The brachytherapy plan and report (including 3D image data set, 2D isodose curves, organ at risk summaries, dwell positions, etc.,) is printed, entered into the Record and Verify system and approved by the physicist and dosimetrist in print and in the R&V system.

77317 Brachytherapy isodose plan; intermediate (calculation(s) made from 5 to 10 sources or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)

The dosimetrist/physicist (CMD/MP) converts the DICOM CT data set to the RTP system image convention, verifies correct transmission of patient demographics and that there was no motion of the skin applicator during the acquisition and the applicator channel lumen has no discontinuities. The CMD/MP assists the physician in aligning the images for the optimal orientation for the contouring process and in delineating the organs at risk (OAR's) near the anticipated treatment volume. The applicator surface is entered as a structure to assist the physician in creating the target volume. After the physician has created the target volume (GTV) an expansion volume (CTV) is created, modified to account for geometric distortions in the expansion process and, with the physician, is trimmed as necessary to respect OAR's and other normal tissue. Reference calculation points and reference calculation lines are then created to match the specified prescription depth and CTV. Additional reference points/surfaces are created for organs at risk as directed by the physician. The 3-dimensional path of each of the applicator lumens is entered, accounting for the lumen curvature and known dead space at the terminus of each catheter. Source positions are spaced through the applicator lumens, guided by dummy sources in the image data set convolved with the CTV created by the physician. Source positions are trimmed from areas immediately adjacent to OAR's as necessary. Multiple combinations of source dwell positions and dwell times are created to optimize the dose to the CTV and minimize the dose to organs at risk. In particular, substantial effort is directed at maintaining an appropriately conformal dose distribution at the central portion of concave regions of the CTV. Subsequent iterations of the source position/dwell time combinations are required to optimize the patient specific dose distribution. The resultant optimized plans are reviewed with the physician, modified as directed and final optimization of the isodose lines in the chosen plan is performed. Dwell times receive minor modification to match delivery constraints in the autoloader delivery system. The plan is then authorized for delivery.

An independent dose calculation is completed by the CMD/medical physicist to several points within the treatment volume. The 3 dimensional coordinates of each source and each calculation point are downloaded from the brachytherapy RTP system. The 3D vector distance from the source to the calculation point is determined for each source. A decay calculation is preformed and the source activity is entered along with the dwell time for each source position. An anisotropy factor correction is applied and the dose from the source is calculated to the reference point using correction factors for inverse square distance attenuation, dose enhancement due to scatter and dose attenuation due to absorption the intervening tissue. The process is repeated for each source and the total dose to the reference point is summed. The process may be repeated, typically for 2 additional reference points. The results are compared to the brachytherapy plan, discrepancies resolved and then the calculation results are printed.

The final plan is reviewed and approved by the medical physicist. The review includes verification of the patient demographics, integrity of the 3-D entry of the applicator lumen, source positions, point/line/ surface coordinates, organs at risk location, source activity, source positions, transfer tube length, dwell positions, decayed source activity, treatment time, physician prescription, organ at risk doses, isodose curve integrity, point dose primary and independent time/dose calculations and physician approvals.

The plan is transferred to the afterloader delivery system. The brachytherapy plan and report (including 3D image data set, 2D isodose curves, organ at risk summaries, dwell positions, etc.,) is printed, entered into the Record and Verify system and approved by the physicist and dosimetrist in print and in the R&V system.

77318 *Brachytherapy isodose plan; complex (calculation(s) made from over 10 sources or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)*
(Do not report 77316, 77317, 77318 in conjunction with 77300)

The dosimetrist/physicist (CMD/MP) converts the digitized trans rectal ultrasound (TRUS) data set to the brachytherapy RTP system image convention, verifies correct transmission of patient demographics and template grid image. The CMD/MP creates a digital overlay of the perineal grid image, scaling the digital grid to match the digitized image of the TRUS grid. Image display is scaled to assure visualization of the entire prostate, urethral catheter and balloon, and pubic arch reflections. The extent of the axial image data set is compared to the sagittal image of the prostate to confirm that there are no missing axial slices. The CMD/MP then assists the physician in contouring the prostate, urethra, rectum, seminal vesicles and periprostatic tissue. At the direction of the physician, an expansion of the prostatic volume is created (typically variable in each of the 3 dimensions) and then edited/ smoothed to account for expansion anomalies or proximity to organs at risk. After the physician chooses the isotope to be used, the CMD/MP creates an initial plan by placing simulated needles along the grid coordinates and placing radioactive seeds in the needles, generally alternating peripheral and central seed placement across adjacent axial image planes. The plan is then optimized based on prescribed treatment volumes and doses (percentages of the treatment volume to receive a specific percentage of the treatment dose) and absolute dose received by a specified percentage of the treatment volume. In addition the optimization includes maximum dose constraints to the urethra and urethral sub volumes as well as to the bladder and rectum and sub volumes of each of those organs. Source activities may be modified to assist in the optimization, but the activities must be correlated with the activities available from the source supplier on the implant date. Constraints on the maximum number of needles to be used must also be observed. At the conclusion of this initial optimization process, the plan is reviewed b the physician and additional edits are typically made. The delivery feasibility of the edited plan is then confirmed and the plan finalized, authorized for delivery and printed. The final plan is reviewed and approved by the medical physicist. The review includes verification of the patient demographics, integrity of the 3-D entry of the TRUS image data and template alignment, organs at risk location, source activity, source positions, needle positions, decayed source activity, physician prescription, organ at risk doses, isodose curve integrity, point dose primary and independent time/dose calculations and physician approvals.

An independent dose calculation is completed by the CMD/medical physicist to several points within the treatment volume. The 3 dimensional coordinates of each source and each calculation point are downloaded from the brachytherapy RTP system. The 3D vector distance from the source to the calculation point is determined for each source. A decay calculation is preformed and the source activity is entered along with the effective half-life for each source position. An anisotropy factor correction is applied and the dose from the source is calculated to the reference point using correction factors for inverse square distance attenuation, dose enhancement due to scatter and dose attenuation due to absorption the intervening tissue. The process is repeated for each source and the total dose to the reference point is summed. The process may be repeated, typically for 2 additional reference points. The results are compared to the brachytherapy plan, discrepancies resolved and then the calculation results are printed.

The brachytherapy plan with report (including 3D image data set, 2D and 2D isodose curves, organ at risk summaries, source positions, etc.,) is printed, entered into the Record and Verify system and approved by the physicist and dosimetrist in print and in the R&V system.

	A	B	C	F	G	H	I	J	K
1	**REVISED AT THE MEETING**			**CURRENT**	**2002**	**Recommendations**		**CURRENT**	**2002**
2	**Meeting Date: April 2014** **Tab: 20 Isodose Planning** **Specialty: Radiation Oncology**			**77300**		**77300**		**77305**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.	**CMS Code**	**Staff Type**	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician				Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
6	**TOTAL CLINICAL LABOR TIME**			**16**	**0**	**14**	**0**	**14**	**0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**	**0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**			**16**	**0**	**14**	**0**	**14**	**0**
9		*L063A*	*MedDos*	*11*		*0*		*14*	
10		*L152A*	*MedPhys*	*5*		*0*		*0*	
11		*L107A*	*MedDos/ MedPhy*			*14*			
12	**TOTAL POST-SERV CLINICAL LABOR TIME**			**0**	**0**	**0**	**0**	**0**	**0**
13	**PRE-SERVICE**								
14	**Start: Following visit when decision for surgery or procedure made**								
23	**End: When patient enters office/facility for surgery/procedure**								
24	**SERVICE PERIOD**								
25	**Start: When patient enters office/facility for surgery/procedure:**								
26	Greet patient, provide gowning, ensure appropriate medical records are available								
27	Obtain vital signs								
28	Provide pre-service education/obtain consent								
29	Prepare room, equipment, supplies								
30	Setup scope (non facility setting only)								
31	Prepare and position patient/ monitor patient/ set up IV								
32	Sedate/apply anesthesia								
33	*Other Clinical Activity - specify:								
34	**Intra-service**								
35	Perform Procedure								
36	*Isodose Planning*	L063A	MedDos	11				14	
37		L152A	MedPhys	5					
38	*Dose Calculations*	*L107A*	*MedDos/ MedPhy*			*14*			
39	**Post-Service**								
40	Monitor pt. following moderate sedation								
41	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
42	Clean room/equipment by physician staff								
43	Clean Scope								
44	Clean Surgical Instrument Package								
45	Complete diagnostic forms, lab & X-ray requisitions								
46	Review/read X-ray, lab, and pathology reports								
47	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
48	Technologist QC's images in PACS, checking for all images, reformats, and dose page								
49	Review examination with interpreting MD								
50	Exam documents scanned into PACS. Exam completed in RIS system to generate billing process and to populate images into Radiologist work queue								
51	*Other Clinical Activity - *specify:*								
55	**End: Patient leaves office**								

	A	B	C	F	G	H	I	J	K
1	**REVISED AT THE MEETING**			CURRENT	2002	Recommendations		CURRENT	2002
2	**Meeting Date: April 2014** **Tab: 20 Isodose Planning** **Specialty: Radiation Oncology**			**77300**		**77300**		**77305**	
3	*Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.	**CMS Code**	**Staff Type**	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician				Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**XXX**		**XXX**		**XXX**	
56	**POST-SERVICE Period**								
57	**Start: Patient leaves office/facility**								
58	Conduct phone calls/call in prescriptions								
66	*Other Clinical Activity - *specify:*								
67	**End: with last office visit before end of global period**								
68	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
69	pack, minimum multi-specialty visit	SA048	pack						
70	swab-pad, alcohol	SJ053							
71	pad, nail polish remover	SK053							
72	paper, graph-plotter	Sk056		1					
73	paper, laser printing (each sheet)	SK057				3			
74	skin marking pen, sterile (Skin Skribe)	SK075		1					
75	anatomical drawings (for treatment recording)	SK002		1					
76									
77	**EQUIPMENT**	**CODE**							
78	computer system, record and verify	ED011				5			
79	computer workstation, brachytherapy treatment planning	ED017							
80	x-ray view box, 4 panel	ER067							
81	printer, laser, paper	ED032		16		1		14	
82	radiation therapy dosimetry software (Argus QC)	ER055		16		14		14	
83	computer workstation, 3D teletherapy treatment planning	ED015		16		14		14	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
New Technology/New Services

April 2014

Laparoscopic Hysterectomy

These services were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup noted there may have been diffusion in technology for this service and requests that the specialty society's survey physician work and review practice expense at the January 2014 meeting. In January 2014, the specialty societies requested and the RUC agreed that these services be postponed to April 2014 RUC meeting. The specialty societies determined that the vignettes to be included in the survey were not typical. The RUC recommended that these services be postponed and surveyed, with revised vignettes, for physician work and develop direct practice expense inputs for the April 2014 RUC meeting.

The RUC had a robust discussion reviewing this family of services and used magnitude estimation to develop its recommendations. The RUC is recommending direct crosswalks for all eight laparoscopic hysterectomy codes. The specialty society concurred with this approach. The recommended work RVUs are all below the survey 25th percentile results. Additionally, the specialty society reduced all the full-day 99238 visits to a half-day 99238.

These recommendations result in appropriate rank order and consistent differentials related to uterine size and procedural differences (total hysterectomy versus cervical sparing hysterectomy and whether or not bilateral salpingo-oophorectomy is performed). These differentials were used to confirm the selected crosswalks, but not to determine the values recommended.

58541 ***Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;***
The RUC reviewed the survey results for CPT code 58541and noted that there has been diffusion in the technology for this service since its previous valuation. The specialty society noted that an additional 5 minutes of pre-positioning time to pre-time package 3 is necessary to place the patient in the dorsal lithotomy position. The RUC agreed with the following physician times: 56 minutes pre-time, 75 minutes intra-service time 30 minutes immediate post-service time a half-day 99238 and two 99213 office visits. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 14.70. Therefore, the RUC recommends a direct crosswalk to 59150 *Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy* (work RVU = 12.29 and 70 minutes intra-service time). For additional support the RUC referenced MPC codes 57288 *Sling operation for stress incontinence (eg, fascia or synthetic)* (work RVU = 12.13) and 58720 *Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)* (work RVU = 12.16). **The RUC recommends a work RVU of 12.29 for CPT code 58541.**

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

58542 ***Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)***
The RUC reviewed the survey results for CPT code 58542 and noted that there has been diffusion in the technology for this service since its previous valuation. The specialty society noted that an additional 5 minutes of pre-positioning time to pre-time package 3 is necessary to place the patient in the dorsal lithotomy position. The RUC agreed with the following physician times: 56 minutes pre-time, 88 minutes intra-service time 30 minutes immediate post-service time a half-day 99238 and two 99213 office visits. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 16.56. Therefore, the RUC recommends a direct crosswalk to 27416 *Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])* (work RVU = 14.16 and 90 minutes intra-service time). For additional support the RUC referenced MPC codes 53445 *Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff* (work RVU = 13.00) and 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU = 14.56). **The RUC recommends a work RVU of 14.16 for CPT code 58542.**

58543 ***Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;***
The RUC reviewed the survey results for CPT code 58543 and noted that there has been diffusion in the technology for this service since its previous valuation. The specialty society noted that an additional 5 minutes of pre-positioning time to pre-time package 3 is necessary to place the patient in the dorsal lithotomy position. The RUC agreed with the following physician times: 56 minutes pre-time, 110 minutes intra-service time 30 minutes immediate post-service time a half-day 99238 and two 99213 office visits. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 16.87. Therefore, the RUC recommends a direct crosswalk to 64911 *Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve* (work RVU = 14.39 and 120 minutes intra-service time). For additional support the RUC referenced MPC codes 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU = 14.56) and 52601 *Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)* (work RVU = 15.26). **The RUC recommends a work RVU of 14.39 for CPT code 58543.**

58544 ***Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)***
The RUC reviewed the survey results for CPT code 58544and noted that there has been diffusion in the technology for this service since its previous valuation. The specialty society noted that an additional 5 minutes of pre-positioning time to pre-time package 3 is necessary to place the patient in the dorsal lithotomy position. The RUC agreed with the following physician times: 56 minutes pre-time, 120 minutes intra-service time 30 minutes immediate post-service time a half-day 99238 and two 99213 office visits. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 18.37. Therefore, the RUC recommends a direct crosswalk to 60500 *Parathyroidectomy or exploration of parathyroid(s);* (work RVU = 15.60 and 120 minutes intra-service

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

time). For additional support the RUC referenced MPC codes 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU = 14.56) and 52601 *Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)* (work RVU = 15.26). **The RUC recommends a work RVU of 15.60 for CPT code 58544.**

58570 *Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;*
The RUC reviewed the survey results for CPT code 58570 and noted that there has been diffusion in the technology for this service since its previous valuation. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 15.88. Therefore, the RUC recommends a direct crosswalk to 53440 *Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)* (work RVU = 13.36 and 90 minutes intra-service time). For additional support the RUC referenced MPC codes 53445 *Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff* (work RVU = 13.00) and 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU = 14.56). **The RUC recommends a work RVU of 13.36 for CPT code 58570.**

58571 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
The RUC reviewed the survey results for CPT code 58571 and noted that there has been diffusion in the technology for this service since its previous valuation. The specialty society noted that an additional 5 minutes of pre-positioning time to pre-time package 3 is necessary to place the patient in the dorsal lithotomy position. The RUC agreed with the following physician times: 56 minutes pre-time, 90 minutes intra-service time 30 minutes immediate post-service time a half-day 99238 and two 99213 office visits. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 17.69. Therefore, the RUC recommends a direct crosswalk to 29915 *Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)*(work RVU = 15.00 and 90 minutes intra-service time). For additional support the RUC referenced MPC codes 52649 *Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)* (work RVU = 14.56) and 52601 *Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)* (work RVU = 15.26). **The RUC recommends a work RVU of 15.00 for CPT code 58571.**

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

58572 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
The RUC reviewed the survey results for CPT code 58572 and noted that there has been diffusion in the technology for this service since its previous valuation. The specialty society noted that an additional 5 minutes of pre-positioning time to pre-time package 3 is necessary to place the patient in the dorsal lithotomy position. The RUC agreed with the following physician times: 56 minutes pre-time, 120 minutes intra-service time 30 minutes immediate post-service time a half-day 99238 and two 99213 office visits. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 20.09. Therefore, the RUC recommends a direct crosswalk to 28446 *Open osteochondral autograft, talus (includes obtaining graft[s]) (*work RVU = 17.71 and 120 minutes intra-service time). For additional support the RUC referenced MPC codes 58150 *Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);* (work RVU = 17.31) and 50220 *Nephrectomy, including partial ureterectomy, any open approach including rib resection;* (work RVU = 18.68). **The RUC recommends a work RVU of 17.71 for CPT code 58572.**

58573 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
The RUC reviewed the survey results for CPT code 58573 and noted that there has been diffusion in the technology for this service since its pervious valuation. The specialty society noted that an additional 5 minutes of pre-positioning time to pre-time package 3 is necessary to place the patient in the dorsal lithotomy position. The RUC agreed with the following physician times: 56 minutes pre-time, 130 minutes intra-service time 30 minutes immediate post-service time a half-day 99238 and two 99213 office visits. The physician work and time required to perform this service has decreased, however the survey 25th percentile work RVU is higher than the current work RVU of 23.11. Therefore, the RUC recommends a direct crosswalk to 43771 *Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only (*work RVU = 20.79 and 120 minutes intra-service time). For additional support the RUC referenced MPC codes 50546 *Laparoscopy, surgical; nephrectomy, including partial ureterectomy* (work RVU = 21.87) and 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection* (work RVU = 19.68). **The RUC recommends a work RVU of 20.79 for CPT code 58573.**

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

Practice Expense
The RUC recommends the standard 090-day global direct practice expense inputs as approved by the Practice Expense Subcommittee.

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

CPT Code (•New)	CPT Descriptor	Global Period	Work RVU Recommendation
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	090	12.29
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	090	14.16
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	090	14.39
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	090	15.60
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	090	13.36
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	090	15.00
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	090	17.71
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	090	20.79

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

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58541 Tracking Number

Original Specialty Recommended RVU: **12.63**
Presented Recommended RVU: **12.63**
RUC Recommended RVU: **12.29**

Global Period: 090

CPT Descriptor: Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A previously gravid female with chronic, abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. She is anemic despite medical therapy. On physical examination, she has an immobile, normal-sized uterus. The patient elects to undergo a hysterectomy. The patient wishes to preserve her cervix. A laparoscopic supracervical hysterectomy (LSH) is performed without removal of the adnexae.

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 95% , In the ASC 5%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 23% , Overnight stay-less than 24 hours 68% , Overnight stay-more than 24 hours 10%

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

Moderate Sedation

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

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

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. A pelvic examination is performed with the patient under anesthesia to confirm the positioning of the uterus. A surgical prep of the vagina and abdomen is performed and a Foley catheter is placed transurethrally. The physician then places a speculum into the vagina and inserts an instrument through the vagina to grasp the cervix and manipulate the uterus during surgery.

Description of Intra-Service Work: Next, the surgeon makes a small incision just below the umbilicus through which a Veress needle is inserted and the abdomen insufflated. A trocar is placed and the laparoscope is inserted. Second, third, and sometimes fourth incisions are made in the lower parts of the abdomen and additional trocar is placed through these incisions. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, myomectomies of individual fibroids may be undertaken in order to debulk the size of the uterus in order to safely continue to dissect the uterine attachments. These fibroids would then be suture-tagged for later removal via morcellation. Any adhesions encountered are removed. The uterine arteries are skeletonized and control of this vasculature is obtained. At this point, the uterine body is separated from the cervix. The endocervical canal is coagulated. Hemostasis of the cervical stump is obtained. A morcellator is inserted through one of the incisions and morcellation of the uterine body is undertaken. Once the specimen has been completely removed, the abdominal cavity is then deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assesses patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The office visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014					
Presenter(s):	George A. Hill, MD					
Specialty(s):	ACOG					
CPT Code:	58541					
Sample Size:	3740	**Resp N:**	42	**Response:** 1.1 %		
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**4.00**	10.00	70.00
Survey RVW:	14.00	15.10	**16.75**	19.00	39.30
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**13.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	40.00	60.00	**75.00**	90.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58541	**Recommended Physician Work RVU: 12.29**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**75.00**		

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

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

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

New Technology/Service:

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58550	090	15.10	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;

KEY MPC COMPARISON CODES:

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

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO KEY REFERENCE SERVICE(S):

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

Number of respondents who choose Key Reference Code: 11 **% of respondents:** 26.1 **%**

TIME ESTIMATES (Median)	CPT Code: 58541	Key Reference CPT Code: 58550	Source of Time RUC Time
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	75.00	100.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	40.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	62.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**226.00**	**330.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.09	3.20
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	2.91	2.90
Urgency of medical decision making	2.64	2.60
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.36	3.10
Physical effort required	3.27	3.30
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	2.91	3.00
Outcome depends on the skill and judgment of physician	3.55	3.40
Estimated risk of malpractice suit with poor outcome	3.73	3.80

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.18	3.20
Intra-Service intensity/complexity	3.45	3.20

Post-Service intensity/complexity	2.64	2.70

Additional Rationale and Comments

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

Background
CPT Codes 58541-4 (Laparoscopic Supracervical Hysterectomy) and 58570-3 (Total Laparoscopic Hysterectomy) were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup (RAW) noted there may have been diffusion in technology for this service and requested that the specialty society's survey physician work and review practice expense at the January 2014 meeting. A survey was attempted in the fall of 2013 for presentation to the RUC in January 2014. However, many of the survey respondents thought that the vignettes were not typical and as a result of this problem with the vignettes ACOG requested that the vignettes be rewritten and the surveys redone. We worked with the Research Subcommittee at the January RUC meeting to rewrite the vignettes and the surveys were completed in March 2014. The Specialty Society conducted RUC surveys for all eight procedures using a combination of online surveys to a random sample and proctored surveys to physicians attending each of 2 freestanding postgraduate courses in coding. A member of the Research Subcommittee attended each of the proctored surveys as an observer. Data are stratified on the recommendations to show the responses of each group.

Observations
The data collected from the random sample and the two proctored-survey sessions are concordant. The current surveys:

- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

The pre service and intra service work has remained consistent since the codes were developed. We believe the pre-time work has remained the same and the survey supports the existing time. Therefore, we have included an additional seven minutes of evaluation time to more closely align with the survey results. However, our pre service time recommendations are slightly lower than current pre service time as a result of the pre service time packages (standards) that specialty societies must follow when developing their pre service time recommendations. It is important to note that our surveyed pre service times remain consistent with our original surveyed data (2007).

Case Selection
A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

More specifically, many of the patients who now undergo a hysterectomy do so because they have failed more conservative procedures (uterine artery embolization, endometrial ablation, etc.). Hysterectomy types have changed as well. Abdominal hysterectomy, once the dominant approach to hysterectomy, is now eclipsed by minimally invasive approaches. This is shown in the table below:

CPT Code	2008	2009	2010	2011	2012	Change	% Change
LSH							
58541	466	555	672	842	878	412	88%
58542	744	941	1057	1329	1774	1030	138%
58543	84	107	120	139	169	85	101%
58544	88	100	122	149	166	78	89%
TLH							
58570	373	583	970	1316	1616	1243	333%
58571	2332	4470	6517	8960	11530	9198	394%
58572	51	96	164	217	270	219	429%
58573	190	326	523	693	1008	818	431%
LAVH							

58550	1222	1184	1405	1314	1233	11	1%
58552	4301	4536	4739	4474	4272	(29)	-1%
58553	92	93	101	128	109	17	18%
58554	300	271	294	298	317	17	6%
SUBTOTAL	10243	13262	16684	19859	23342	13099	128%
TAH							
58150	16166	15006	13420	11741	9942	(6224)	-39%
VH							
58260	8226	8251	8327	7761	7267	(959)	-12%
58262	3461	3326	3219	3023	2841	(620)	-18%
58290	166	143	157	158	135	(31)	-19%
58291	98	88	84	83	67	(31)	-32%
SUBTOTAL	28117	26814	25207	22766	20252	(7865)	-28%
TOTAL	38360	40076	41891	42625	43594	5234	14%
Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

This table shows a big shift from TAH and VH to laparoscopic approaches, primarily to the Laparoscopic Supracervical Hysterectomy (LSH) and Total Laparoscopic Hysterectomy (TLH). Laparoscopic Assisted Vaginal Hysterectomy (LAVH) remained stable over this time period. Eighty percent (80%) of the shift is from TAH and 20% is from VH.

Technology has also improved and this allows more difficult cases to be performed laparoscopically. These changes in technology have allowed gynecologists to use a minimally invasive approach for the majority of their hysterectomy cases. Today's technology allows for instrumentation that articulates and moves much more like the human hand and wrist. In addition, camera equipment and lens improvements, allow for greater depth perception and visualization.

Intra Service Work

Although the overall survey times have decreased from what is currently in the RUC database, the specialty society believes the intra service work to perform these procedures has **not** changed since the codes were valued by the RUC. The increased intensity far outweighs the slight decreases in surveyed times. The expert panel made an adjustment in intra time for CPT Code 58571 to maintain relativity within the family.

Site of Service

The most recent Medicare data reveals a shift in site of service for supracervical and total laparoscopic hysterectomy to the outpatient setting. As such, we recognize that the post-operative work has changed. Our survey respondents indicated that the typical case is an overnight hospital stay, <24 hours. It is typical for the physician to have a hospital visit the day of the procedure, however CMS payment policy does not allow for the values of that visit to be built into the value. Furthermore, it is typical for a physician to do a full discharge management code, however the current convention is for a 'half-day' discharge to be allocated for outpatient services.

Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

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) 58541

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

Specialty Obstetrics/Gynocology How often? Commonly

Specialty How often?

Specialty How often?

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 878
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 825 Percentage 93.96 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

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 58541

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:58542 Tracking Number

Original Specialty Recommended RVU: **14.49**
Presented Recommended RVU: **14.49**
RUC Recommended RVU: **14.16**

Global Period: 090

CPT Descriptor: Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A previously gravid female with chronic, abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. She is anemic despite medical therapy. On physical examination, she has an immobile, normal-sized uterus. The patient elects to undergo a hysterectomy. The patient elects to have her ovaries removed. The patient wishes to preserve her cervix. A laparoscopic supracervical hysterectomy (LSH) with bilateral salpingo-oophorectomy is performed.

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 95% , In the ASC 5%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 23% , Overnight stay-less than 24 hours 68% , Overnight stay-more than 24 hours 10%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 60%

Moderate Sedation

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

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

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. A pelvic examination is performed with the patient under anesthesia to confirm the positioning of the uterus. A surgical prep of the vagina and abdomen is performed and a Foley catheter is placed transurethrally. The physician then places a speculum into the vagina and inserts an instrument through the vagina to grasp the cervix and manipulate the uterus during surgery.

Description of Intra-Service Work: Next, the surgeon makes a small incision just below the umbilicus through which a Veress needle is inserted and the abdomen insufflated. A trocar is placed and the laparoscope is inserted. Second, third, and sometimes fourth incisions are made in the lower parts of the abdomen and additional trocar is placed through these incisions. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The location and course of the ureters are identified and the leaves of the broad ligament opened. The vasculature of the infundibulopelvic ligament is isolated, secured, and transected. The attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, myomectomies of individual fibroids may be undertaken in order to debulk the size of the uterus in order to safely continue to dissect the uterine attachments. These fibroids would then be suture-tagged for later removal via morcellation. Any adhesions encountered are removed. The uterine arteries are skeletonized and control of this vasculature is obtained. At this point, the uterine body is separated from the cervix. The

endocervical canal is coagulated. Hemostasis of the cervical stump is obtained. A morcellator is inserted through one of the incisions and morcellation of the uterine body is undertaken. Once the specimen has been completely removed, the abdominal cavity is then deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assess patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The office visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	George A. Hill, MD		
Specialty(s):	ACOG		
CPT Code:	58542		
Sample Size:	3740	**Resp N:** 42	**Response:** 1.1 %
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	6.00	20.00
Survey RVW:	14.50	16.60	**17.30**	20.23	42.41
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	45.00	70.00	**88.00**	104.00	200.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58542	**Recommended Physician Work RVU: 14.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**88.00**		

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

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58552	090	16.91	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

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

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 13 **% of respondents:** 30.9 **%**

TIME ESTIMATES (Median)	**CPT Code: 58542**	**Key Reference CPT Code: 58552**	**Source of Time RUC Time**
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	88.00	120.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	40.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	62.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**239.00**	**350.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.23	3.33
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.08	3.08
Urgency of medical decision making	2.69	2.67
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.62	3.33
Physical effort required	3.46	3.50
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.00	3.08
Outcome depends on the skill and judgment of physician	3.69	3.50
Estimated risk of malpractice suit with poor outcome	3.69	3.75

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.31	3.42
Intra-Service intensity/complexity	3.85	3.58

Post-Service intensity/complexity	2.62	2.67

Additional Rationale and Comments

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

Background
CPT Codes 58541-4 (Laparoscopic Supracervical Hysterectomy) and 58570-3 (Total Laparoscopic Hysterectomy) were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup (RAW) noted there may have been diffusion in technology for this service and requested that the specialty society's survey physician work and review practice expense at the January 2014 meeting. A survey was attempted in the fall of 2013 for presentation to the RUC in January 2014. However, many of the survey respondents thought that the vignettes were not typical and as a result of this problem with the vignettes ACOG requested that the vignettes be rewritten and the surveys redone. We worked with the Research Subcommittee at the January RUC meeting to rewrite the vignettes and the surveys were completed in March 2014. The Specialty Society conducted RUC surveys for all eight procedures using a combination of online surveys to a random sample and proctored surveys to physicians attending each of 2 freestanding postgraduate courses in coding. A member of the Research Subcommittee attended each of the proctored surveys as an observer. Data are stratified on the recommendations to show the responses of each group.

Observations
The data collected from the random sample and the two proctored-survey sessions are concordant. The current surveys:

- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

The pre service and intra service work has remained consistent since the codes were developed. We believe the pre-time work has remained the same and the survey supports the existing time. Therefore, we have included an additional seven minutes of evaluation time to more closely align with the survey results. However, our pre service time recommendations are slightly lower than current pre service time as a result of the pre service time packages (standards) that specialty societies must follow when developing their pre service time recommendations. It is important to note that our surveyed pre service times remain consistent with our original surveyed data (2007).

Case Selection
A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

More specifically, many of the patients who now undergo a hysterectomy do so because they have failed more conservative procedures (uterine artery embolization, endometrial ablation, etc.). Hysterectomy types have changed as well. Abdominal hysterectomy, once the dominant approach to hysterectomy, is now eclipsed by minimally invasive approaches. This is shown in the table below:

CPT Code	2008	2009	2010	2011	2012	Change	% Change
LSH							
58541	466	555	672	842	878	412	88%
58542	744	941	1057	1329	1774	1030	138%
58543	84	107	120	139	169	85	101%
58544	88	100	122	149	166	78	89%
TLH							
58570	373	583	970	1316	1616	1243	333%
58571	2332	4470	6517	8960	11530	9198	394%
58572	51	96	164	217	270	219	429%
58573	190	326	523	693	1008	818	431%
LAVH							

58550	1222	1184	1405	1314	1233	11	1%
58552	4301	4536	4739	4474	4272	(29)	-1%
58553	92	93	101	128	109	17	18%
58554	300	271	294	298	317	17	6%
SUBTOTAL	10243	13262	16684	19859	23342	13099	128%
TAH							
58150	16166	15006	13420	11741	9942	(6224)	-39%
VH							
58260	8226	8251	8327	7761	7267	(959)	-12%
58262	3461	3326	3219	3023	2841	(620)	-18%
58290	166	143	157	158	135	(31)	-19%
58291	98	88	84	83	67	(31)	-32%
SUBTOTAL	28117	26814	25207	22766	20252	(7865)	-28%
TOTAL	38360	40076	41891	42625	43594	5234	14%
Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

This table shows a big shift from TAH and VH to laparoscopic approaches, primarily to the Laparoscopic Supracervical Hysterectomy (LSH) and Total Laparoscopic Hysterectomy (TLH). Laparoscopic Assisted Vaginal Hysterectomy (LAVH) remained stable over this time period. Eighty percent (80%) of the shift is from TAH and 20% is from VH.

Technology has also improved and this allows more difficult cases to be performed laparoscopically. These changes in technology have allowed gynecologists to use a minimally invasive approach for the majority of their hysterectomy cases. Today's technology allows for instrumentation that articulates and moves much more like the human hand and wrist. In addition, camera equipment and lens improvements, allow for greater depth perception and visualization.

Intra Service Work

Although the overall survey times have decreased from what is currently in the RUC database, the specialty society believes the intra service work to perform these procedures has **not** changed since the codes were valued by the RUC. The increased intensity far outweighs the slight decreases in surveyed times. The expert panel made an adjustment in intra time for CPT Code 58571 to maintain relativity within the family.

Site of Service

The most recent Medicare data reveals a shift in site of service for supracervical and total laparoscopic hysterectomy to the outpatient setting. As such, we recognize that the post-operative work has changed. Our survey respondents indicated that the typical case is an overnight hospital stay, <24 hours. It is typical for the physician to have a hospital visit the day of the procedure, however CMS payment policy does not allow for the values of that visit to be built into the value. Furthermore, it is typical for a physician to do a full discharge management code, however the current convention is for a 'half-day' discharge to be allocated for outpatient services.

Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

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) 58542

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

Specialty Obstetrics/Gynocology How often? Commonly

Specialty How often?

Specialty How often?

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,774
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 1625 Percentage 91.60 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

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 58542

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 Update Process
Practice Expense Summary of Recommendation
Facility Direct Inputs

CPT Long Descriptor: Lithotripsy, extracorporeal shock wave

Global Period: 090 Meeting Date: April 2012

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AUA expert panel consists of ten urologists who represent urological practices, both academic and private settings, from across the United States. They represent the states of Washington, Illinois, New York, Connecticut, Kentucky, Florida and Tennessee. The panel reviews current RUC practice expense information, requests input for supplies and equipment from several urology practices, reviews the information, makes recommendations and submits them to the AMA.

The current RUC Database (2012 v. 1) claims data, Place of Service, states that 98.75% of ESWL is performed in a facility (hospital outpatient, hospital inpatient, ASC, and other hospital sites) and 1.25% is performed in "Physician Office". The AUA is unable to find any practice that performs "in-office" lithotripsy on Medicare patients. The reason for this is that the global fee of $821.67 (physician fee $569.79) leaves a balance of $251.88 which is of course insufficient to cover the cost of lease, rental or ownership of a lithotripter. AUA did find several physician practices in New York State, that do perform "in office" lithotripsy on **non**-Medicare patients; in those cases the physician practice has negotiated a separate contract with a both a company that leases lithotripters and the private insurance company that reimburses for the service. The AUA further notes that since the implementation of the RBRVS Medicare Fee Schedule in January, 1992, we have not received one comment about the in-office global payment for ESWL. Therefore, the AUA has no available data for Practice Expense for "in-office" ESWL.

A reference code must be provided for comparison to the practice expense inputs on your spreadsheet. Please provide a rationale for the selection of reference codes. Comparison Code Rationale: We will use the current inputs provided by the 2012 RUC database for CPT code 50590 to develop new practice expense inputs for supplies and equipment.

Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:

Complete pre-service diagnostic and referral forms

Coordinate pre-surgery services

Schedule space and equipment in facility

Provide pre-service education/obtain consent

Follow-up phone calls and prescriptions

Service Clinical Labor Activities:

None

Post-Service Clinical Labor Activities:

Conduct phone calls/call in prescriptions

Provide services when patient returns to office for follow-up

Greets patient

Takes them to exam room and provide gown

Takes vitals

Make sure all records are available for physician

Schedule follow-up visits

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:58544 Tracking Number

Original Specialty Recommended RVU: **16.30**
Presented Recommended RVU: **16.30**
RUC Recommended RVU: **15.60**

Global Period: 090

CPT Descriptor: Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A multiparous female with chronic, abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. She is anemic despite medical therapy. On physical examination, she has an irregular, immobile, 14-week size uterus. The patient elects to undergo a hysterectomy. The patient desires preservation of her cervix and wishes to have her ovaries removed. A laparoscopic supracervical hysterectomy (LSH) with bilateral salpingo-oophorectomy is performed.

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

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

Percent of survey respondents who stated they perform the procedure; In the hospital 98% , In the ASC 2%, 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 25% , Overnight stay-less than 24 hours 58% , Overnight stay-more than 24 hours 18%

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 45%

Moderate Sedation

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

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

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. A pelvic examination is performed with the patient under anesthesia to confirm the positioning of the uterus. A surgical prep of the vagina and abdomen is performed and a Foley catheter is placed transurethrally. The physician then places a speculum into the vagina and inserts an instrument through the vagina to grasp the cervix and manipulate the uterus during surgery.

Description of Intra-Service Work: Next, the surgeon makes a small incision just below the umbilicus through which a Veress needle is inserted and the abdomen is insufflated. A trocar is placed and the laparoscope is inserted. Second, third, and sometimes fourth incisions are made in the lower parts of the abdomen and additional trocar is placed through these incisions. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The location and course of the ureters are identified and the leaves of the broad ligament opened. The vasculature of the infundibulopelvic ligament is isolated, secured, and transected. The attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, myomectomies of individual fibroids may be undertaken in order to debulk the size of the uterus in order to safely continue to dissect the uterine attachments. These fibroids would then be suture-tagged for later removal via morcellation. Any adhesions encountered are removed. The uterine arteries are skeletonized and control of this vasculature is obtained. At this point, the uterine body is separated from the cervix. The

endocervical canal is coagulated. Hemostasis of the cervical stump is obtained. A morcellator is inserted through one of the incisions and morcellation of the uterine body is undertaken. Once the specimen has been completely removed, the abdominal cavity is then deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assess patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The office visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014					
Presenter(s):	George A. Hill, MD					
Specialty(s):	ACOG					
CPT Code:	58544					
Sample Size:	3740	**Resp N:**	41	**Response:** 1.0 %		
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	4.00	20.00
Survey RVW:	18.00	20.10	**22.10**	23.30	45.30
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	60.00	100.00	**120.00**	130.00	280.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58544	**Recommended Physician Work RVU: 15.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**120.00**		

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

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58554	090	23.11	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

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

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 15 **% of respondents:** 36.5 **%**

TIME ESTIMATES (Median)	CPT Code: 58544	Key Reference CPT Code: 58554	Source of Time RUC Time
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	120.00	167.50	
Median Immediate Post-service Time	30.00	37.50	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	60.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	62.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**271.00**	**425.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.80	4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.80	3.86
Urgency of medical decision making	3.47	3.43
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.47	4.43
Physical effort required	4.20	4.36
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.07	4.14
Outcome depends on the skill and judgment of physician	4.33	4.43
Estimated risk of malpractice suit with poor outcome	4.20	4.29

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.93	4.07
Intra-Service intensity/complexity	4.40	4.36

Post-Service intensity/complexity	3.27	3.36

Additional Rationale and Comments

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

Background
CPT Codes 58541-4 (Laparoscopic Supracervical Hysterectomy) and 58570-3 (Total Laparoscopic Hysterectomy) were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup (RAW) noted there may have been diffusion in technology for this service and requested that the specialty society's survey physician work and review practice expense at the January 2014 meeting. A survey was attempted in the fall of 2013 for presentation to the RUC in January 2014. However, many of the survey respondents thought that the vignettes were not typical and as a result of this problem with the vignettes ACOG requested that the vignettes be rewritten and the surveys redone. We worked with the Research Subcommittee at the January RUC meeting to rewrite the vignettes and the surveys were completed in March 2014. The Specialty Society conducted RUC surveys for all eight procedures using a combination of online surveys to a random sample and proctored surveys to physicians attending each of 2 freestanding postgraduate courses in coding. A member of the Research Subcommittee attended each of the proctored surveys as an observer. Data are stratified on the recommendations to show the responses of each group.

Observations
The data collected from the random sample and the two proctored-survey sessions are concordant. The current surveys:

- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

The pre service and intra service work has remained consistent since the codes were developed. We believe the pre-time work has remained the same and the survey supports the existing time. Therefore, we have included an additional seven minutes of evaluation time to more closely align with the survey results. However, our pre service time recommendations are slightly lower than current pre service time as a result of the pre service time packages (standards) that specialty societies must follow when developing their pre service time recommendations. It is important to note that our surveyed pre service times remain consistent with our original surveyed data (2007).

Case Selection
A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

More specifically, many of the patients who now undergo a hysterectomy do so because they have failed more conservative procedures (uterine artery embolization, endometrial ablation, etc.). Hysterectomy types have changed as well. Abdominal hysterectomy, once the dominant approach to hysterectomy, is now eclipsed by minimally invasive approaches. This is shown in the table below:

CPT Code	2008	2009	2010	2011	2012	Change	% Change
LSH							
58541	466	555	672	842	878	412	88%
58542	744	941	1057	1329	1774	1030	138%
58543	84	107	120	139	169	85	101%
58544	88	100	122	149	166	78	89%
TLH							
58570	373	583	970	1316	1616	1243	333%
58571	2332	4470	6517	8960	11530	9198	394%
58572	51	96	164	217	270	219	429%
58573	190	326	523	693	1008	818	431%
LAVH							

58550	1222	1184	1405	1314	1233	11	1%
58552	4301	4536	4739	4474	4272	(29)	-1%
58553	92	93	101	128	109	17	18%
58554	300	271	294	298	317	17	6%
SUBTOTAL	10243	13262	16684	19859	23342	13099	128%
TAH							
58150	16166	15006	13420	11741	9942	(6224)	-39%
VH							
58260	8226	8251	8327	7761	7267	(959)	-12%
58262	3461	3326	3219	3023	2841	(620)	-18%
58290	166	143	157	158	135	(31)	-19%
58291	98	88	84	83	67	(31)	-32%
SUBTOTAL	28117	26814	25207	22766	20252	(7865)	-28%
TOTAL	38360	40076	41891	42625	43594	5234	14%
Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

This table shows a big shift from TAH and VH to laparoscopic approaches, primarily to the Laparoscopic Supracervical Hysterectomy (LSH) and Total Laparoscopic Hysterectomy (TLH). Laparoscopic Assisted Vaginal Hysterectomy (LAVH) remained stable over this time period. Eighty percent (80%) of the shift is from TAH and 20% is from VH.

Technology has also improved and this allows more difficult cases to be performed laparoscopically. These changes in technology have allowed gynecologists to use a minimally invasive approach for the majority of their hysterectomy cases. Today's technology allows for instrumentation that articulates and moves much more like the human hand and wrist. In addition, camera equipment and lens improvements, allow for greater depth perception and visualization.

Intra Service Work

Although the overall survey times have decreased from what is currently in the RUC database, the specialty society believes the intra service work to perform these procedures has **not** changed since the codes were valued by the RUC. The increased intensity far outweighs the slight decreases in surveyed times. The expert panel made an adjustment in intra time for CPT Code 58571 to maintain relativity within the family.

Site of Service

The most recent Medicare data reveals a shift in site of service for supracervical and total laparoscopic hysterectomy to the outpatient setting. As such, we recognize that the post-operative work has changed. Our survey respondents indicated that the typical case is an overnight hospital stay, <24 hours. It is typical for the physician to have a hospital visit the day of the procedure, however CMS payment policy does not allow for the values of that visit to be built into the value. Furthermore, it is typical for a physician to do a full discharge management code, however the current convention is for a 'half-day' discharge to be allocated for outpatient services.

Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

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) 58544

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

Specialty Obstetrics/Gynocology How often? Commonly

Specialty Gynecology/Oncology How often? Commonly

Specialty How often?

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 166
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 145 Percentage 87.34 %

Specialty Gynecology/Oncology Frequency 18 Percentage 10.84 %

Specialty Frequency 0 Percentage 0.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

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 58544

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:58570 Tracking Number

Original Specialty Recommended RVU: **13.18**
Presented Recommended RVU: **13.18**
Global Period: 090
RUC Recommended RVU: **13.36**

CPT Descriptor: Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A previously gravid female with chronic abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. She is anemic despite medical therapy. On physical examination she has an immobile, normal-sized uterus, and desires definitive therapy. She wishes to retain her ovaries. A total laparoscopic hysterectomy (TLH) without removal of the adnexae is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

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

Percent of survey respondents who stated they perform the procedure; In the hospital 94% , In the ASC 6%, 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 12% , Overnight stay-less than 24 hours 73% , Overnight stay-more than 24 hours 14%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 42%

Moderate Sedation

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

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

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. General anesthesia is induced, the patient is placed in the dorsal lithotomy position, and a surgical prep of the vagina and abdomen is performed.

Description of Intra-Service Work: A foley catheter is placed transurethrally and a uterine manipulator is placed transcervically. Laparoscopy is performed through an umbilical camera port and second, third, and sometimes fourth incisions for accessory ports. The course of the ureters are identified transperitoneally or retroperitoneally, if needed. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The utero-ovarian ligament and attachments of the uterus are then sequentially coagulated or ligated and then transected. The uterine arteries are skeletonized and control of this vasculature is obtained. An occluding device is placed within the vagina in order to preclude the escape of pneumoperitoneum, and anterior and posterior colpotomy incisions are performed. The uterus and cervix are removed through the vagina. Once the specimen has been completely removed, the occluding device is re-inserted, and the abdominal cavity is then re-inflated. Laparoscopic suture closure of the vaginal cuff is performed. Hemostasis is confirmed, the abdomen is deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals

(including wirtten and oral reports and orders); hospital visits to assess patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	George A. Hill, MD				
Specialty(s):	ACOG				
CPT Code:	58570				
Sample Size:	3740	**Resp N:**	52	**Response:** 1.3 %	
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	15.00	50.00
Survey RVW:	15.00	16.00	**18.00**	21.03	41.29
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	40.00	60.00	**90.00**	120.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58570	**Recommended Physician Work RVU: 13.36**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**90.00**		

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

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58550	090	15.10	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;

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

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 24 **% of respondents:** 46.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 58570**	**Key Reference CPT Code: 58550**	**Source of Time RUC Time**
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	90.00	100.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	40.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	62.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**241.00**	**330.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.46	3.38
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.46	3.42
Urgency of medical decision making	3.00	3.00
Technical Skill/Physical Effort (Mean)		
Technical skill required	3.83	3.54
Physical effort required	3.71	3.58
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.75	3.54
Outcome depends on the skill and judgment of physician	4.13	3.92
Estimated risk of malpractice suit with poor outcome	3.96	3.92

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.21	3.17
Intra-Service intensity/complexity	3.83	3.50

Post-Service intensity/complexity	2.83	2.83

Additional Rationale and Comments

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

Background
CPT Codes 58541-4 (Laparoscopic Supracervical Hysterectomy) and 58570-3 (Total Laparoscopic Hysterectomy) were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup (RAW) noted there may have been diffusion in technology for this service and requested that the specialty society's survey physician work and review practice expense at the January 2014 meeting. A survey was attempted in the fall of 2013 for presentation to the RUC in January 2014. However, many of the survey respondents thought that the vignettes were not typical and as a result of this problem with the vignettes ACOG requested that the vignettes be rewritten and the surveys redone. We worked with the Research Subcommittee at the January RUC meeting to rewrite the vignettes and the surveys were completed in March 2014. The Specialty Society conducted RUC surveys for all eight procedures using a combination of online surveys to a random sample and proctored surveys to physicians attending each of 2 freestanding postgraduate courses in coding. A member of the Research Subcommittee attended each of the proctored surveys as an observer. Data are stratified on the recommendations to show the responses of each group.

Observations
The data collected from the random sample and the two proctored-survey sessions are concordant. The current surveys:

- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

The pre service and intra service work has remained consistent since the codes were developed. We believe the pre-time work has remained the same and the survey supports the existing time. Therefore, we have included an additional seven minutes of evaluation time to more closely align with the survey results. However, our pre service time recommendations are slightly lower than current pre service time as a result of the pre service time packages (standards) that specialty societies must follow when developing their pre service time recommendations. It is important to note that our surveyed pre service times remain consistent with our original surveyed data (2007).

Case Selection
A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

More specifically, many of the patients who now undergo a hysterectomy do so because they have failed more conservative procedures (uterine artery embolization, endometrial ablation, etc.). Hysterectomy types have changed as well. Abdominal hysterectomy, once the dominant approach to hysterectomy, is now eclipsed by minimally invasive approaches. This is shown in the table below:

CPT Code	2008	2009	2010	2011	2012	Change	% Change
LSH							
58541	466	555	672	842	878	412	88%
58542	744	941	1057	1329	1774	1030	138%
58543	84	107	120	139	169	85	101%
58544	88	100	122	149	166	78	89%
TLH							
58570	373	583	970	1316	1616	1243	333%
58571	2332	4470	6517	8960	11530	9198	394%
58572	51	96	164	217	270	219	429%
58573	190	326	523	693	1008	818	431%
LAVH							

58550	1222	1184	1405	1314	1233	11	1%
58552	4301	4536	4739	4474	4272	(29)	-1%
58553	92	93	101	128	109	17	18%
58554	300	271	294	298	317	17	6%
SUBTOTAL	10243	13262	16684	19859	23342	13099	128%
TAH							
58150	16166	15006	13420	11741	9942	(6224)	-39%
VH							
58260	8226	8251	8327	7761	7267	(959)	-12%
58262	3461	3326	3219	3023	2841	(620)	-18%
58290	166	143	157	158	135	(31)	-19%
58291	98	88	84	83	67	(31)	-32%
SUBTOTAL	28117	26814	25207	22766	20252	(7865)	-28%
TOTAL	38360	40076	41891	42625	43594	5234	14%
Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

This table shows a big shift from TAH and VH to laparoscopic approaches, primarily to the Laparoscopic Supracervical Hysterectomy (LSH) and Total Laparoscopic Hysterectomy (TLH). Laparoscopic Assisted Vaginal Hysterectomy (LAVH) remained stable over this time period. Eighty percent (80%) of the shift is from TAH and 20% is from VH.

Technology has also improved and this allows more difficult cases to be performed laparoscopically. These changes in technology have allowed gynecologists to use a minimally invasive approach for the majority of their hysterectomy cases. Today's technology allows for instrumentation that articulates and moves much more like the human hand and wrist. In addition, camera equipment and lens improvements, allow for greater depth perception and visualization.

Intra Service Work

Although the overall survey times have decreased from what is currently in the RUC database, the specialty society believes the intra service work to perform these procedures has **not** changed since the codes were valued by the RUC. The increased intensity far outweighs the slight decreases in surveyed times. The expert panel made an adjustment in intra time for CPT Code 58571 to maintain relativity within the family.

Site of Service

The most recent Medicare data reveals a shift in site of service for supracervical and total laparoscopic hysterectomy to the outpatient setting. As such, we recognize that the post-operative work has changed. Our survey respondents indicated that the typical case is an overnight hospital stay, <24 hours. It is typical for the physician to have a hospital visit the day of the procedure, however CMS payment policy does not allow for the values of that visit to be built into the value. Furthermore, it is typical for a physician to do a full discharge management code, however the current convention is for a 'half-day' discharge to be allocated for outpatient services.

Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

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) 58570

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

Specialty Obstetrics/Gynocology How often? Commonly

Specialty Gynecology/Oncology How often? Commonly

Specialty How often?

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,616
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 1480 Percentage 91.58 %

Specialty Gynecology/Oncology Frequency 100 Percentage 6.18 %

Specialty Frequency 0 Percentage 0.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

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 58570

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:58571 Tracking Number

Original Specialty Recommended RVU: **14.99**
Presented Recommended RVU: **14.99**
RUC Recommended RVU: **15.00**

Global Period: 090

CPT Descriptor: Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A previously gravid female with chronic, abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. She is anemic despite medical therapy. On physical examination she has an immobile, normal-sized uterus. The patient elects to have both her cervix and ovaries removed. A total laparoscopic hysterectomy (TLH) with bilateral salpingo-oophorectomy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 75%

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

Percent of survey respondents who stated they perform the procedure; In the hospital 94% , In the ASC 6%, 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 12% , Overnight stay-less than 24 hours 73% , Overnight stay-more than 24 hours 14%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 41%

Moderate Sedation

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

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

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. General anesthesia is induced, the patient is placed in the dorsal lithotomy position, and a surgical prep of the vagina and abdomen is performed.

Description of Intra-Service Work: A foley catheter is placed transurethrally and a uterine manipulator is placed transcervically. Laparoscopy is performed through an umbilical camera port and second, third, and sometimes fourth incisions for accessory ports. The course of the ureters are identified transperitoneally or retroperitoneally, if needed. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The location and course of the ureters are identified and the leaves of the broad ligament opened. The vasculature of the infundibulopelvic ligament is isolated, secured, and transected. The attachments of the uterus are then sequentially coagulated or ligated and then transected. An occluding device is placed within the vagina in order to preclude the escape of pneumoperitoneum, and anterior and posterior colpotomy incisions are performed. The patient is placed in the high lithotomy position and the surgeon removes the occluding device from the vagina, the pneumoperitoneum is allowed to escape, and the uterus and cervix are removed through the vagina. Once the specimen has been completely removed, the occluding device is re-inserted, and the abdominal cavity is then re-inflated. Laparoscopic suture closure of the vaginal cuff is performed. Hemostasis is confirmed, the abdomen is deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assess patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The office visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014					
Presenter(s):	George A. Hill, MD					
Specialty(s):	ACOG					
CPT Code:	58571					
Sample Size:	3740	**Resp N:**	52	**Response:** 1.2 %		
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**6.00**	17.00	97.00
Survey RVW:	15.00	17.00	**18.68**	21.13	44.52
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	45.00	75.00	**90.00**	120.00	200.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58571	**Recommended Physician Work RVU: 15.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**90.00**		

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

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58552	090	16.91	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

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

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 32 **% of respondents:** 61.5 **%**

TIME ESTIMATES (Median)	**CPT Code: 58571**	**Key Reference CPT Code: 58552**	**Source of Time RUC Time**
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	90.00	120.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	40.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	62.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**241.00**	**350.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.50	3.44
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.47	3.44
Urgency of medical decision making	3.03	3.03
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.03	3.72
Physical effort required	3.56	3.56
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.69	3.50
Outcome depends on the skill and judgment of physician	4.19	4.00
Estimated risk of malpractice suit with poor outcome	4.00	3.94

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.29	3.23
Intra-Service intensity/complexity	3.97	3.65

Post-Service intensity/complexity	2.77	2.74

Additional Rationale and Comments

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

Background
CPT Codes 58541-4 (Laparoscopic Supracervical Hysterectomy) and 58570-3 (Total Laparoscopic Hysterectomy) were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup (RAW) noted there may have been diffusion in technology for this service and requested that the specialty society's survey physician work and review practice expense at the January 2014 meeting. A survey was attempted in the fall of 2013 for presentation to the RUC in January 2014. However, many of the survey respondents thought that the vignettes were not typical and as a result of this problem with the vignettes ACOG requested that the vignettes be rewritten and the surveys redone. We worked with the Research Subcommittee at the January RUC meeting to rewrite the vignettes and the surveys were completed in March 2014. The Specialty Society conducted RUC surveys for all eight procedures using a combination of online surveys to a random sample and proctored surveys to physicians attending each of 2 freestanding postgraduate courses in coding. A member of the Research Subcommittee attended each of the proctored surveys as an observer. Data are stratified on the recommendations to show the responses of each group.

Observations
The data collected from the random sample and the two proctored-survey sessions are concordant. The current surveys:

- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

The pre service and intra service work has remained consistent since the codes were developed. We believe the pre-time work has remained the same and the survey supports the existing time. Therefore, we have included an additional seven minutes of evaluation time to more closely align with the survey results. However, our pre service time recommendations are slightly lower than current pre service time as a result of the pre service time packages (standards) that specialty societies must follow when developing their pre service time recommendations. It is important to note that our surveyed pre service times remain consistent with our original surveyed data (2007).

Case Selection
A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

More specifically, many of the patients who now undergo a hysterectomy do so because they have failed more conservative procedures (uterine artery embolization, endometrial ablation, etc.). Hysterectomy types have changed as well. Abdominal hysterectomy, once the dominant approach to hysterectomy, is now eclipsed by minimally invasive approaches. This is shown in the table below:

CPT Code	2008	2009	2010	2011	2012	Change	% Change
LSH							
58541	466	555	672	842	878	412	88%
58542	744	941	1057	1329	1774	1030	138%
58543	84	107	120	139	169	85	101%
58544	88	100	122	149	166	78	89%
TLH							
58570	373	583	970	1316	1616	1243	333%
58571	2332	4470	6517	8960	11530	9198	394%
58572	51	96	164	217	270	219	429%
58573	190	326	523	693	1008	818	431%
LAVH							

58550	1222	1184	1405	1314	1233	11	1%
58552	4301	4536	4739	4474	4272	(29)	-1%
58553	92	93	101	128	109	17	18%
58554	300	271	294	298	317	17	6%
SUBTOTAL	10243	13262	16684	19859	23342	13099	128%
TAH							
58150	16166	15006	13420	11741	9942	(6224)	-39%
VH							
58260	8226	8251	8327	7761	7267	(959)	-12%
58262	3461	3326	3219	3023	2841	(620)	-18%
58290	166	143	157	158	135	(31)	-19%
58291	98	88	84	83	67	(31)	-32%
SUBTOTAL	28117	26814	25207	22766	20252	(7865)	-28%
TOTAL	38360	40076	41891	42625	43594	5234	14%
Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

This table shows a big shift from TAH and VH to laparoscopic approaches, primarily to the Laparoscopic Supracervical Hysterectomy (LSH) and Total Laparoscopic Hysterectomy (TLH). Laparoscopic Assisted Vaginal Hysterectomy (LAVH) remained stable over this time period. Eighty percent (80%) of the shift is from TAH and 20% is from VH.

Technology has also improved and this allows more difficult cases to be performed laparoscopically. These changes in technology have allowed gynecologists to use a minimally invasive approach for the majority of their hysterectomy cases. Today's technology allows for instrumentation that articulates and moves much more like the human hand and wrist. In addition, camera equipment and lens improvements, allow for greater depth perception and visualization.

Intra Service Work

Although the overall survey times have decreased from what is currently in the RUC database, the specialty society believes the intra service work to perform these procedures has **not** changed since the codes were valued by the RUC. The increased intensity far outweighs the slight decreases in surveyed times. The expert panel made an adjustment in intra time for CPT Code 58571 to maintain relativity within the family.

Site of Service

The most recent Medicare data reveals a shift in site of service for supracervical and total laparoscopic hysterectomy to the outpatient setting. As such, we recognize that the post-operative work has changed. Our survey respondents indicated that the typical case is an overnight hospital stay, <24 hours. It is typical for the physician to have a hospital visit the day of the procedure, however CMS payment policy does not allow for the values of that visit to be built into the value. Furthermore, it is typical for a physician to do a full discharge management code, however the current convention is for a 'half-day' discharge to be allocated for outpatient services.

Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

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) 58571

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

Specialty Obstetrics/Gynocology How often? Commonly

Specialty Gynecology/Oncology How often? Commonly

Specialty How often?

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
11,530 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 6300 Percentage 54.64 %

Specialty Gynecology/Oncology Frequency 5100 Percentage 44.23 %

Specialty Frequency 0 Percentage 0.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

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 58571

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:58572 Tracking Number

Original Specialty Recommended RVU: **17.39**
Presented Recommended RVU: **17.39**
RUC Recommended RVU: **17.71**

Global Period: 090

CPT Descriptor: Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A multiparous female with chronic, abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. On physical examination, she has an enlarged, immobile, 14-week size uterus. The patient elects to undergo a hysterectomy but wishes to retain her ovaries. A total laparoscopic hysterectomy (TLH) without removal of the adnexae is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

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

Percent of survey respondents who stated they perform the procedure; In the hospital 96% , In the ASC 4%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 6% , Overnight stay-less than 24 hours 74% , Overnight stay-more than 24 hours 20%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 41%

Moderate Sedation

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

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

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. General anesthesia is induced, the patient is placed in the dorsal lithotomy position, and a surgical prep of the vagina and abdomen is performed.

Description of Intra-Service Work: A foley catheter is placed transurethrally and a uterine manipulator is placed transcervically. Laparoscopy is performed through an umbilical camera port and second, third, and sometimes fourth incisions for accessory ports. The course of the ureters are identified transperitoneally or retroperitoneally, if needed. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. The utero-ovarian ligament and attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, the uterine fundus may be debulked using a laparoscopic morcellator for benign disease, and, at times, the retroperitoneal spaces must be opened in order to identify the ureter. The uterine arteries are skeletonized and control of this vasculature is obtained. An occluding device is placed within the vagina in order to preclude the escape of pneumoperitoneum, and anterior and posterior colpotomy incisions are performed. The uterus and cervix are removed through the vagina. At times, vaginal morcellation of the specimen is necessary in order to accomplish removal. Once the specimen has been completely removed, the occluding device is re-inserted, and the abdominal cavity is then re-inflated. Laparoscopic suture closure of the vaginal cuff is performed. Hemostasis is confirmed, the abdomen is deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin.

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assess patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The office visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014					
Presenter(s):	George A. Hill, MD					
Specialty(s):	ACOG					
CPT Code:	58572					
Sample Size:	3740	**Resp N:**	52	**Response:** 1.3 %		
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**4.00**	10.00	35.00
Survey RVW:	18.50	20.43	**22.53**	24.35	47.94
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	55.00	100.00	**120.00**	150.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58572	**Recommended Physician Work RVU: 17.71**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**120.00**		

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

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58553	090	20.06	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g

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

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 29 **% of respondents:** 55.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 58572**	**Key Reference CPT Code: 58553**	**Source of Time RUC Time**
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	120.00	150.00	
Median Immediate Post-service Time	30.00	37.50	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	60.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	46.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**271.00**	**391.50**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.62	3.52
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.66	3.59
Urgency of medical decision making	3.07	3.07
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.62	4.28
Physical effort required	4.31	4.31
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.17	3.83
Outcome depends on the skill and judgment of physician	4.59	4.38
Estimated risk of malpractice suit with poor outcome	4.10	4.07

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	3.38	3.31
Intra-Service intensity/complexity	4.48	4.17

Post-Service intensity/complexity	2.79	2.79

Additional Rationale and Comments

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

Background
CPT Codes 58541-4 (Laparoscopic Supracervical Hysterectomy) and 58570-3 (Total Laparoscopic Hysterectomy) were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup (RAW) noted there may have been diffusion in technology for this service and requested that the specialty society's survey physician work and review practice expense at the January 2014 meeting. A survey was attempted in the fall of 2013 for presentation to the RUC in January 2014. However, many of the survey respondents thought that the vignettes were not typical and as a result of this problem with the vignettes ACOG requested that the vignettes be rewritten and the surveys redone. We worked with the Research Subcommittee at the January RUC meeting to rewrite the vignettes and the surveys were completed in March 2014. The Specialty Society conducted RUC surveys for all eight procedures using a combination of online surveys to a random sample and proctored surveys to physicians attending each of 2 freestanding postgraduate courses in coding. A member of the Research Subcommittee attended each of the proctored surveys as an observer. Data are stratified on the recommendations to show the responses of each group.

Observations
The data collected from the random sample and the two proctored-survey sessions are concordant. The current surveys:

- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

The pre service and intra service work has remained consistent since the codes were developed. We believe the pre-time work has remained the same and the survey supports the existing time. Therefore, we have included an additional seven minutes of evaluation time to more closely align with the survey results. However, our pre service time recommendations are slightly lower than current pre service time as a result of the pre service time packages (standards) that specialty societies must follow when developing their pre service time recommendations. It is important to note that our surveyed pre service times remain consistent with our original surveyed data (2007).

Case Selection
A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

More specifically, many of the patients who now undergo a hysterectomy do so because they have failed more conservative procedures (uterine artery embolization, endometrial ablation, etc.). Hysterectomy types have changed as well. Abdominal hysterectomy, once the dominant approach to hysterectomy, is now eclipsed by minimally invasive approaches. This is shown in the table below:

CPT Code	2008	2009	2010	2011	2012	Change	% Change
LSH							
58541	466	555	672	842	878	412	88%
58542	744	941	1057	1329	1774	1030	138%
58543	84	107	120	139	169	85	101%
58544	88	100	122	149	166	78	89%
TLH							
58570	373	583	970	1316	1616	1243	333%
58571	2332	4470	6517	8960	11530	9198	394%
58572	51	96	164	217	270	219	429%
58573	190	326	523	693	1008	818	431%
LAVH							

58550	1222	1184	1405	1314	1233	11	1%
58552	4301	4536	4739	4474	4272	(29)	-1%
58553	92	93	101	128	109	17	18%
58554	300	271	294	298	317	17	6%
SUBTOTAL	10243	13262	16684	19859	23342	13099	128%
TAH							
58150	16166	15006	13420	11741	9942	(6224)	-39%
VH							
58260	8226	8251	8327	7761	7267	(959)	-12%
58262	3461	3326	3219	3023	2841	(620)	-18%
58290	166	143	157	158	135	(31)	-19%
58291	98	88	84	83	67	(31)	-32%
SUBTOTAL	28117	26814	25207	22766	20252	(7865)	-28%
TOTAL	38360	40076	41891	42625	43594	5234	14%
Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

This table shows a big shift from TAH and VH to laparoscopic approaches, primarily to the Laparoscopic Supracervical Hysterectomy (LSH) and Total Laparoscopic Hysterectomy (TLH). Laparoscopic Assisted Vaginal Hysterectomy (LAVH) remained stable over this time period. Eighty percent (80%) of the shift is from TAH and 20% is from VH.

Technology has also improved and this allows more difficult cases to be performed laparoscopically. These changes in technology have allowed gynecologists to use a minimally invasive approach for the majority of their hysterectomy cases. Today's technology allows for instrumentation that articulates and moves much more like the human hand and wrist. In addition, camera equipment and lens improvements, allow for greater depth perception and visualization.

Intra Service Work

Although the overall survey times have decreased from what is currently in the RUC database, the specialty society believes the intra service work to perform these procedures has **not** changed since the codes were valued by the RUC. The increased intensity far outweighs the slight decreases in surveyed times. The expert panel made an adjustment in intra time for CPT Code 58571 to maintain relativity within the family.

Site of Service

The most recent Medicare data reveals a shift in site of service for supracervical and total laparoscopic hysterectomy to the outpatient setting. As such, we recognize that the post-operative work has changed. Our survey respondents indicated that the typical case is an overnight hospital stay, <24 hours. It is typical for the physician to have a hospital visit the day of the procedure, however CMS payment policy does not allow for the values of that visit to be built into the value. Furthermore, it is typical for a physician to do a full discharge management code, however the current convention is for a 'half-day' discharge to be allocated for outpatient services.

Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

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) 58572

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

Specialty Obstetrics/Gynocology How often? Commonly

Specialty Gynecology/Oncology How often? Commonly

Specialty How often?

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 270
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 232 Percentage 85.92 %

Specialty Gynecology/Oncology Frequency 35 Percentage 12.96 %

Specialty Frequency 0 Percentage 0.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

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 58572

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:58573 Tracking Number

Original Specialty Recommended RVU: **20.41**
Presented Recommended RVU: **20.41**
RUC Recommended RVU: **20.79**

Global Period: 090

CPT Descriptor: Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A multiparous female with chronic, abnormal uterine bleeding is evaluated for profound menorrhagia with anemia. She is anemic despite medical therapy. On physical examination, she has an irregular, immobile, 14-week sized, uterus. The patient elects to undergo a hysterectomy and wishes to have her ovaries removed. A total laparoscopic hysterectomy (TLH) with bilateral salpingo-oophorectomy is performed.

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

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

Percent of survey respondents who stated they perform the procedure; In the hospital 96% , In the ASC 4%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 6% , Overnight stay-less than 24 hours 74% , Overnight stay-more than 24 hours 20%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 41%

Moderate Sedation

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

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

Description of Pre-Service Work: Pre-service work includes taking a comprehensive history and performing a comprehensive examination to determine the patient's current medical status; reviewing indications for the procedure and its appropriateness; obtain Informed consent; admit the patient to the hospital; prepare the hospital records and chart in accordance with hospital policy; check on the patient, and review labs, x-rays and records prior to the surgery; physician scrubs for procedure, and waits for anesthesia induction and the preparation of the patient. General anesthesia is induced, the patient is placed in the dorsal lithotomy position, and a surgical prep of the vagina and abdomen is performed.

Description of Intra-Service Work: A foley catheter is placed transurethrally and a uterine manipulator is placed transcervically. Laparoscopy is performed through an umbilical camera port and second, third, and sometimes fourth incisions for accessory ports. The course of the ureters are identified transperitoneally or retroperitoneally, if needed. The bladder peritoneum is opened and the bladder is dissected off of the lower uterine segment. If necessary, the uterine fundus may be debulked using a laparoscopic morcellator for benign disease, and, at times, the retroperitoneal spaces must be opened in order to identify the ureter. The vasculature of the infundibulopelvic ligament is isolated, secured, and transected. The attachments of the uterus are then sequentially coagulated or ligated and then transected. If necessary, steps may be taken to debulk the size of the uterus in order to safely continue to dissect the uterine attachments. The uterine arteries are skeletonized and control of this vasculature is obtained. An occluding device is placed within the vagina in order to preclude the escape of pneumoperitoneum, and anterior and posterior colpotomy incisions are performed. The uterus and cervix are removed through the vagina. At times, vaginal morcellation of the specimen is necessary in order to accomplish removal. Once the specimen has been completely removed, the occluding device is re-inserted, and the abdominal cavity is then re-inflated. Laparoscopic suture closure of the vaginal cuff is performed.

Hemostasis is confirmed, the abdomen is deflated, and the instruments and trocars are removed. The trocar sites are closed with suture at the level of both the fascia and the skin

Description of Post-Service Work: Post-service work includes monitoring the patient's stability in the recovery room; writing orders and dictating an operative report; communicating with the patient, family and other health care professionals (including wirtten and oral reports and orders); hospital visits to assess patient's status; removal of packs, drains, catheters, sutures, staples. Discharge management includes the physician's final examination of the patient, review of laboratory reports, instructions for continuing care, and preparation of the discharge records. The office visits are also included in the global period.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014		
Presenter(s):	George A. Hill, MD		
Specialty(s):	ACOG		
CPT Code:	58573		
Sample Size:	3740	**Resp N:** 52	**Response:** 1.3 %
Description of Sample:	3600 Random US MD Members Two proctored sessions (60 and 80)		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**4.00**	11.00	35.00
Survey RVW:	19.00	23.11	**24.00**	25.55	53.32
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	60.00	104.00	**130.00**	169.00	280.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	58573	**Recommended Physician Work RVU: 20.79**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**15.00**	**0.00**
Intra-Service Time:		**130.00**		

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

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
58554	090	23.11	**RUC Time**

CPT Descriptor Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

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

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52649	090	14.56	**RUC Time**	3,196

CPT Descriptor 1 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55866	090	32.06	**RUC Time**	13,329

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 38 **% of respondents:** 73.0 **%**

TIME ESTIMATES (Median)	CPT Code: 58573	Key Reference CPT Code: 58554	Source of Time RUC Time
Median Pre-Service Time	56.00	60.00	
Median Intra-Service Time	130.00	167.50	
Median Immediate Post-service Time	30.00	37.50	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	60.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	46.0	62.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**281.00**	**425.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)		(of those that selected Key Reference code)
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	3.95	3.87
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	3.95	3.89
Urgency of medical decision making	3.29	3.32
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.71	4.50
Physical effort required	4.45	4.37
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	4.37	4.37
Outcome depends on the skill and judgment of physician	4.13	4.63
Estimated risk of malpractice suit with poor outcome	4.50	4.29

INTENSITY/COMPLEXITY MEASURES	CPT Code	Reference Service 1
Time Segments (Mean)		
Pre-Service intensity/complexity	3.66	3.63
Intra-Service intensity/complexity	4.66	4.47

Post-Service intensity/complexity	3.03	3.03

Additional Rationale and Comments

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

Background
CPT Codes 58541-4 (Laparoscopic Supracervical Hysterectomy) and 58570-3 (Total Laparoscopic Hysterectomy) were identified through the New Technology/New Services List in April 2007. In October 2013, the Relativity Assessment Workgroup (RAW) noted there may have been diffusion in technology for this service and requested that the specialty society's survey physician work and review practice expense at the January 2014 meeting. A survey was attempted in the fall of 2013 for presentation to the RUC in January 2014. However, many of the survey respondents thought that the vignettes were not typical and as a result of this problem with the vignettes ACOG requested that the vignettes be rewritten and the surveys redone. We worked with the Research Subcommittee at the January RUC meeting to rewrite the vignettes and the surveys were completed in March 2014. The Specialty Society conducted RUC surveys for all eight procedures using a combination of online surveys to a random sample and proctored surveys to physicians attending each of 2 freestanding postgraduate courses in coding. A member of the Research Subcommittee attended each of the proctored surveys as an observer. Data are stratified on the recommendations to show the responses of each group.

Observations
The data collected from the random sample and the two proctored-survey sessions are concordant. The current surveys:

- align with the 2007 surveys;
- maintain reference code selections; and
- maintain rank order within the surveyed family.

The pre service and intra service work has remained consistent since the codes were developed. We believe the pre-time work has remained the same and the survey supports the existing time. Therefore, we have included an additional seven minutes of evaluation time to more closely align with the survey results. However, our pre service time recommendations are slightly lower than current pre service time as a result of the pre service time packages (standards) that specialty societies must follow when developing their pre service time recommendations. It is important to note that our surveyed pre service times remain consistent with our original surveyed data (2007).

Case Selection
A significant change in technology and the patient population has occurred since the codes were first valued at the RUC. The rate of inpatient hysterectomy across the nation has decreased significantly (Obstet Gynecol 2013;122:233-41) since 2002. In addition, the demographics of these patients have also changed to include increasing age and more co-morbidities.

More specifically, many of the patients who now undergo a hysterectomy do so because they have failed more conservative procedures (uterine artery embolization, endometrial ablation, etc.). Hysterectomy types have changed as well. Abdominal hysterectomy, once the dominant approach to hysterectomy, is now eclipsed by minimally invasive approaches. This is shown in the table below:

CPT Code	2008	2009	2010	2011	2012	Change	% Change
LSH							
58541	466	555	672	842	878	412	88%
58542	744	941	1057	1329	1774	1030	138%
58543	84	107	120	139	169	85	101%
58544	88	100	122	149	166	78	89%
TLH							
58570	373	583	970	1316	1616	1243	333%
58571	2332	4470	6517	8960	11530	9198	394%
58572	51	96	164	217	270	219	429%
58573	190	326	523	693	1008	818	431%
LAVH							

58550	1222	1184	1405	1314	1233	11	1%
58552	4301	4536	4739	4474	4272	(29)	-1%
58553	92	93	101	128	109	17	18%
58554	300	271	294	298	317	17	6%
SUBTOTAL	10243	13262	16684	19859	23342	13099	128%
TAH							
58150	16166	15006	13420	11741	9942	(6224)	-39%
VH							
58260	8226	8251	8327	7761	7267	(959)	-12%
58262	3461	3326	3219	3023	2841	(620)	-18%
58290	166	143	157	158	135	(31)	-19%
58291	98	88	84	83	67	(31)	-32%
SUBTOTAL	28117	26814	25207	22766	20252	(7865)	-28%
TOTAL	38360	40076	41891	42625	43594	5234	14%
Adj total						3518	9%
MC Pop.		46.6	47.7	48.9	50.7	4.1	9%

This table shows a big shift from TAH and VH to laparoscopic approaches, primarily to the Laparoscopic Supracervical Hysterectomy (LSH) and Total Laparoscopic Hysterectomy (TLH). Laparoscopic Assisted Vaginal Hysterectomy (LAVH) remained stable over this time period. Eighty percent (80%) of the shift is from TAH and 20% is from VH.

Technology has also improved and this allows more difficult cases to be performed laparoscopically. These changes in technology have allowed gynecologists to use a minimally invasive approach for the majority of their hysterectomy cases. Today's technology allows for instrumentation that articulates and moves much more like the human hand and wrist. In addition, camera equipment and lens improvements, allow for greater depth perception and visualization.

Intra Service Work

Although the overall survey times have decreased from what is currently in the RUC database, the specialty society believes the intra service work to perform these procedures has **not** changed since the codes were valued by the RUC. The increased intensity far outweighs the slight decreases in surveyed times. The expert panel made an adjustment in intra time for CPT Code 58571 to maintain relativity within the family.

Site of Service

The most recent Medicare data reveals a shift in site of service for supracervical and total laparoscopic hysterectomy to the outpatient setting. As such, we recognize that the post-operative work has changed. Our survey respondents indicated that the typical case is an overnight hospital stay, <24 hours. It is typical for the physician to have a hospital visit the day of the procedure, however CMS payment policy does not allow for the values of that visit to be built into the value. Furthermore, it is typical for a physician to do a full discharge management code, however the current convention is for a 'half-day' discharge to be allocated for outpatient services.

Total Laparoscopic Hysterectomy CPT Codes 58570-3

When the TLH codes were originally valued the RUC used an alternative methodology to develop the work RVUs and time inputs. In February 2007, the RUC's Research Subcommittee agreed that the two proposed base codes 58570 and 58572 should be surveyed utilizing a standard RUC survey instrument and an incremental add-on approach be used to develop RVU recommendations for the subsequent two codes in the family (58571 and 58572). The RUC reviewed the specialty society's survey results and key reference codes in order to provide proper rank order among the hysterectomy procedures. The RUC added the incremental difference between the reference codes to arrive at recommendations. Physician time components for CPT codes 58571 and 58572 were derived by maintaining the same pre and post service work throughout the new family of codes and by adding an additional 15 minutes of intra-service work time for codes 58571 and 58573 above the surveyed time of 58570 and 58572 respectively. The RUC also standardized the physician time components from its survey results for pre-service time and post-service time (office visit pattern).

Laparoscopic Supracervical Hysterectomy CPT Codes 58541-4
The RUC recommendations adjusted the pre-service, immediate post-service time, and postoperative E&M to all reflect the similarity of time for this family of codes in order to maintain rank order. The surveyed intra-service time accurately reflected the time involved in this procedure and was maintained.

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) 58573

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

Specialty Obstetrics/Gynocology How often? Commonly

Specialty Gynecology/Oncology How often? Commonly

Specialty How often?

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,008
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Obstetrics/Gynocology Frequency 560 Percentage 55.55 %

Specialty Gynecology/Oncology Frequency 442 Percentage 43.84 %

Specialty Frequency 0 Percentage 0.00 %

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

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Hysterectomy

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 58573

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

SS Rec Summary

ISSUE: Laparoscopic Hysterectomy

TAB: 30

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
REF	58550	Laparoscopy, surgical, with vagina	11	0.079			15.10			330	60					100			30					2	1.0				2	1	
CURRENT	58541	Laparoscopy, surgical, supracervical hyst		0.079			14.70			325	45	10	5			95			30					2	1.0				2	1	
SVY	58541		42	0.152	14.00	15.10	16.75	19.00	39.30	262	45	13	15	40	60	75	90	180	30						1.0				2		
REC				0.107			12.29			226	33	8	15			75			30						0.5				2		
		Proctored Data	32	0.191	14.60	15.10	16.55	19.00	39.30	176	45	10	15	40	60	76	90	180	30												
		Random Data	10	0.196	14.00	15.48	16.90	19.30	39.30	181	45	18	13	45	60	75	87	150	30												

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
REF	58552	Laparoscopy, surgical, supracervic	13	0.081			16.91			350	60					120			30					2	1.0				2	1	
CURRENT	58542	Laparoscopy, surgical, supracervical hyst		0.085			16.56			340	45	10	5			110			30					2	1.0				2	1	
SVY	58542		42	0.137	14.50	16.80	17.30	20.23	42.41	272	45	10	15	45	70	88	104	200	30						1.0				2		
REC				0.112			14.16			239	33	8	15			88			30						0.5				2		
		Proctored Data	32	0.174	15.00	16.58	17.30	20.14	42.41	188	45	10	15	45	64	88	106	200	30												
		Random Data	10	0.194	14.50	16.68	18.25	20.10	42.41	189	45	18	13	60	75	83	100	150	30												

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
REF	58553	Laparoscopy, surgical, with vagina	16	0.083			20.06			392	60					150			37.5				1	1	1.0				2		
CURRENT	58543	Laparoscopy, surgical, supracervical hyst		0.081			16.87			350	45	10	5			120			30					2	1.0				2	1	
SVY	58543		41	0.139	18.00	20.00	20.50	23.10	42.74	294	45	10	15	55	90	110	120	240	30						1.0				2		
REC				0.092			14.39			261	33	8	15			110			30						0.5				2		
		Proctored Data	31	0.180	18.50	19.98	20.06	22.25	42.74	200	45	10	15	55	90	100	120	240	30												
		Random Data	10	0.185	18.00	20.51	22.56	24.00	42.74	216	45	18	13	90	100	110	120	200	30												

SS Rec Summary

	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office				
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
40																															
41						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office				
42	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
43	REF	58554	Laparoscopy, surgical, with vagina	15	0.090			23.11			425	60					168			37.5				1	1	1.0				2	1	
44	CURRENT	58544	Laparoscopy, surgical, supracervical hyst		0.083			18.37			365	45	10	5			135			30					2	1.0				2	1	
45	SVY	58544		41	0.140	18.00	20.10	22.10	23.30	45.30	309	45	15	15	60	100	120	130	280	30						1.0			2		
46	REC				0.094			15.60			271	33	8	15			120			30						0.5			2		
47			Proctored Data	31	0.167	18.60	20.08	22.10	23.11	45.30	220	45	10	15	60	98	120	130	280	30												
48			Random Data	10	0.164	18.00	20.76	22.65	26.00	45.30	231	45	18	13	105	120	125	145	200	30												
49																															
50						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office				
51	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
52	REF	58550	Laparoscopy, surgical, with vagina	24	0.079			15.10			330	60					100			30					2	1.0				2	1	
53	CURRENT	58570	Laparoscopy, surgical, with total hysterec		0.067			15.88			370	45	10	5			120			30				1	1	1.0				2	1	
54	SVY	58570		52	0.142	15.00	16.00	18.00	21.03	41.29	274	45	10	15	40	60	90	120	180	30						1.0			2		
55	REC				0.101			13.36			241	33	8	15			90			30						0.5			2		
56			Proctored Data	32	0.171	15.00	15.96	17.50	20.25	41.29	195	50	10	15	40	60	90	120	180	30												
57			Random Data	20	0.189	15.10	16.88	18.00	21.63	41.29	179	38	13	13	45	68	85	120	180	30												
58																															
59						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office				
60	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
61	REF	58552	Laparoscopy, surgical, supracervic	32	0.081			16.91			350	60					120			30					2	1.0				2	1	
62	CURRENT	58571	Laparoscopy, surgical, with total hysterec		0.073			17.69			385	45	10	5			135			30				1	1	1.0				2	1	
63	SVY	58571		52	0.149	15.00	17.00	18.68	21.13	44.52	274	45	10	15	45	75	90	120	200	30						1.0			2		
64	REC				0.119			15.00			241	33	8	15			90			30						0.5			2		
65			Proctored Data	32	0.170	15.00	17.00	18.28	21.00	44.52	200	50	10	15	45	79	95	120	200	30												
66			Random Data	20	0.195	16.00	17.75	19.46	21.90	44.52	184	38	13	13	50	74	90	120	180	30												

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AF	AG	AH	AI	AJ
14						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office				
15	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
67																																
68						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office				
69	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
70	REF	58553	Laparoscopy, surgical, with vagina	29	0.083			20.06			392	60					150			37.5				1	1	1.0				2		
71	CURRENT	58572	Laparoscopy, surgical, with total hysterec		0.082			20.09			400	45	10	5			150			30				1	1	1.0				2	1	
72	SVY	58572		52	0.144	18.50	20.43	22.53	24.35	47.94	304	45	10	15	55	100	120	150	240	30						1.0				2		
73	REC				0.112			17.71			271	33	8	15			120			30						0.5				2		
74			Proctored Data	32	0.164	19.90	20.18	21.78	23.55	47.94	225	50	10	15	55	100	120	150	240	30												
75			Random Data	20	0.181	18.50	20.88	23.69	26.50	47.94	216	40	13	13	70	98	120	161	180	30												
76																																
77						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							Office				
78	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11
79	REF	58554	Laparoscopy, surgical, with vagina	38	0.090			23.11			425	60					168			37.5				1	1	1.0				2	1	
80	CURRENT	58573	Laparoscopy, surgical, with total hysterec		0.093			23.11			415	45	10	5			165			30				1	1	1.0				2	1	
81	SVY	58573		52	0.144	19.00	23.11	24.00	25.55	53.32	314	45	10	15	60	104	130	169	280	30						1.0				2		
82	REC				0.127			20.79			281	33	8	15			130			30						0.5				2		
83			Proctored Data	32	0.173	20.00	23.08	23.50	24.51	53.32	185		10	15	60	111	130	165	280	30												
84			Random Data	20	0.191	19.00	23.40	25.00	28.00	53.32	181		13	13	75	104	125	180	185	30												

CPT Code: 58541-4 and 59570-3
Specialty Society('s): ACOG

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

Global Period: **090** Meeting Date: **April 2014**

CPT Long Descriptors

58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

A standard RUC survey was conducted for physician work. An expert panel reviewed the recommendations for physician work and makes the following practice expense recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison. You must provide an explanation for the selection of reference codes. Reference Code Rationale:

The specialty is making recommendations for existing CPT codes. As such, the existing direct PE inputs are included on the spreadsheet as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:

N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
The standard inputs for 090-day codes have been recommended for this procedure.

Intra-Service Clinical Labor Activities:
The standard time for discharge day management has been recommended for this procedure.

Post-Service Clinical Labor Activities:
Standard times to ready patient/records and assist physician at each post-op office visit have been applied.

	A	B	C	D	E	F	G	H	I
1	**REVISED AT MEETING**			**EXISTING**		**Recommendations**		**EXISTING**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**58541**					**585**
3	**Meeting Date: April 2014 Tab: 30 Specialty Laparoscopic Hysterectomy:**	**CMS Code**	**Staff Type**	*LSH Uterus 250 G or less*				*LSH W/T/O UT*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**171.0**	**0.0**	**138.0**	**0.0**	**171.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**		**7**
17	*Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available								
22	Obtain vital signs								
23	Provide pre-service education/obtain consent								
24	Prepare room, equipment, supplies								
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV								
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure								
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff								
36	Clean Scope								
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
41	*Other Clinical Activity - *specify:*								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**12**	**n/a**	**6**	**n/a**	**12**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**								

	A	B	C	D	E	F	G	H	I
1	**REVISED AT MEETING**			**EXISTING**		**Recommendations**		**EXISTING**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**				**58541**				**585**
3	**Meeting Date: April 2014 Tab: 30 Specialty Laparoscopic Hysterectomy:**	**CMS Code**	**Staff Type**	*LSH Uterus 250 G or less*				*LSH W/T/O UT*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27		**1**				**1**
52	99213 36 minutes		36		**2**		**2**		**2**
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**			**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**
56	*Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	pack, minimum multi-specialty visit	SA048	pack		**3**		**2**		**3**
60	kit, suture removal	SA031			**1**		**1**		**1**
61	pack, pelvic exam	SA051			**3**		**2**		**3**
62	drape, non-sterile	SB006			**3**		**2**		**3**
63									
64									
65	**EQUIPMENT**	**CODE**							
66	light, fiberoptic headlight w-source	EQ170			**99.0**		**72.0**		**99.0**
67	table, power	EF031			**99.0**		**72.0**		**99.0**
68									
69									
70									

	A	B	C	J	K	L	M	N	O
1	**REVISED AT MEETING**			**Recommendations**		**EXISTING**		**Recommendations**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**542**		**58343**			
3	**Meeting Date: April 2014 Tab: 30 Specialty Laparoscopic Hysterectomy:**	**CMS Code**	**Staff Type**	*250 G or less*		*LSH Uterus above 250 G*			
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**138.0**	**0.0**	**171.0**	**0.0**	**138.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**		**7**
17	*Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available								
22	Obtain vital signs								
23	Provide pre-service education/obtain consent								
24	Prepare room, equipment, supplies								
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV								
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure								
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff								
36	Clean Scope								
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
41	*Other Clinical Activity - *specify:*								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**6**	**n/a**	**12**	**n/a**	**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**								

	A	B	C	J	K	L	M	N	O
1	**REVISED AT MEETING**			**Recommendations**		**EXISTING**		**Recommendations**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**542**			**58343**		
3	**Meeting Date: April 2014 Tab: 30 Specialty Laparoscopic Hysterectomy:**	**CMS Code**	**Staff Type**	*250 G or less*		*LSH Uterus above 250 G*			
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27				**1**		
52	99213 36 minutes		36		**2**		**2**		**2**
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**			**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**
56	*Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	pack, minimum multi-specialty visit	SA048	pack		**2**		**3**		**2**
60	kit, suture removal	SA031			**1**		**1**		**1**
61	pack, pelvic exam	SA051			**2**		**3**		**2**
62	drape, non-sterile	SB006			**2**		**3**		**2**
63									
64									
65	**EQUIPMENT**	**CODE**							
66	light, fiberoptic headlight w-source	EQ170			**72.0**		**99.0**		**72.0**
67	table, power	EF031			**72.0**		**99.0**		**72.0**
68									
69									
70									

	A	B	C	P	Q	R	S	T	U
1	**REVISED AT MEETING**			**EXISTING**		**Recommendations**		**EXISTING**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**58544**					**585**
3	**Meeting Date: April 2014 Tab: 30 Specialty Laparoscopic Hysterectomy:**	**CMS Code**	**Staff Type**	*LSH W/T/O Uterus above 250 G*				*TLH Uterus 2*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**171.0**	**0.0**	**138.0**	**0.0**	**171.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**		**7**
17	*Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available								
22	Obtain vital signs								
23	Provide pre-service education/obtain consent								
24	Prepare room, equipment, supplies								
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV								
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure								
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff								
36	Clean Scope								
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
41	*Other Clinical Activity - *specify:*								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**12**	**n/a**	**6**	**n/a**	**12**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**								

	A	B	C	P	Q	R	S	T	U
1	**REVISED AT MEETING**			**EXISTING**		**Recommendations**		**EXISTING**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**				**58544**				**585**
3	**Meeting Date: April 2014 Tab: 30 Specialty Laparoscopic Hysterectomy:**	**CMS Code**	**Staff Type**	*LSH W/T/O Uterus above 250 G*				*TLH Uterus 2*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27		**1**				**1**
52	99213 36 minutes		36		**2**		**2**		**2**
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**			**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**
56	*Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	pack, minimum multi-specialty visit	SA048	pack		**3**		**2**		**3**
60	kit, suture removal	SA031			**1**		**1**		**1**
61	pack, pelvic exam	SA051			**3**		**2**		**3**
62	drape, non-sterile	SB006			**3**		**2**		**3**
63									
64									
65	**EQUIPMENT**	**CODE**							
66	light, fiberoptic headlight w-source	EQ170			**99.0**		**72.0**		**99.0**
67	table, power	EF031			**99.0**		**72.0**		**99.0**
68									
69									
70									

	A	B	C	V	W	X	Y	Z	AA
1	**REVISED AT MEETING**			**Recommendations**		**EXISTING**		**Recommendations**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**570**		**58571**			
3	**Meeting Date: April 2014 Tab: 30 Specialty Laparoscopic Hysterectomy:**	**CMS Code**	**Staff Type**	*250 G or less*		*TLH W/T/O 250 G or less*			
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**138.0**	**0.0**	**171.0**	**0.0**	**138.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**6.0**	**0.0**	**12.0**	**0.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**		**7**
17	*Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available								
22	Obtain vital signs								
23	Provide pre-service education/obtain consent								
24	Prepare room, equipment, supplies								
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV								
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure								
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff								
36	Clean Scope								
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
41	*Other Clinical Activity - *specify:*								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**6**	**n/a**	**12**	**n/a**	**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**								

	A	B	C	V	W	X	Y	Z	AA
1	**REVISED AT MEETING**			**Recommendations**		**EXISTING**		**Recommendations**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**570**			**58571**		
3	**Meeting Date: April 2014 Tab: 30 Specialty Laparoscopic Hysterectomy:**	**CMS Code**	**Staff Type**	*250 G or less*		*TLH W/T/O 250 G or less*			
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27				**1**		
52	99213 36 minutes		36		**2**		**2**		**2**
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**			**0.0**	**72.0**	**0.0**	**99.0**	**0.0**	**72.0**
56	*Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	pack, minimum multi-specialty visit	SA048	pack		**2**		**3**		**2**
60	kit, suture removal	SA031			**1**		**1**		**1**
61	pack, pelvic exam	SA051			**2**		**3**		**2**
62	drape, non-sterile	SB006			**2**		**3**		**2**
63									
64									
65	**EQUIPMENT**	**CODE**							
66	light, fiberoptic headlight w-source	EQ170			**72.0**		**99.0**		**72.0**
67	table, power	EF031			**72.0**		**99.0**		**72.0**
68									
69									
70									

	A	B	C	AB	AC	AD	AE	AF	AG
1	**REVISED AT MEETING**			**EXISTING**		**Recommendations**		**EXISTING**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**58572**					**585**
3	**Meeting Date: April 2014 Tab: 30 Specialty Laparoscopic Hysterectomy:**	**CMS Code**	**Staff Type**	*TLH Uterus over 250 G*				*TLH W/T/O ute*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**171.0**	**0.0**	**138.0**	**0.0**	**171.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**12.0**	**0.0**	**6.0**	**0.0**	**12.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**
10	**PRE-SERVICE**								
11	**Start: Following visit when decision for surgery or procedure made**								
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**		**5**		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**		**20**		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**		**8**		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**		**20**		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**		**7**		**7**
17	*Other Clinical Activity - *specify:*								
18	**End: When patient enters office/facility for surgery/procedure**								
19	**SERVICE PERIOD**								
20	**Start: When patient enters office/facility for surgery/procedure:**								
21	Greet patient, provide gowning, ensure appropriate medical records are available								
22	Obtain vital signs								
23	Provide pre-service education/obtain consent								
24	Prepare room, equipment, supplies								
25	Setup scope (non facility setting only)								
26	Prepare and position patient/ monitor patient/ set up IV								
27	Sedate/apply anesthesia								
28	*Other Clinical Activity - specify:								
29	**Intra-service**								
30	Assist physician in performing procedure								
31	Assist physician/moderate sedation (% of physician time)								
32	**Post-Service**								
33	Monitor pt. following moderate sedation								
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)								
35	Clean room/equipment by physician staff								
36	Clean Scope								
37	Clean Surgical Instrument Package								
38	Complete diagnostic forms, lab & X-ray requisitions								
39	Review/read X-ray, lab, and pathology reports								
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions								
41	*Other Clinical Activity - *specify:*								
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**12**	**n/a**	**6**	**n/a**	**12**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**		**n/a**		**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**		**n/a**		**n/a**	
45	**End: Patient leaves office**								

	A	B	C	AB	AC	AD	AE	AF	AG
1	**REVISED AT MEETING**			**EXISTING**		**Recommendations**		**EXISTING**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**58572**					**585**
3	**Meeting Date: April 2014 Tab: 30 Specialty Laparoscopic Hysterectomy:**	**CMS Code**	**Staff Type**	*TLH Uterus over 250 G*				*TLH W/T/O ute*	
4	**LOCATION**			**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**	**090**	**090**	**090**	**090**
46	**POST-SERVICE Period**								
47	**Start: Patient leaves office/facility**								
48	Conduct phone calls/call in prescriptions								
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
50	99211 16 minutes		16						
51	99212 27 minutes		27		**1**				**1**
52	99213 36 minutes		36		**2**		**2**		**2**
53	99214 53 minutes		53						
54	99215 63 minutes		63						
55	**Total Office Visit Time**			**0.0**	**99.0**	**0.0**	**72.0**	**0.0**	**99.0**
56	*Other Clinical Activity - *specify:*								
57	**End: with last office visit before end of global period**								
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**						
59	pack, minimum multi-specialty visit	SA048	pack		**3**		**2**		**3**
60	kit, suture removal	SA031			**1**		**1**		**1**
61	pack, pelvic exam	SA051			**3**		**2**		**3**
62	drape, non-sterile	SB006			**3**		**2**		**3**
63									
64									
65	**EQUIPMENT**	**CODE**							
66	light, fiberoptic headlight w-source	EQ170			**99.0**		**72.0**		**99.0**
67	table, power	EF031			**99.0**		**72.0**		**99.0**
68									
69									
70									

	A	B	C	AH	AI
1	**REVISED AT MEETING**			**Recommendations**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**573**	
3	**Meeting Date: April 2014 Tab: 30 Specialty Laparoscopic Hysterectomy:**	**CMS Code**	**Staff Type**	*rus over 250 G*	
4	**LOCATION**			**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**
6	**TOTAL CLINICAL LABOR TIME**			**0.0**	**138.0**
7	**TOTAL PRE-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**60.0**
8	**TOTAL SERVICE PERIOD CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**6.0**
9	**TOTAL POST-SERV CLINICAL LABOR TIME**	L037D	RN/LPN/MTA	**0.0**	**72.0**
10	**PRE-SERVICE**				
11	**Start: Following visit when decision for surgery or procedure made**				
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MTA		**5**
13	Coordinate pre-surgery services	L037D	RN/LPN/MTA		**20**
14	Schedule space and equipment in facility	L037D	RN/LPN/MTA		**8**
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA		**20**
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MTA		**7**
17	*Other Clinical Activity - *specify:*				
18	**End: When patient enters office/facility for surgery/procedure**				
19	**SERVICE PERIOD**				
20	**Start: When patient enters office/facility for surgery/procedure:**				
21	Greet patient, provide gowning, ensure appropriate medical records are available				
22	Obtain vital signs				
23	Provide pre-service education/obtain consent				
24	Prepare room, equipment, supplies				
25	Setup scope (non facility setting only)				
26	Prepare and position patient/ monitor patient/ set up IV				
27	Sedate/apply anesthesia				
28	*Other Clinical Activity - specify:				
29	**Intra-service**				
30	Assist physician in performing procedure				
31	Assist physician/moderate sedation (% of physician time)				
32	**Post-Service**				
33	Monitor pt. following moderate sedation				
34	Monitor pt. following service/check tubes, monitors, drains (not related to moderate sedation)				
35	Clean room/equipment by physician staff				
36	Clean Scope				
37	Clean Surgical Instrument Package				
38	Complete diagnostic forms, lab & X-ray requisitions				
39	Review/read X-ray, lab, and pathology reports				
40	Check dressings & wound/ home care instructions /coordinate office visits /prescriptions				
41	*Other Clinical Activity - *specify:*				
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	**n/a**	**6**
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)			**n/a**	
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			**n/a**	
45	**End: Patient leaves office**				

	A	B	C	AH	AI
1	**REVISED AT MEETING**			**Recommendations**	
2	***Please note: If a supply has a purchase price of $100 or more please bold the item name and CMS code. **Please note: If you are including clinical labor tasks that are not listed on this spreadsheet please list them as subcategories of established clinical labor tasks whenever possible. Please see the *PE Spreadsheet Instructions* document for an example.**			**573**	
3	**Meeting Date: April 2014 Tab: 30 Specialty Laparoscopic Hysterectomy:**	**CMS Code**	**Staff Type**	*rus over 250 G*	
4	**LOCATION**			**Non Fac**	**Facility**
5	**GLOBAL PERIOD**			**090**	**090**
46	**POST-SERVICE Period**				
47	**Start: Patient leaves office/facility**				
48	Conduct phone calls/call in prescriptions				
49	***Office visits: List Number and Level of Office Visits***			**# visits**	**# visits**
50	99211 16 minutes		16		
51	99212 27 minutes		27		
52	99213 36 minutes		36		**2**
53	99214 53 minutes		53		
54	99215 63 minutes		63		
55	**Total Office Visit Time**			**0.0**	**72.0**
56	*Other Clinical Activity - *specify:*				
57	**End: with last office visit before end of global period**				
58	**MEDICAL SUPPLIES****	**CODE**	**UNIT**		
59	pack, minimum multi-specialty visit	SA048	pack		**2**
60	kit, suture removal	SA031			**1**
61	pack, pelvic exam	SA051			**2**
62	drape, non-sterile	SB006			**2**
63					
64					
65	**EQUIPMENT**	**CODE**			
66	light, fiberoptic headlight w-source	EQ170			**72.0**
67	table, power	EF031			**72.0**
68					
69					
70					

NASS
NORTH AMERICAN SPINE SOCIETY
7075 Veterans Boulevard, Burr Ridge, IL 60527
Toll-free: (866) 960-6277 Phone: (630) 230-3600
Fax: (630) 230-3700 Web: www.spine.org

April 18, 2014

Barbara Levy, MD, Chair
American Medical Association
Relative Value Scale Update Committee
AMA Plaza,
330 North Wabash Avenue
Chicago, IL 60611-5885

Dear Dr. Levy:

We are writing on behalf of the North American Spine Society (NASS) to follow up on a letter that the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) sent to you on March 10, 2014 regarding an email that an orthopedic surgeon, Louis Rappoport, MD, sent to an unknown number of physicians about the survey for minimally-invasive sacroiliac joint fusion conducted for the April RUC meeting (Attachment 1). At that time, AMA staff suggested that the specialty societies contact Dr. Rappoport directly. AANS and CNS shared this information with NASS and the American Academy of Orthopaedic Surgeons (AAOS) as we conducted the survey jointly.

NASS contacted Dr. Rappoport to determine the origin and rationale behind his email as well as to request his email distribution list (Attachment 2). In response, Dr. Rappoport provided a letter outlining the background of the email (Attachment 3) as well as a letter from Globus Medical Inc. addressing their involvement in the writing and distribution of the email (Attachment 4).

As the specialty societies will be presenting their survey data and recommendations next week, we felt it important to share these letters with the RUC prior to the meeting.

Thank you for your attention to this matter. Please contact us if you need any additional information.

Sincerely,

William Watters, MD
President

Karin Swartz, MD
RUC Advisor

Attachments

AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS
THOMAS A. MARSHALL, *Executive Director*
5550 Meadowbrook Drive
Rolling Meadows, IL 60008
Phone: 888-566-AANS
Fax: 847-378-0600
info@aans.org

President
WILLIAM T. COULDWELL, MD PHD
Salt Lake City, Utah

CONGRESS OF
NEUROLOGICAL SURGEONS
DAVID A. WESTMAN, *Executive Director*
10 North Martingale Road, Suite 190
Schaumburg, IL 60173
Phone: 877-517-1CNS
FAX: 847-240-0804
info@1CNS.org

President
DANIEL K. RESNICK, MD
Madison, Wisconsin

March 10, 2014

Barbara Levy, MD, Chair
American Medical Association/Specialty Society
Relative Value Scale Update Committee
AMA Plaza,
330 North Wabash Avenue
Chicago, IL 60611-5885

Subject: **RUC Survey of Minimally Invasive Sacroiliac Joint Fusion Code**

Dear Dr. Levy,

The American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS), along with the North American Spine Society (NASS) and the American Academy of Orthopaedic Surgeons (AAOS), are preparing to survey the Minimally Invasive Sacroiliac Joint Fusion Code 27279X (Tracking Number Y1) code — which passed at the February 2014 CPT Panel — for presentation at the April RUC meeting. To this end, we wanted to immediately bring a matter to your attention.

On March 6, 2014, we were informed by one of our neurosurgeons that he received the following email regarding this survey from Louis Rappoport, MD, an orthopedic surgeon in Arizona.

> **From:** Louis Rappoport MD [mailto:lhr4spine@aol.com]
> **Sent:** Thursday, March 06, 2014 2:48 PM
> **Subject:** Minimally Invasive Sacroiliac Joint Fusion
>
> Dear Colleague,
>
> You may have received a RUC Survey (Relative Value Scale (RVS) Update Committee –RUC) from one or more specialty societies of which you are a member relating to minimally invasive sacroiliac joint fusion. The AMA formed the AMA/Specialty Society RUC to act as an expert panel in developing relative value recommendations to CMS for use in annual updates to the Medicare RVS. As you may be aware, completion of the RUC survey is critical to appropriate valuation for services and procedures described by potential new CPT codes. The results of the survey will be used by the RUC in determining the work Relative Value Units (RVUs) for potential new CPT codes including, but not limited to, a CPT code to describe minimally invasive sacroiliac joint fusion.
>
> I am writing to encourage you to respond to the RUC survey. As spine surgeons, we are all busy, but participation in the RUC process is important to us all. The process gives practicing physicians a voice in the valuation of procedures we perform. It is important that you respond with accuracy and honesty, and do not over estimate or under estimate the time and resources required to perform the procedure. In the survey, you will be asked to consider comparable surgeries to minimally invasive sacroiliac joint fusion that you perform in regards to time, skill, resources and effort. I have personally performed over one hundred minimally invasive sacroiliac joint fusion procedures. From my perspective, a comparable procedure in terms of knowledge, skill, risk, and time would be a single level lumbar microdiscectomy (CPT code 63030). The RUC survey may provide other reference procedures for your consideration. A link to instructions on how to complete a RUC survey from the AMA is provided below:

WASHINGTON OFFICE
KATIE O. ORRICO, *Director*
725 Fifteenth Street, NW, Suite 500 Washington, DC 20005
Phone: 202-628-2072 Fax: 202-628-5264 E-mail: korrico@neurosurgery.org

http://www.apapracticecentral.org/reimbursement/ruc-survey-presentation.pdf

Thank you for your time and consideration.

Sincerely,

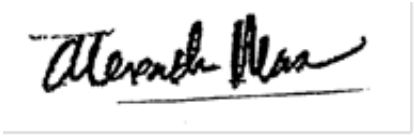
Louis Rappoport , M.D.
Arizona Spine Consultants LTD
640 West Maryland Avenue
Suite 3
Phoenix, AZ 85013

Clearly, this correspondence is inappropriate, so we are writing to bring it to your attention and seek the RUC's advice as to how to handle this situation. The AANS and CNS were never involved with this solicitation, nor were we consulted about this e-mail. The AANS and CNS only learned of it because we were alerted by a recipient of the email.

We are willing to proceed with the survey and are prepared to include any disclaimer — including a question about whether the survey recipient received the e-mail from Dr. Rappoport — that you require. In addition, if the AMA is able to obtain a list from Dr. Rappaport of the individuals to whom he sent his e-mail, we would be willing to use that information to "segregate" the survey responses from respondents who may have seen the email. We can then flag that data and present data from both groups (those that received the email vs. those that did not), which has been done by other societies who have experienced similar complications. Finally, if the Research Subcommittee or AMA staff feels it is necessary, we can delay the survey and presentation of data for the SI Joint fusion for another meeting.

Thank you for providing us with advice on how to best handle this situation in advance sending out the surveys. We certainly want to avoid conducting the survey only to find that the data will not be meaningful to the RUC. If you have any questions or need additional information, please contact us.

Sincerely,



John Ratliff, RUC Advisor
American Association of Neurological Surgeons

Alexander Mason, MD, RUC Advisor
Congress of Neurological Surgeons

cc: Scott Collins, MD, Chair, RUC Research Subcommittee

Staff Contact:
Catherine Jeakle Hill
Senior Manager, Regulatory Affairs
AANS/CNS Washington Office
725 15th Street, NW, Suite 500
Washington, DC 20005
Phone: 202-446-2026
Fax: 202-628-5264

E-mail: chill@neurosurgery.org

NASS
NORTH AMERICAN SPINE SOCIETY

7075 Veterans Boulevard, Burr Ridge, IL 60527
Toll-free: (866) 960-6277 Phone: (630) 230-3600
Fax: (630) 230-3700 Web: www.spine.org

April 7, 2014

Louis Rappoport, MD
Arizona Spine Consultants LTD
640 West Maryland Avenue, Suite 3
Phoenix, AZ 85013

Dear Dr. Rappoport:

I am writing on behalf of the North American Spine Society (NASS) regarding your recent communication to physicians about the ongoing AMA Relative Value Update Committee (RUC) survey for minimally-invasive sacroiliac joint fusion. NASS, along with the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), and the American Academy of Orthopaedic Surgeons (AAOS) is conducting a RUC survey to value a new minimally-invasive SI fusion code along with the existing open SI fusion code.

Any communication to physicians regarding RUC surveys must be sent only via the surveying specialty societies. Communication from other entities is expressly prohibited by the RUC as it has the potential to compromise the survey process and the integrity of the data being used to formulate value recommendations. In particular, your suggestion of code 63030 as a reference service code risks compromising the survey by not allowing potential respondents to form their own opinions about the most appropriate reference service code.

As a result of your communication, the surveying specialty societies are taking steps to ensure that none of the data we use in developing our recommendations was affected by the suggestions you made. To assist in segregating potentially compromised data, NASS requests that you share the following information:

1. A list of names and email addresses to whom you sent the letter.
2. Did you receive any encouragement or assistance with writing the letter? If so, from whom?
3. Do you have any potential conflicts of interest (stock options, consulting contract, etc.) related to SI fusion?

In the future, NASS reminds you to follow the RUC process and contact specialty society staff with any questions or concerns regarding the survey process rather than contacting physicians directly.

Thank you for your prompt attention to this request. If you have any questions, please contact Allison Waxler: awaxler@spine.org, 630/230-3683.

Sincerely,

W. C. Watters III MD

William Watters, MD
President

ARIZONA SPINE CONSULTANTS, Ltd.

Louis H. Rappoport, M.D.
Diplomate, American Board of Orthopaedic Surgery

April 14, 2014

William Watters, M.D. – President
North American Spine Society
ATTENTION: ALLISON WAXLER
7075 Veterans Blvd.
Burr Ridge, IL 60527

Dear Dr. Watters:

I am in receipt of your correspondence dated 4/7/14 with regards to a communication to physicians that was sent out via E-mail with regards to an upcoming RUC survey for minimally invasive sacroiliac joint fusion. As per my discussion with Ms. Waxler, I was approached by Globus to sponsor this E-mail letter. I was provided with a sample letter from Globus which I reviewed and agreed with the content. As noted by Mr. Demski (see enclosed correspondence from Globus), the e-mail was written to show our excitement over a potential new CPT code for minimally invasive sacroiliac joint fusion and to encourage physician participation in the process. Globus has informed me that AMA Guidelines for completing a RUC survey were attached to the E-mail. There was no deliberate intent to bias or influence surgeons in any way what so ever. Globus asked if they could send the E-mail out using my E-mail address and I gave them approval to make it on a more personal level as I am quite interested in minimally invasive sacroiliac joint fusion. The E-mail was subsequently sent out using my E-mail address by Globus with their mailing list. I have no access to their mailing list and if you need access you would have to discuss this further with Mr. Demski. I did receive a few responses to my E-mail and I did not respond to any of them. Obviously, I was unaware of any other specific guidelines with regards to the RUC process which you have discussed in your correspondence to me.

Again, I was approached by Globus directly to sponsor a letter for them, and therefore I assumed that it was okay to do so.

I sincerely apologize if this E-mail letter has caused a problem with the RUC process but obviously that was not the intent.

Therefore in response to your specific questions: 1) a list of names and E-mail addresses to whom you sent the letter. As I have stated, the letter was sent via my E-mail address (with my permission) via the Globus mailing list by them. I have no access to this mailing list. If you

require further information with regards to this mailing list, I suggest that you contact Mr. Demski directly at Globus.

2) Did you receive any encouragement or assistant with writing the letter? If so, from whom? As I have stated above, I did not write the letter. It was written by Globus and reviewed by myself for approval. I did agree with the content of the letter.

3) Do you have any potential conflicts of interest (stock options, consulting contract etc. related to SI fusion?) As stated in Mr. Demski's letter, I am engaged by Globus as a Consulting Physician for teaching purposes on their SI fusion technique. I do not have any stock options, receive any royalties or other consulting fees on the products utilized in the MIS SI Joint Fusion surgery. My understanding from Globus is that I was contacted to sponsor this letter because of my knowledge and experience with the MIS SI Joint Fusion procedure and excitement over this procedure.

Again, I sincerely apologize if this letter has caused any significant problem with regards to the RUC process. I can assure you that I would never involve myself in anything like this ever again and in the future will follow the RUC process and contact specialty society staff with any questions or concerns regarding the survey process rather than contacting physicians directly.

Please feel free to contact me should you have any further questions or concerns.

Sincerely,

Louis H. Rappoport, M.D.
Thank you

Enclosure
LHR:kah

GLOBUS
MEDICAL

Valley Forge Business Center
2560 General Armistead Avenue Audubon, PA 19403
Phone: 610.930.1800 Fax: 610.930.2042
Order Fax: 610.930.2041
www.globusmedical.com

April 10, 2014

Louis Rappoport, M.D.
640 West Maryland Avenue
Suite 3
Phoenix, AZ 85013

Dear Dr. Rappoport;

This letter is to confirm that Globus Medical, Inc. ("Globus") initiated a request that you send out an e-mail to surgeons concerning a potential CPT Code for minimally invasive SI joint fusion. A sample letter was provided for your review prior to the release of the CPT Panel Meeting Summary of Actions and therefore prior to your knowledge of the Panel's actions to move forward with a CPT code. The letter was drafted by Globus for your approval and you agreed to the content with no revisions. The e-mail was specifically written so as not to interfere with or influence the RUC process, but to encourage physician participation in the process, as lack of participation by physicians has long been a criticism of the RUC process. AMA Guidelines for completing a RUC survey were attached to the e-mail.

Globus sent out the e-mail using your e-mail address to approximately 1,200 surgeons. According to our records, only about 24% of the surgeons contacted even opened the e-mail. Some of the surgeons responded directly to you with various suggestions. Globus requested that you not respond to any e-mails sent to you and it is our understanding that you have not done so. Again, the intent of the e-mail was to encourage participation not to influence other surgeons.

This letter also confirms the fact that Globus engages you to teach other surgeons on the technique and that you do not receive any royalties or other consulting fees on the products utilized in MIS SI joint fusion surgery.

Sincerely,

Dave Demski
President and COO
Globus Medical, Inc.

cc: Vickie Sullivan

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2014

Sacroiliac Joint Fusion

In February 2014, the CPT Editorial Panel converted one Category III code to a Category I code to report minimally invasive sacroiliac joint, fusion which includes image guidance. Additionally, the CPT Editorial Panel revised CPT code 27280 to include the word "open."

27279 ***Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device***
The specialty societies indicated and agreed that the survey respondents overestimated the work required to perform CPT code 27279. The specialty societies noted that the survey process was interfered with by an outside party. Therefore, the specialty societies recommended and the RUC agreed that directly crosswalking 27279 to 62287 *Decompression procedure, percutaneous, of nucleus pulpous of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar* (work RVU=9.03, 70 minutes pre-time, 60 minutes intra-time, 30 minutes post-time) is appropriate. The RUC recommends 55 minutes pre-service, 60 minutes intra-service and 30 minutes immediate post-service time for 27279. The RUC noted that both 27279 and 62287 require the same physician work and time to perform and therefore should be valued the same. For additional support, the RUC referenced MPC codes 49507 *Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated* (work RVU= 9.09). and 54530 *Orchiectomy, radical, for tumor; inguinal approach* (work RVU = 8.46), which require similar physician work and time and support the recommended work RVU of 9.03 for CPT code 27279, **The RUC recommends a work RVU of 9.03 for CPT code 27279.**

27280 ***Arthrodesis, open, sacroiliac joint including obtaining bone graft***
The specialty societies presented a letter to the RUC requesting that this code be referred back to the CPT Editorial Penal so that language can be added to the code clarifying that instrumentation is included in this procedure. The RUC agreed that this request is reasonable and referred this issue back to the CPT Editorial Panel to revise the descriptor to "includes instrumentation when performed". In the interim, the RUC recommends maintaining the current value of work RVU= 14.64 for this code. Specifically, the specialties believe that during the survey process for CPT code 27280 led some respondents to believe that instrumentation could be reported separately even though it cannot, causing significant confusion. The specialty societies believe that a new survey using a revised descriptor will yield more accurate results. **The RUC referred CPT Code 27280 to the CPT Editorial Panel. The RUC recommends that the current work RVU of 14.64 be maintained and that this service be resurveyed after revisions from the CPT Editorial Panel.**

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

New Technology
The RUC recommends CPT code 27279 be placed on the New Technology list and be re-reviewed by the RUC to ensure correct valuation and utilization assumptions.

Practice Expense
The RUC recommends the direct practice expense inputs with minor modifications as approved by the Practice Expense Subcommittee.

CPT Code (•New)	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Surgery** **Musculoskeletal System** **Pelvis and Hip Joint** **Fracture and/or Dislocation**				
27216		*Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)* (For percutaneous/minimally invasive ~~stabilization for~~ arthrodesis of the sacroiliac joint without fracture and/or dislocation, use ~~0334T~~27279)		
27218		*Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)* (For percutaneous/minimally invasive ~~stabilization for~~ arthrodesis of the sacroiliac joint without fracture and/or dislocation, use ~~0334T~~27279)		
Category I **Surgery** **Musculoskeletal System** **Pelvis and Hip Joint** **Arthrodesis**				

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

●27279	Y1	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device (For bilateral procedure, report 27279 with modifier 50)	090	9.03
▲27280	Y2	Arthrodesis, open, sacroiliac joint including obtaining bone graft (For percutaneous/minimally invasive ~~stabilization for~~ arthrodesis of the sacroiliac joint without fracture and/or dislocation, use ~~0334T~~27279)	090	14.64 Refer to CPT

Category III

~~0334T~~ ~~Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morselized), when performed, includes image guidance when performed (eg, CT or fluoroscopic)~~

~~(For bilateral procedure, report 0334T with modifier 50)~~

(0334T has been deleted)

(To report percutaneous/minimally invasive [indirect visualization] arthrodesis of the sacroiliac joint with image guidance, use 27279)

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

AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS
THOMAS A. MARSHALL, *Executive Director*
5550 Meadowbrook Drive
Rolling Meadows, IL 60008
Phone: 888-566-AANS
Fax: 847-378-0600
info@aans.org

President
WILLIAM T. COULDWELL, MD PHD
Salt Lake City, Utah

CONGRESS OF
NEUROLOGICAL SURGEONS
DAVID A. WESTMAN, *Executive Director*
10 North Martingale Road, Suite 190
Schaumburg, IL 60173
Phone: 877-517-1CNS
FAX: 847-240-0804
info@1CNS.org

President
DANIEL K. RESNICK, MD
Madison, Wisconsin

March 10, 2014

Barbara Levy, MD, Chair
American Medical Association/Specialty Society
Relative Value Scale Update Committee
AMA Plaza,
330 North Wabash Avenue
Chicago, IL 60611-5885

Subject: **RUC Survey of Minimally Invasive Sacroiliac Joint Fusion Code**

Dear Dr. Levy,

The American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS), along with the North American Spine Society (NASS) and the American Academy of Orthopaedic Surgeons (AAOS), are preparing to survey the Minimally Invasive Sacroiliac Joint Fusion Code 27279X (Tracking Number Y1) code — which passed at the February 2014 CPT Panel — for presentation at the April RUC meeting. To this end, we wanted to immediately bring a matter to your attention.

On March 6, 2014, we were informed by one of our neurosurgeons that he received the following email regarding this survey from Louis Rappoport, MD, an orthopedic surgeon in Arizona.

> **From:** Louis Rappoport MD [mailto:lhr4spine@aol.com]
> **Sent:** Thursday, March 06, 2014 2:48 PM
> **Subject:** Minimally Invasive Sacroiliac Joint Fusion
>
> Dear Colleague,
>
> You may have received a RUC Survey (Relative Value Scale (RVS) Update Committee –RUC) from one or more specialty societies of which you are a member relating to minimally invasive sacroiliac joint fusion. The AMA formed the AMA/Specialty Society RUC to act as an expert panel in developing relative value recommendations to CMS for use in annual updates to the Medicare RVS. As you may be aware, completion of the RUC survey is critical to appropriate valuation for services and procedures described by potential new CPT codes. The results of the survey will be used by the RUC in determining the work Relative Value Units (RVUs) for potential new CPT codes including, but not limited to, a CPT code to describe minimally invasive sacroiliac joint fusion.
>
> I am writing to encourage you to respond to the RUC survey. As spine surgeons, we are all busy, but participation in the RUC process is important to us all. The process gives practicing physicians a voice in the valuation of procedures we perform. It is important that you respond with accuracy and honesty, and do not over estimate or under estimate the time and resources required to perform the procedure. In the survey, you will be asked to consider comparable surgeries to minimally invasive sacroiliac joint fusion that you perform in regards to time, skill, resources and effort. I have personally performed over one hundred minimally invasive sacroiliac joint fusion procedures. From my perspective, a comparable procedure in terms of knowledge, skill, risk, and time would be a single level lumbar microdiscectomy (CPT code 63030). The RUC survey may provide other reference procedures for your consideration. A link to instructions on how to complete a RUC survey from the AMA is provided below:

WASHINGTON OFFICE
KATIE O. ORRICO, *Director*
725 Fifteenth Street, NW, Suite 500 Washington, DC 20005
Phone: 202-628-2072 Fax: 202-628-5264 E-mail: korrico@neurosurgery.org

http://www.apapracticecentral.org/reimbursement/ruc-survey-presentation.pdf

Thank you for your time and consideration.

Sincerely,

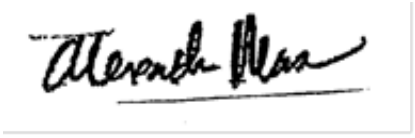
Louis Rappoport , M.D.
Arizona Spine Consultants LTD
640 West Maryland Avenue
Suite 3
Phoenix, AZ 85013

Clearly, this correspondence is inappropriate, so we are writing to bring it to your attention and seek the RUC's advice as to how to handle this situation. The AANS and CNS were never involved with this solicitation, nor were we consulted about this e-mail. The AANS and CNS only learned of it because we were alerted by a recipient of the email.

We are willing to proceed with the survey and are prepared to include any disclaimer — including a question about whether the survey recipient received the e-mail from Dr. Rappoport — that you require. In addition, if the AMA is able to obtain a list from Dr. Rappaport of the individuals to whom he sent his e-mail, we would be willing to use that information to "segregate" the survey responses from respondents who may have seen the email. We can then flag that data and present data from both groups (those that received the email vs. those that did not), which has been done by other societies who have experienced similar complications. Finally, if the Research Subcommittee or AMA staff feels it is necessary, we can delay the survey and presentation of data for the SI Joint fusion for another meeting.

Thank you for providing us with advice on how to best handle this situation in advance sending out the surveys. We certainly want to avoid conducting the survey only to find that the data will not be meaningful to the RUC. If you have any questions or need additional information, please contact us.

Sincerely,



John Ratliff, RUC Advisor
American Association of Neurological Surgeons

Alexander Mason, MD, RUC Advisor
Congress of Neurological Surgeons

cc: Scott Collins, MD, Chair, RUC Research Subcommittee

Staff Contact:
Catherine Jeakle Hill
Senior Manager, Regulatory Affairs
AANS/CNS Washington Office
725 15th Street, NW, Suite 500
Washington, DC 20005
Phone: 202-446-2026
Fax: 202-628-5264

E-mail: chill@neurosurgery.org

AAOS
American Academy of Orthopaedic Surgeons
American Association of Orthopaedic Surgeons

6300 North River Road
Rosemont, Illinois 60018

P. 847.823.7186
F. 847.823.8125

www.aaos.org

April 16, 2014

Barbara Levy, MD, Chair
American Medical Association/Specialty Society
Relative Value Scale Update Committee
AMA Plaza,
330 North Wabash Avenue
Chicago, IL 60611-5885

Dear Dr. Levy,

The American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), the North American Spine Society (NASS), and the American Academy of Orthopaedic Surgeons (AAOS) would like to provide comments for CPT code 27280, arthrodesis, open, sacroiliac joint including obtaining bone graft. 27280 was surveyed by AAOS, NASS and AANS/CNS for the April 2014 RUC meeting as part of Tab 8. In the process of conducting the survey and reviewing the survey results our consensus panel had questions about the reliability of the survey data.

We believe that in the survey of 27280 there was some confusion to surgeons of disparate spine and orthopaedic trauma backgrounds, with the former group potentially considering that instrumentation related to this procedure would be coded separately, as is common with many surgical procedures of the spine. The latter group, however, traditionally performs procedures where instrumentation is included as part of the procedure code. Thus, surgeons may have appraised this code differently in RUC survey responses. While the code's description of intra-service work details the use of instrumentation, no reference to instrumentation is made in the CPT code descriptor.

CPT code 27280 is scheduled for review at the April, 2014 meeting of the RUC, and we respectfully ask that this code be returned to the CPT Editorial Panel for a revision in the descriptor to include the term "…includes instrumentation when performed". We then ask for the code to be re-surveyed, with the revised descriptor. We would also publish through our respective publications coding guidance and would suggest a CPT assistant article be published as well.

Lastly, we also would propose the RUC research subcommittee consider the merits of including the intra-service work descriptors used by the RUC panel in the survey

AAOS
American Academy of Orthopaedic Surgeons
American Association of Orthopaedic Surgeons

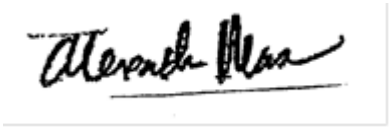
6300 North River Road
Rosemont, Illinois 60018

P. 847.823.7186
F. 847.823.8125

www.aaos.org

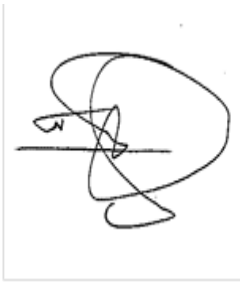
instrument itself. In this instance, had the service descriptor been included the inclusion of instrumentation would have been more explicit to survey respondents.

Sincerely,

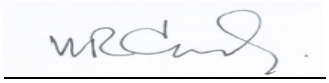


Alexander Mason, MD, RUC Advisor
Congress of Neurological Surgeons

John Ratliff,
RUC Advisor
American Association of Neurological Surgeons



Karin Swartz, MD, RUC Advisor
North American Spine Society



William Creevy, MD,
RUC Advisor,

Staff Contacts:
AANS/CNS
Catherine Jeakle Hill
Senior Manager, Regulatory Affairs
AANS/CNS Washington Office
725 15th Street, NW, Suite 500
Washington, DC 20005
Phone: 202-446-2026
Fax: 202-628-5264

AAOS
American Academy of Orthopaedic Surgeons
American Association of Orthopaedic Surgeons

6300 North River Road
Rosemont, Illinois 60018

P. 847.823.7186
F. 847.823.8125

www.aaos.org

E-mail: chill@neurosurgery.org

NASS
Allison Waxler, MS
Senior Manager, Health Policy & Practice
North American Spine Society
300 New Jersey Avenue NW, Suite 900
Washington, DC 20001
Phone: 630/230-3683
Fax: 630/230-3783
E-Mail : awaxler@spine.org

AAOS
Matthew J. Twetten
Senior Manager, Policy and Medical Affairs
AAOS
6300 N. River Rd.
Rosemont, IL 60018
direct line: 847-384-4338
fax: 847-823-1822
E-mail : twetten@aaos.org

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27279 Tracking Number Y1 Original Specialty Recommended RVU: **9.03**
Presented Recommended RVU: **9.03**
Global Period: 090 RUC Recommended RVU: **9.03**

CPT Descriptor: Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device

(For bilateral procedure, report 27279X with modifier 50)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50 year-old female has chronic low back and posterior, buttock and thigh pain following a motor vehicle accident. She has been diagnosed with SI joint pain and has not responded to non-surgical management. Physical exam provocation maneuvers have confirmed that the SI joint is the pain generator. A diagnostic injection has confirmed pain relief. She is scheduled for an SI joint fusion.

Percentage of Survey Respondents who found Vignette to be Typical: 71%

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

Percent of survey respondents who stated they perform the procedure; In the hospital 93% , In the ASC 7%, 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 14% , Overnight stay-less than 24 hours 64% , Overnight stay-more than 24 hours 21%

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 71%

Moderate Sedation

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

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

Description of Pre-Service Work: Review medical records with attention to imaging and labs. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Update preoperative history and physical exam. Assure appropriate selection, timing, and administration of pre-surgical antibiotic. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available. Review length of procedure, anticipated blood loss and post-operative needs with anesthesiologist. After placement of foley catheter and anesthesia lines in the supine position, the patient is turned prone on an OR table and bony prominences are padded and thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. Preoperative fluoroscopic images of the pelvis and sacrum are obtained. Care is taken to confirm that the fluoroscope is positioned to enable true lateral imaging of the sacrum/pelvis as well as inlet, outlet, internal and external oblique views. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: The skin is incised with a scalpel. The subcutaneous tissues are divided to the depth of the gluteus fascia with an electro cautery or with blunt dissection. Care is taken to avoid dissection through the fascia or the fibers of the gluteus. A pin is then placed through the fascia of the gluteus muscle and docked into the lateral cortex of the ilium. Care is taken to confirm the appropriate starting point for the pin. The pin is started caudal to the alar line and is centered within the middle third of the sacral body (dorsal to ventral) as viewed on the lateral fluoroscopic image. The image intensifier is then repositioned to the inlet view and the trajectory of the pin is adjusted so that the pin is headed

toward the center of the S1 sacral body. The image intensifier is repositioned to the outlet view and the pin is adjusted so that the pin trajectory is in a line parallel to the S1 vertebral endplate. The pin is advanced in a medial direction, checking the fluoroscopic images often to confirm appropriate position and trajectory. Gentle blunt dissection around the pin releasing a small amount of the gluteus fascia is performed. The soft tissue protector is then placed over the pin and is advanced until it is firmly seated onto the lateral cortical wall of the sacrum. The pin sleeve is removed from the soft tissue protector assembly. The cannulated drill is placed over the pin and a channel is created by drilling down through the ilium to the SI joint. Bone removed during the drilling process is collected for later grafting.

While leaving the soft tissue protector in place, the pin is removed. Working through the soft tissue protector, the cartilage on the sacral and iliac sides of the SI joint is removed using angled curettes. Direct and indirect visualization is employed to confirm access to and debridement of the joint. After debridement of the joint, the pin is replaced and the drill is utilized to create a channel into the lateral aspect of the sacral ala. The drill is removed and bone fragments are collected. The broach is then placed over the pin and advanced to a point where the teeth of the broach are across the SI joint as visualized on the outlet view. This creates a triangular channel through the ilium and into the sacrum. The broach is removed and the 7 mm implant is then placed over the pin and is advanced across the ilium, across the SI joint and into the sacrum. The trailing end of the implant remains 2 – 3 mm proud thus engaging the lateral cortical wall of the ilium. The final position of the implant is confirmed with fluoroscopic imaging, direct and indirect visualization, tactile feedback from the inserter device, and digital palpation of the implant on the lateral surface of the ilium. The identical steps are then repeated for placement of the second and third implants. Subsequent pins and implants are placed in a progressively caudal manner. Care is taken to keep the pins (and implants), positioned within the osseous confines of the ilium and sacrum.

After the third implant is placed, all pins and the soft tissue protector are removed from the surgical incision. The wound is inspected and any bleeding controlled. The incision is irrigated and the wound is closed in layers. Sterile dressing is applied. The patient is rolled supine and the anesthesia is reversed.

Description of Post-Service Work: Apply sterile dressings. Discuss postoperative care with recovery room staff. Discuss surgery outcome with patient's family. Write brief operative note and medication orders. Monitor patient stabilization in the recovery room, including neurovascular status. After patient is awake, discuss surgery outcome with patient. Discuss aftercare treatment with the patient, family and other healthcare professionals, including home restrictions (ie, activity, bathing). Reconcile medications with attention to pre-admission therapy, inpatient therapy and outpatient formulary and write order for continued pain medication as necessary. Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management. Inform the primary care or referring physician of discharge plans. All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms. The patient will be examined in the office during the 90-day global period to remove dressings, assess wound healing, and redress wound. Remove sutures when appropriate. Order and review periodic lab and/or imaging, as necessary. Order occupational or physical therapy and assess functional recovery. Revise treatment plan(s) and communicate with patient and family/caregiver, as necessary. Discuss progress with PCP (verbal and written). Dictate progress notes for medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	John Ratliff, MD, Karin Swartz, MD, John Heiner, MD, William Creevy,MD				
Specialty(s):	AANS/CNS, AAOS, NASS				
CPT Code:	27279				
Sample Size:	500	**Resp N:**	28	**Response:** 5.6 %	
Description of Sample:	random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	5.00	20.00
Survey RVW:	5.70	10.00	**15.55**	18.00	25.00
Pre-Service Evaluation Time:			**50.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	59.00	**60.00**	90.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	27279	**Recommended Physician Work RVU: 9.03**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**18.00**	**3.00**	**15.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
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)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22554	090	17.69	**RUC Time**

CPT Descriptor Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2

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

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54530	090	8.46	**RUC Time**	1,264

CPT Descriptor 1 Orchiectomy, radical, for tumor; inguinal approach

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49507	090	9.09	**RUC Time**	12,109

CPT Descriptor 2 Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated

Other Reference CPT Code	Global	Work RVU	Time Source
62287	090	9.03	**RUC Time**

CPT Descriptor Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

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

Number of respondents who choose Key Reference Code: 9 **% of respondents:** 32.1 **%**

TIME ESTIMATES (Median)	**CPT Code: 27279**	**Key Reference CPT Code: 22554**	**Source of Time RUC Time**
Median Pre-Service Time	73.00	95.00	
Median Intra-Service Time	60.00	90.00	
Median Immediate Post-service Time	30.00	30.00	
Median Critical Care Time	0.0	0.00	
Median Other Hospital Visit Time	0.0	40.00	
Median Discharge Day Management Time	19.0	38.00	
Median Office Visit Time	62.0	69.00	
Prolonged Services Time	0.0	0.00	
Median Subsequent Observation Care Time	0.0	0.00	
Median Total Time	**244.00**	**362.00**	
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**
Mental Effort and Judgment (Mean)	
The number of possible diagnosis and/or the number of management options that must be considered	4.56 / 4.00
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.44 / 4.00
Urgency of medical decision making	2.56 / 2.89
Technical Skill/Physical Effort (Mean)	
Technical skill required	4.11 / 4.11
Physical effort required	3.44 / 3.44
Psychological Stress (Mean)	
The risk of significant complications, morbidity and/or mortality	3.44 / 3.56
Outcome depends on the skill and judgment of physician	4.33 / 4.22
Estimated risk of malpractice suit with poor outcome	4.00 / 4.22

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.11	4.00
Intra-Service intensity/complexity	3.67	3.67

Post-Service intensity/complexity	3.22	3.00

Additional Rationale and Comments

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

At the February 2014 CPT meeting the Editorial Panel approved: 1) a Category I code 27279 to describe minimally invasive sacroiliac joint arthrodesis; and 2) deletion of Category III code 0334T. The CPT coding change proposal was based on sufficient literature, information regarding industry sales volume, and information from industry that the procedure was in fairly widespread use. Although industry representatives offered to provide contact information for surgeons with experience, the involved societies determined that if the industry information about utilization was correct, a random survey of membership would result in sufficient survey responses.

DISCLOSURE: Prior to the distribution of the surveys, an individual physician sent an email to an unknown number of physicians discussing the new code and suggesting that the work would be equivalent to code 63030 (RVW=13.18). This email was received by a member of the AANS Coding Committee and immediately brought to the attention of the AANS RUC Advisors, who in turn brought it to the attention of AMA staff. We agreed to add the following question to the RUC survey immediately preceding the questions about financial conflict:

Communication Disclosure:	**Check Yes or No**			
Prior to receiving this survey, did you receive any communication about this survey from any individual or group other than AANS, CNS, NASS, or AAOS?	**Yes**		**No**	

In addition, we agreed to remove code 63030 from the reference service list.

The AANS/CNS, NASS, and AAOS conducted a RUC survey of randomly selected surgeons from their membership database. Six responses were excluded that had conflicts (financial conflict and/or communication conflict) yielding 28 usable surveys.

Our consensus panel discussed the survey results and agreed the survey respondents: 1) overestimated the post-op facility work; and 2) overestimated the RVW.

We are recommending an RVW of 9.03 – crosswalked from code 62287. This RVW is less than the survey 25th percentile. Code 62287 was on our reference service list.

CPT	Descriptor	RVW	IWPUT	Total	EVAL	INTRA	POST	HV	POV
27279X	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	9.03	0.065	244	73	60	30	0.5	3
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	9.03	0.054	248	70	60	30	0.5	3

Pre-Time
Package 4 Difficult Patient/Difficult Procedure is appropriate with additional positioning time: **SS3,** Posterior Thoracic/Lumbar (Prone) (eg laminectomy), 15 Minutes

Key Reference Service
KRS code 22554 was chosen by 9 of 28 respondents, but does not compare well with the survey code. Code 22554 is a cervical spine fusion inpatient procedure requiring more time/visits and significantly more work than 27279..

Additional Reference Service
As stated above, we believe that code 62287 from the reference list is a better comparator to 27279. This is a percutaneous procedure and has similar pre, intra, and post data. This code was chosen as a reference by four respondents.

New Technology
We acknowledge that we did not receive the requisite 30 survey responses. Although this new procedure is established, it is not widely performed. Although we are confident in our crosswalk recommendation, we also recommend that available 2015 utilization data be reviewed in early 2016 to determine if there are different specialties providing this service and/or the procedure is performed in a different site of service.

SERVICES REPORTED WITH MULTIPLE CPT CODES

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

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

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

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

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0334T

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 neurosurgery How often? Rarely

Specialty orthopaedic surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. SI-BONE sales data shows that more than 9,000 MIS SI joint fusions have been performed in the U.S. since 2008. Their data also indicate growth may be rapid in the next few years.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Code 0334T was new July 2013. Medicare data is not available. We cannot predict utilization for the Medicare aged population, but expect it to be low when compared with the nationale population. We suggest that CMS look at their files for the second half of 2013 and first half of 2014 to predict utilization for 2015.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

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

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 62287

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:27280 Tracking Number Y2 Original Specialty Recommended RVU: **19.00**
Presented Recommended RVU: **14.64**
Global Period: 090 RUC Recommended RVU: **14.64**

CPT Descriptor: Arthrodesis, open, sacroiliac joint including obtaining bone graft

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 32 year-old female has chronic posterior, buttock and thigh pain following a motor vehicle accident with derangement of the sacroiliac joint. She has been diagnosed with SI joint pain and has not responded to non-surgical management. Physical exam provocation maneuvers have confirmed that the SI joint is the pain generator. A diagnostic injection has confirmed pain relief. She is scheduled for an SI joint fusion.

Percentage of Survey Respondents who found Vignette to be Typical: 75%

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

Percent of survey respondents who stated they perform the procedure; In the hospital 96% , In the ASC 4%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 4% , Overnight stay-less than 24 hours 32% , Overnight stay-more than 24 hours 64%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 63%

Moderate Sedation

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

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

Description of Pre-Service Work: Review medical records with attention to imaging and labs. Assure appropriate selection, timing, and administration of pre-surgical antibiotic. Meet with patient and family to review planned procedure and post-operative management. Review informed consent with patient. Verify that all required instruments and supplies are available. After placement of foley catheter and anesthesia lines in the supine position, the patient is rolled over to to a 30 degree lateral position on a radiolucent operating table. Bony prominences are padded and thermal regulation drapes are applied. The position of the extremities and head are assessed and adjusted as needed. Preoperative fluoroscopic images of the pelvis and sacrum are obtained. Care is taken to confirm that the fluoroscope is positioned to enable true lateral imaging of the sacrum/pelvis as well as inlet, outlet, internal and external oblique views. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: The sacroiliac joint is approached anteriorly through an incision over the anterolateral iliac crest. The common insertion of the abdominal obliques joins the origins of the tensor fascia lata and gluteus medius at the lateral edge of the iliac crest. This tendinous structure is divided from ASIS to the gluteus medius pillar, leaving the abductor origin intact on the ilium. The gluteus medius pillar roughly marks the equator of the pelvic ring. Roughly at this landmark, the exposure may either be continued posteriorly along the iliac crest or extended cranially, splitting the fibers of the external oblique muscle. If the latter is preformed, the transversus abdominis and internal obliques are released from their insertion with electrocautery working from the inner table of the iliac crest outward. The iliacus is elevated from iliac fossa, taking care to remain subperiosteal. Significant bleeding is often encountered from the nutrient vessel that enters the ilium just lateral to the pelvic brim and anterior to the sacroiliac joint. Bone wax may help provide hemostasis for bleeding associated with this nutrient foramen. Blunt dissection is continued posteriorly to identify the SI joint. The soft tissues anterior to the sacral ala are mobilized medially to protect the traversing L5 nerve root. A malleable retractor or Homan

retractor is utilized to protect the L5 root and retract it from the operative field. The SI joint is exposed from its superior aspect at the top of the sacral ala. Bridging osteophytes are removed as needed to gain access to the joint. The SI joint is not freely mobile, therefore multiple different techniques can be utilized to gain access to the joint. One technique is placement of Schanz pins medial and lateral to the joint to forcefully distract and "open up" the joint. Laminar spreaders can also be used to hinge the joint open and provide access to the chondral surfaces The joint surfaces, once exposed are denuded of cartilage and soft tissue down to bare bone. The bony surfaces are decorticated with a burr down to bleeding bone to ensure osseous healing. Vigorous bleeding is to be expected. Once the surfaces are prepared, bone graft is harvested from the anterior iliac crest, usually in the region of the gluteus medius pillar. The cortex is opened up with a bone cutting osteotome. Curettes and gouges are then used to harvest spongy cancellous bone. The bone graft is collected and then placed within the sacroiliac joint to promote bony fusion. The joint is then reduced and compressed. A temporary reduction clamp is applied to hold the surfaces together. Arthrodesis is assured by the insertion of stable internal fixation, employing plates, iliosacral screws, or a combination of both. Care is taken to avoid injury to the superior gluteal neurovascular bundle since the screw entry point is close to the neurovascular bundle as it exits the sciatic notch. Guide wire placement requires careful attention to avoid damage to important muscular and neurovascular structures. Lateral x-ray projections can be used to center the guide wire on the sacrum anterior to the spinal canal and to ensure that the guide wire is below the iliac cortical density and sacral alar slope to prevent injury to the L5 nerve root. Images taken in the pelvic outlet projection ensure that the guide wire passes above the S1 sacral foramen. In that view images are required to ensure that the guide wire is at the proper directory and coming to rest in the anterior aspect of the sacral promontory for maximal purchase. This ensures that the fixation screws will reside within the safe corridor in between the valley of the ala anteriorly (L5 nerve root), the sacral canal posteriorly and the sacral foramen inferiorly (S1 nerve root). Inlet radiographic views are used to confirm trajectory of screw path and that screw does not extrude anterior to sacrum. Once the guide wire is satisfactorily placed, the length is determined using the depth gauge. The screw passage is over-drilled with a cannulated drill bit, and a large (6.5mm-8.0mm) cannulated screw is placed over the guide between the ilium and the sacral ala. One or more additional screws are placed to control rotation. Care is taken to ensure that the bony surfaces of the sacrum and the ilium are well coapted and compressed to ensure fusion. Final radiographic images are taken to ensure coaptation of the bony surfaces and safe placement of the fixation hardware. The wound is then copiously irrigated. A drain is placed near the operative site. The detached muscles are then reattached to the iliac wing with sutures in multiple layers to promote reattachment of external obliques and prevent possible dehiscence. The superficial wound is closed in layers.

Description of Post-Service Work: Apply sterile dressings. Discuss postoperative care with recovery room staff. Discuss surgery outcome with patient's family. Complete brief operative note and medication orders, and all required operative documentation. Monitor patient stabilization in the recovery room, including neurovascular status. After patient is awake, discuss surgery outcome and anticipated course with patient. Enter orders for transferring to surgical floor and discuss ongoing care with floor nurses. Complete operative report and medical record documentation. Later on the day of surgery, review medical records and interval data charted. Communicate with other professionals and with patient and patient's family. Exam patient, assessing neurovascular status and drain. Order and review imaging as necessary. Consider relevant data, options, and risks and revise treatment plan as necessary. On subsequent days, review medical records and interval data charted. Examine and talk with patient. Take down dressings, assess wound and patient status. When the patient is stable, make the decision for discharge. Discuss aftercare treatment with the patient, family and other healthcare professionals, including home restrictions (ie, activity, bathing). Reconcile medications with attention to pre-admission therapy, inpatient therapy and outpatient formulary and enter orders for continued pain medication as necessary. Provide necessary care coordination, telephonic or electronic communication assistance, and other necessary management. Inform the primary care or referring physician of discharge plans. All appropriate medical records are completed, including discharge summary and discharge instructions, and insurance forms. The patient will be examined in the office several times through the 90-day global period to remove dressings, assess wound healing, and redress wound. Remove sutures and drain when appropriate. Order and review periodic lab and/or imaging, as necessary. Order occupational or physical therapy and assess functional recovery. Revise treatment plan(s) and communicate with patient and family/caregiver, as necessary. Discuss progress with PCP (verbal and written). Dictate progress notes for medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2014				
Presenter(s):	John Ratliff, MD, Karin Swartz, MD, John Heiner, MD, William Creevy, MD				
Specialty(s):	AAOS, AANS/CNS, NASS				
CPT Code:	27280				
Sample Size:	500	**Resp N:**	28	**Response:** 5.6 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**1.00**	3.00	6.00
Survey RVW:	6.00	13.38	**19.00**	20.00	25.00
Pre-Service Evaluation Time:			**55.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	25.00	64.00	**90.00**	120.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

Specialty Society Recommended Data

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

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	27280	**Recommended Physician Work RVU: 14.64**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**18.00**	**3.00**	**15.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

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

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	60.00	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	62.00	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

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

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

KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63075	090	19.60	**RUC Time**

CPT Descriptor Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace

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

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	19.68	**RUC Time**	8,455

CPT Descriptor 1 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
60500	090	15.60	**RUC Time**	14,120

CPT Descriptor 2 Parathyroidectomy or exploration of parathyroid(s);

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

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

Number of respondents who choose Key Reference Code: 10 **% of respondents:** 35.7 **%**

TIME ESTIMATES (Median)	**CPT Code: 27280**	**Key Reference CPT Code:** 63075	**Source of Time** RUC Time

Median Pre-Service Time	73.00	95.00
Median Intra-Service Time	90.00	90.00
Median Immediate Post-service Time	30.00	30.00
Median Critical Care Time	0.0	0.00
Median Other Hospital Visit Time	60.0	40.00
Median Discharge Day Management Time	38.0	38.00
Median Office Visit Time	62.0	62.00
Prolonged Services Time	0.0	0.00
Median Subsequent Observation Care Time	0.0	0.00
Median Total Time	**353.00**	**355.00**
Other time if appropriate		

INTENSITY/COMPLEXITY MEASURES (Mean)	**(of those that selected Key Reference code)**	
Mental Effort and Judgment (Mean)		
The number of possible diagnosis and/or the number of management options that must be considered	4.30	3.70
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	4.50	4.00
Urgency of medical decision making	2.40	3.20
Technical Skill/Physical Effort (Mean)		
Technical skill required	4.20	4.00
Physical effort required	3.80	3.30
Psychological Stress (Mean)		
The risk of significant complications, morbidity and/or mortality	3.40	3.80
Outcome depends on the skill and judgment of physician	4.20	4.00
Estimated risk of malpractice suit with poor outcome	3.80	4.10

INTENSITY/COMPLEXITY MEASURES	**CPT Code**	**Reference Service 1**
Time Segments (Mean)		
Pre-Service intensity/complexity	4.00	3.90
Intra-Service intensity/complexity	3.90	3.90
Post-Service intensity/complexity	3.10	3.10

Additional Rationale and Comments

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

BACKGROUND

At the February 2014 CPT meeting the Editorial Panel approved: 1) a Category I code 27279 to describe minimally invasive sacroiliac joint arthrodesis; and 2) deletion of Category III code 0334T. In addition, they revised code 27280 to add the word "open" to differentiate this code from 27279X. Code 27280 has been a CPT code for over 20 years.

Disclosure Prior to the distribution of the surveys, an individual physician sent an email to an unknown number of physicians discussing the new code and suggesting that the work for the new percutaneous code 27279 would be equivalent to code 63030 (RVW=13.18). This email was received by a member of the AANS Coding Committee and immediately brought to the attention of the AANS RUC Advisors, who in turn brought it to the attention of AMA staff. We agreed remove code 63030 from the reference service list and to add the following question to the RUC survey immediately preceding the questions about financial conflict:

Communication Disclosure:	Check Yes or No			
Prior to receiving this survey, did you receive any communication about this survey from any individual or group other than AANS, CNS, NASS, or AAOS?	Yes		No	

COMPELLING EVIDENCE

- *Evidence that incorrect assumptions were made in the previous valuation of the service; a misleading vignette and/or survey in a previous evaluation*

Code 27280 is a Harvard-based code that was reviewed by orthopaedic surgeons during the Harvard study. Open SI joint fusion is an uncommon procedure now and was less common during the Harvard review. Our consensus panel does not believe that the few general orthopaedic surgeons reviewing this code would have been familiar with the procedure and therefore would not have been able to provide accurate work or time estimates. This can be compared to the RUC reviewing survey summary data from only 10 respondents, all of which have no experience in the past 12 months, or even in their career. The surgery is now performed through a retroperitoneal approach with different fixation.

- *Evidence that technology has changed physician work.*

Open arthrodesis of the SI joint, when performed, has been has been made more complex with the introduction of new imaging methods that provide the basis for new and varied surgical strategies. There are also new internal fixation devices (compared to the 1980's) that require more complex work. The surgery is now performed through a retroperitoneal approach with different fixation.

RECOMMENDATION

The AAOS, AANS/CNS, and NASS conducted a RUC survey of randomly selected surgeons from their membership database. Six responses were excluded that had conflicts (financial conflict and/or communication conflict) yielding 28 usable surveys. Open SI joint fusion is a rarely performed service.

We are recommending an RVW of 19.00 which is the survey median.

Pre-Time
Package 4 Difficult Patient/Difficult Procedure is appropriate with 15 minutes additional positioning time for either of the following positions.

SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Key Reference Service
KRS code 63075 has the same intra-service time and similar post-operative hospital and office visits. Intra-operative work complexity is similar.

The following table provides other RUC reviewed services with 90 minutes of intra-time and similar total time, as support for the recommendation of 19.00 for code 27280.

CPT	Long Descriptor	RVW	IWPUT	Time	EVAL	POSIT	SDW	INTRA	POST	32	31	38	13	12
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	**17.88**	0.097	384	30	15	15	**90**	30	3		1.0	2	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	**18.00**	0.108	367	60	25	15	**90**	30	1		1.0	3	
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	**18.14**	0.120	354	60			**90**	25			0.5		10
27280	Open SI joint fusion	**19.00**	0.123	353	40	18	15	**90**	30	1	1	1.0	2	1
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	**19.35**	0.103	407	45	25	10	**90**	30	2	1	1.0	3	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	**19.60**	0.132	355	60	20	15	**90**	30	1		1.0	2	1
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	**21.23**	0.130	400	85			**90**	45	1	2	1.0	2	1
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	**23.24**	0.175	302	10	10	15	**90**	20			0.5	6	

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) 27280

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 neurosurgery How often? Rarely

Specialty orthopaedic surgery How often? Rarely

Specialty How often?

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

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We believe that the increased utilization in the past few years for code 27280 was due to reporting percutaneous SI joint fusion. With implementation of the new Cat I percutaneous code 27279X, we believe code 27280 utilization will decrease back to a frequency less than 200.

Specialty orthopaedic surgery Frequency 180 Percentage 90.00 %

Specialty neurosurgery Frequency 20 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

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

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 27280

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

ISSUE: Minimally Invasive Sacroiliac Joint Fusion
TAB: 8

					RVW				Total	PRE	PRE			INTRA				POST-FACILITY				POST-OFFICE				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PKG	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	33	32	31	38	39	15	14	13	12	11
KEY-REF	22554	Arthrodesis, anterior interbody tech	9	0.106			17.69			362		60	20	15			90			30		1		1.0				3		
X-WALK	62287	Decompression procedure, percuta	4	0.054			9.03			248		70					60			30				0.5				3		
NEW	27279						N/A																							
SVY	27279	Arthrodesis, sacroiliac joint, percut	28	0.145	5.70	10.00	15.55	18.00	25.00	295		50	20	15	20	59	60	90	180	30		1		1.0				2	1	
REC	27279	CROSSWALK TO 62287		0.064			9.03			246	4	40	20	15			60			30				0.5				2	1	

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

NOTE – NO DIRECT INPUTS FOR NON-FACILITY

CPT Long Descriptor:
27279X-Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
27280- Arthrodesis, open, sacroiliac joint including obtaining bone graft
Global Period: 090 Meeting Date: 04/2014

1.Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society Practice Expense Committee:

The AANS/CNS, NASS, and AAOS RUC Advisors met by conference call to discuss the practice expense details for codes 27279X and 27280. It was determined that both codes would only be reported in a facility setting. Both codes have a 90-day global period. As such, we are recommending the standard clinical staff times associated with 90-day global codes and standard supplies and equipment time related to office visits per the RUC survey.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is a revised code you must use the current PE direct inputs for the code as your comparison.** You must provide an explanation for the selection of reference codes. Reference Code Rationale:

For 27279X, we have chosen CPT code 62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

For 27280, we have listed the current PE inputs.

3. If you are recommending more minutes than the PE Subcommittee standards you must provide evidence to justify the time:
N/A

4. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:
N/A

5. Please describe in detail the clinical activities of your staff:

Pre-Service Clinical Labor Activities:
- Complete pre-service diagnostic & referral forms
- Coordinate pre-surgery services
- Schedule space and equipment in facility
- Provide pre-service education/obtain consent
- Follow-up phone calls & prescriptions

Intra-Service Clinical Labor Activities:
- Discharge management assistance

Post-Service Clinical Labor Activities:
- Assist at follow up office visits

	A	B	C	E	F	G	H	I	J	K	L
1				REF CODE		recommend		EXISTING CODE		recommend	
2	*Please note: If a supply has a purchase price of $100 or			62287		27279		27280		27280	
3	Meeting Date: 04/2014 Tab:8-Minimally Invasive Sacroiliac Joint Fusion Specialty:AANS/CNS, AAOS, NASS	CMS Code	Staff Type	Arthrodesis, anterior interbody, including disc space preparation, discectomy,		Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end		Arthrodesis, sacroiliac joint (including obtaining graft)		Arthrodesis, open, sacroiliac joint including obtaining bone graft	
4	LOCATION			Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5	GLOBAL PERIOD				090		090		090		090
6	TOTAL CLINICAL LABOR TIME	L037D	RN/LPN/MA	0	186	0	165	0	207	0	198
7	TOTAL PRE-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MA	0	60	0	60	0	60	0	75
8	TOTAL SERVICE PERIOD CLINICAL LABOR TIME	L037D	RN/LPN/MA	0	18	0	6	0	12	0	24
9	TOTAL POST-SERV CLINICAL LABOR TIME	L037D	RN/LPN/MA	0	108	0	99	0	135	0	99
10	PRE-SERVICE										
11	Start: Following visit when decision for surgery or procedure made										
12	Complete pre-service diagnostic & referral forms	L037D	RN/LPN/MA		5		5		5		5
13	Coordinate pre-surgery services	L037D	RN/LPN/MA		20		20		20		20
14	Schedule space and equipment in facility	L037D	RN/LPN/MA		8		8		8		8
15	Provide pre-service education/obtain consent	L037D	RN/LPN/MA		20		20		20		20
16	Follow-up phone calls & prescriptions	L037D	RN/LPN/MA		7		7		7		7
18	End: When patient enters office/facility for surgery/procedure										
19	SERVICE PERIOD										
42	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MA	n/a	6	n/a		n/a		n/a	
43	Dischrg mgmt (1.0 x 99238) (enter 12 min)	L037D	RN/LPN/MA	n/a		n/a	12	n/a	12	n/a	12
44	Dischrg mgmt (1.0 x 99239) (enter 15 min)			n/a		n/a		n/a		n/a	
45	End: Patient leaves office										
46	POST-SERVICE Period										
47	Start: Patient leaves office/facility										
49	*Office visits: List Number and Level of Office Visits*			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
50	99211 16 minutes		16								
51	99212 27 minutes		27				1		5		1
52	99213 36 minutes		36		3		2				2
53	99214 53 minutes		53								
54	99215 63 minutes		63								
55	Total Office Visit Time			0.0	108.0	0.0	99.0	0.0	135.0	0.0	99.0
57	End: with last office visit before end of global period										
58	MEDICAL SUPPLIES**	CODE	UNIT								
59	pack, minimum multi-specialty visit	SA048	pack		3		3		5		3
60	pack, post-op incision care (suture)	SA054	pack		1		1		1		1
61	bandage, Kling, non-sterile 2in	SG017	pack		2		0				
62	EQUIPMENT	CODE									
63	table, power	EF031			108		99		135		99
64	cast cutter	EQ081							135		0